

West Sussex County Council

Shared Lives Scheme (West Sussex County Council)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 June 2017 and was announced.

Shared Lives Scheme (West Sussex County Council) is registered to provide personal care and support. The service offers long term and short term placements for adults and older people living in the West Sussex area, who have a learning disability, are autistic or a mental health need. People may also have a physical or sensory disability. A 'day share' facility where people can go to a shared lives carer for the day is also available to access. In Shared Lives, an adult over 18 years of age who needs support and or accommodation becomes a regular visitor to, or moves in with, a registered shared lives carer. Together, they share family and community life and in many cases the individual becomes part of a supportive family. Shared lives carers and people they care for are matched for compatibility and can develop real relationships. The shared lives carer acts as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Approximately 180 people were supported by 80 registered shared lives carers in the scheme. Not all provided the regulated activity of personal care at the time of the inspection, but may be supporting people with developing access into their local neighbourhood and helping develop people's life skills towards improved independence. Shared lives carers are supported and managed by staff employed by the service.

The last inspection was on 3 August 2014 where no concerns were raised. The service was rated good overall. However, at this inspection there were some shortfalls identified. This was in relation to the completion of paperwork for example, risk assessments to ensure all risks were fully identified and managed for the continued safety of people. The auditing of the service to identify any shortfalls and to ensure feedback received was used to inform the drive for further improvements in the service. We did not find this had impacted on the safety of people but were areas in need of improvement.

There was a registered manager in post. 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. There was a clear management structure for the service with identified leadership roles. The registered manager was supported by two senior shared lives workers and seven shared lives workers.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care and support plans were detailed and reviewed regularly. When asked what the service did well comments received from staff included, "The service is extremely person centred. We support the carers and the customers well. Matching the customer to the carers and the household is really important and makes the difference," "We are a good model for person centred care. It's about listening to people, listening to carers to change their approach and ensuring people receive the care they need," and "We are very, very person centred. We deliver good training and get good feedback." Individual risk assessments were in place to

ensure people were safe within their own home and when they received care and support and undertook activities.

People told us they felt safe in the service. One person told us, "Safe I sure am, I trust my carers". Another person told us, "Always someone in the house. That's why we keep safe." A third person said, "Safe, yeah (Shared lives carers name) looks after me very, very well it's a lovely home and it's nice to have. I was moved here for three months I've been her five I hope I can stay longer." People were supported by shared lives workers and carers who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Where people were unable to make decisions for themselves, staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals and had been supported to have an annual healthcare check. Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

New shared lives workers went through a robust recruitment process. New shared lives carers underwent rigorous assessment and checks before being 'matched' with people who needed support. Applications for new shared lives carers went to the local 'Shared Lives panel' which was part of the assessment process. People told us how they liked their accommodation and enjoyed living with their shared lives carers. Their cultural needs were taken into account when they were matched with potential carers. They felt able to express their views and were involved in decisions affecting them. People had contact with their relatives and were supported to stay in touch.

People were supported by kind caring staff. Shared lives workers and carers were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. One shared lives worker told us how they were being supported to complete a social work qualification. One shared lives carer told us "We do more training than ever. They have added in dementia, which is a good idea as people get older. It's all about safety, fire, health and hygiene, food, safeguarding. So it's important and there's a steady availability of training. They want to check our certificates when they visit, along with our paperwork, finance, care, medicines, house insurance, risk assessments. Separate from that, two people come to do health and safety checks and food hygiene checks."

They told us that communication throughout the service was good. The shared lives carers said they felt well supported by management and were positive and enthusiastic about their roles. One shared lives carer told us, "We are supported when we need it 100%. In the past we got on with things on our own but now we use the scheme more. Our support worker (Shared lives worker's name) has been with us three years, she has built a really good relationship with us and the men we look after. She comes every two months, but she'd come at once if we need her. She checks how everything is going, care and admin." Another shared lives carer told us, "There are carers' meetings. They do them around the county, but they realise attendance will be difficult for some people. Changes and information get shared there, but we all have a folder of policies

and they email any updates. I know the manager and all staff very well. We often get emails asking for views on different aspects of the scheme. At Christmas we were asked for our best memories of working with people in the scheme, which gave some great positives to share." Another shared lives carer said they had regular visits from their shared lives worker, "She spends a lot of time on policies and procedures when she comes out. Always checks files and risk assessments are up to date. Next visit date is always set before she leaves. It's always six weeks but is fitted with my other work commitments. She always spends time with (Person's name) and liaises with social services about his ski holiday. She makes sure I'm aware of training requirements and helps me with on-line booking."

People were supported access a range of activities. One shared lives carer told us the person they supported was, "Very much part of the family. Also goes on two holidays a year and has a full social life here." People were encouraged to develop their independent in relation to life skills. One shared lives carer told us about one person who was living with them, "We are getting used to each other now. We visited her at her previous placement and she stayed a trial week with us. At first she couldn't be left alone. Care plan now agrees up to four hours alone, but haven't yet extended beyond one hour. She loves family environment, and working on independence skills. She has started to show skills in the kitchen, which is a new development. One day a week she is home all day, does washing etc. and likes to do art work, go for walks with family dog. Also we have always arranged medical and other appointments for that regular day." Another shared lives carer told us the person they supported undertook some everyday tasks and had part time sheltered job. They could not socialise or be left alone but can be left in familiar company i.e. work, swimming club, drama club. They saw it as important to provide outlets for independence from total dependence in the placement. They told us the person had learnt to do more towards their personal care.

There was a detailed complaints procedure. People knew who to talk to if they had any concerns. The registered manager told us that they operated an 'open door policy' so people, their representatives or shared lives staff could discuss any concerns.

The registered manager, along with the shared lives workers provided good leadership and support to the shared lives carers. All staff told us there was good communication within the team as a whole. One member of staff told us, "I've been a carer in shared lives for nine years. I feel they keep a balance between increasing professionalism, like tailored policies and risk assessments, and emphasis on normal home life. I can't think of anything the scheme isn't doing, or that it should do better, it's definitely well run." Another shared lives carer told us, "We have regular carer meetings available, circulated around the county, and there are social events, like a summer barbecue at Burgess Hill. You also meet people on courses. You're never left out, you feel part of the scheme." A third shared lives carer said, "Contact is as much as we ask for. We've just got a new support worker, very helpful. Anything we report, they act on very quickly and are happy to come round quickly. It's marvellous support, very caring."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's care records included support plans, and risk assessments. Risk assessments had not always been fully completed. A more robust new format had not been fully introduced.

People were supported by shared lives carers who understood their responsibilities in relation to safeguarding. Shared lives workers and carers were vetted and checks undertaken to ensure they were safe to support adults at risk.

Medicines were managed, stored and administered and safely and audits were undertaken by staff in the service.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. Shared lives workers and carers training completed was monitored to ensure they continued to have the skills and knowledge to meet people's needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by shared lives carers and people's likes and dislikes were taken into account.

Is the service caring?

Good ●

The service was caring.

The service had a rigorous assessment process before shared lives carers were 'matched' with people who needed support.

Staff treated people with compassion, kindness, and respect.

People were very positive about the families they lived with.

People were pleased with the care and support they received. They felt their individual needs were met and understood by the shared lives workers and carers.

People were able to express their views and participate in decisions that affected them, with support if required.

Is the service responsive?

Good ●

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

The views of people and their representatives were sought.

People had been supported to join in a range of activities.

A complaints procedure was in place. People told us if they had any concerns they would feel comfortable raising them.

Shared lives carers felt supported by the shared lives workers and the registered manager. There was always someone available when they needed help or support.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance was used to monitor and help improve standards of service delivery were not firmly embedded into practice.

The leadership and management promoted a caring and inclusive culture. Staff told us the management was approachable and very supportive.

People were able to comment on and be involved with the service provided to influence service delivery.

Shared Lives Scheme (West Sussex County Council)

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 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.

The last inspection was on 3 August 2014 where no concerns were raised. The service was rated good overall. This inspection was a routine return to good inspection. However, the CQC was also prompted in part by a notification of an incident involving a person using the service. This incident is subject to an investigation and as a result this inspection was not used to examine the circumstances of the incident. However, the information shared with CQC was used to direct the focus of the inspection and ensure systems were in place so people remained safe.

This inspection took place on 26 June 2017 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Three inspectors undertook the inspection, with 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. The expert by experience gathered feedback from people by speaking with them over the telephone. One inspector undertook telephone calls to gather feedback from the shared lives carers and two inspectors undertook the visit to the services office.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. 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. This helped us with the planning of the inspection.

We contacted nine shared lives carers, and five people using the service over the telephone. We received feedback from four health and social care professionals.

During the inspection we visited to the service's office and spoke with the registered manager, a senior shared lives worker and two shared lives workers. We also spoke with six people using the service who were attending the adjoining day care facility on the day of the inspection. We spent time reviewing the records of the service, including policies and procedures, nine people's care and support plans, the recruitment records for four new shared lives staff, complaints recording, accident/incident and safeguarding records. We also looked at action plans, quality assurance audits and service development plans.

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the shared lives carers. One person told us, "Just having my carer with me if there's a problem I can just talk to her. I trust her." A shared lives carer told us, "My Shared Lives worker is brilliant, comes every three months and supports anything I bring up. Then there's an annual health and safety check. They are on to any problem or query right away. Weekend on-call is good and I have everyone's contact details." However, we found areas in need of improvement in relation to the completion of health and safety risk assessments.

Arrangements were in place for health and safety checks to be completed on the shared lives carers' home. These checks were to ensure people using the service were living in a safe and maintained environment. Shared lives workers undertook these assessments and regular reviews of the risk assessments. A check had been completed in 2016 to ensure all health and safety checks were in place. However, it had been identified that a more robust checking system, for example in relation to the utilities and services in a shared lives carers home was needed and has subsequently been introduced. One member of staff told us, "The health and safety check has changed it's more thorough." Another member of staff told us they liked the new format and "It's new and it's more structured." The senior shared lives workers were then able to monitor the completion and quality of risk assessments at the shared lives worker's supervision meetings. One member of staff told us, "There have been changes in procedures in relation to the health and safety check and risk assessments. The newer people have the new form." They told us during supervision meetings "We go through my carers and where I am at with the health and safety checks." However, these checks had not had time to be firmly embedded into the practice of the service. Not all the health and safety checks we looked at had been fully completed and missed out key pieces of information to evidence robust checks had been carried out. This new format had been introduced but not all shared lives carers had had one completed. These are areas in need of improvement.

Detailed assessments were undertaken to assess any risks to the person using the service and the staff supporting them, to protect people from harm and were reviewed. Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. Where possible these had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. One shared lives carer told us, following a near miss incident with the person they supported concerning taxi use, the risk assessment was changed, and the person now had to be met directly from the taxi outside. It had caused them to look at transport needs for the other person they supported. They now had an arrangement with the bus driver to ring ahead so they have the person ready to get on the bus when it arrived. Another shared lives carer told us, "We've been given heatwave guidance for this hot weather. Assistive technology (Equipment to support people) has been mentioned as something that could be pursued, the support worker would be able to discuss it and develop further if it became a need for (Person's name) or anyone else."

The provider had a number of policies and procedures to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered

manager was aware they had to notify the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with shared lives carers about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The shared lives carers had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. One shared lives carer told us they had recently reported to the office a concern of possible abuse of one person which had been acted upon and said, "Contact is as much as we ask for. We've just got a new support worker, very helpful. Anything we report, they act on very quickly and are happy to come round quickly. It's marvellous support, very caring."

There were arrangements to help protect people from the risk of financial abuse. Shared lives carers were able to tell us about the procedures to be followed and records to be completed to protect people. Shared lives workers then showed us how they monitored that the procedures were being followed and records completed correctly as part of the regular review process.

Procedures were in place for staff to respond to emergencies. Shared lives carers had guidance to follow in their handbooks and were aware of the procedures to follow. The shared lives carers told us they would report any concerns to the office straight away. There was an on call service available, so shared lives carers had access to information and guidance at all times. There was a business continuity plan which instructed staff working at the services office on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in shared lives carers' homes. Shared lives carers told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. Shared lives workers undertook regular checks of the administration and recording of medicines as part of the review process in place. Where possible people were supported to self-administer their medicines through a risk management process. One person told us, "They give me my medicine and I self-medicate." Another person told us, "I put my own eye drops in (Shared lives cares name) records them."

We saw there were skilled and experienced staff to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs. There were clear and safe recruitment processes in place for shared lives workers. When an enquiry was received from a member of the public about becoming a shared lives carer, an assessment process was completed. The application was processed and various checks were carried out including a criminal records check, references, finances and a health assessment. The personnel files of shared lives carers we looked at confirmed this. These assessments were carried out to ensure that any person placed with the shared lives carer would be safe and protected from any possible risks. Completed shared lives carer's assessments were produced and then presented by prospective shared lives carers and the shared lives worker to the local shared lives panel for scrutiny and approval. When approved the shared lives carer would then be matched to a person depending on the type of placement and care they wanted to provide. Staff were also recruited to provide respite support for shared lives carers. One shared lives carer told us, "We have two support workers assessed by the scheme to give us respite. They can stay in our home while we go away, which is great as it preserves

routines for people with autism. A third person is being assessed. They have to do the same training as all shared lives carers." Another shared lives carer told us, "My daughter is registered as a support worker to give me cover, or shared lives have plenty, who I can pay for." Another shared lives carer said, "We could use respite care if we wanted to go away, but my daughter has been approved as a carer. We did use respite when we had our previous client, but (Person's name) simply needs to be with us as a family."

Is the service effective?

Our findings

People told us they felt the shared lives carers understood their care needs, and provided a good level of care. They had been asked to consent to their care and treatment. A compliment received in the service from a shared lives carer detailed, 'I just wanted to say a massive thanks for all your support throughout the past three years,' and 'Thank you so much for the support that you give us and always being at the end of the phone. We really appreciated being part of such a great organisation.'

Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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 continued to be given choices in the way they wanted to be cared for. Staff demonstrated a good understanding of the process. They told us they had completed training and were able to tell us about the applications made for a Deprivation of Liberty (DoLS.) One shared lives carer told us they had risk assessments in place, e.g. for the cooker, but "We asked about locking the kitchen at night for safety, but the present control is to isolate cooker switch. But we want to come back to the issue via MCA and DoLS, to see it as a best interest matter that he is incapable of deciding, where in other areas he can make decisions." Another shared lives carer told us they saw MCA as a significant development, and likened it as a framework as to how they and family work with the person and it, "Reminds us of his rights and our responsibilities." One person told us, "Reviews are once a year just had one on Monday everyone's really involved I feel listened to. They respect my privacy and ask permission to do things first."

People were supported by staff that had the knowledge and skills to carry out their roles. New shared lives workers completed an induction and essential training into the service. One new shared lives worker told us the induction had been detailed and had given them all the information they had needed. The registered manager told us all new shared lives carers completed a thorough induction before they started work in the service. Training and development opportunities were provided during the assessment process to ensure all essential training was completed before a person was placed into their care. This was confirmed in the records we looked at. Induction training had been reviewed to incorporate the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Shared lives carers received ongoing training to ensure they had the knowledge and skills to meet the care needs of people using the service. This included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. They told us they were up-to-date with their training, training was discussed as part of regular monitoring visits, they received regular training updates and there was good access to training. One shared lives carer told us, "I'm an organised person and I welcome anything that records what I do, it's helpful and protects my interests. Staff explain why any new form or change is needed, like we had new meds paperwork. Now we are having to record our

training better. They check and remind us when any training is running out but it's down to us to book it. Safeguarding, first aid and medicines are the main ones but there is a lot of mandatory training. It's a good way to meet other carers, although some is on-line now." Another shared lives carer told us, "I'm going through refreshers for all the mandatory training at present. It's done through West Sussex learning and development gateway, we get reminders and have to sign up. Some training is on line and some at courses, where you meet other carers." A third shared lives carer said, "We do more training than ever. They added in dementia, which is a good idea as people get older. It's all about safety fire, health and hygiene, food, safeguarding so it's important and there's a steady availability of training."

Shared lives workers told us each had a group of shared lives carers they supported. They provided regular monitoring visits and appraisal for the shared lives carers in their group through one-to-one meetings. These meetings gave shared lives carers an opportunity to discuss their performance and identify any further training or support they required and complete monitoring checks of the care and support provided. There was a monitoring plan in place which the shared lives workers were following to ensure shared lives carers had received regular visits. The senior shared lives workers undertook a shared lives carer review every eighteen months, which considered the shared lives arrangements, care and support was discussed and actions were set. One shared lives carer told us, "Support workers' visits include updates on policies and procedures and we get good email contact. Support visits are really wide-ranging, cover support to our needs, how the men are doing, anything that's cropped up in the scheme." Another shared lives carer told us, "Regular support worker visits every six weeks, and if I want them any other time it's no trouble. They are excellent people. (Person's name) joins the support meetings, they pick a time when she will be at home." A third person said, "I still get six weekly visits and they tell me of any new issues or training opportunities. I have to keep up with mandatory training and I'm doing epilepsy awareness tomorrow. Dementia is an option, more courses have come into being, and shared lives are hot on training." The senior shared lives workers were then able to monitor the completion of monitoring visits and these were discussed the shared lives workers' supervision meetings.

There were annual shared lives carers meetings managed by the service and periodic independent shared lives carers meeting for shared lives carers to attend, to meet each other for support and receive guidance and updates about any changes to the service. One shared lives carer told us, "There are carers' meetings. They dot them around the county, but they realise attendance will be difficult for some people. Changes and information get shared there, but we all have a folder of policies and they email any updates. I know the manager and all staff very well. We often get emails asking for views on different aspects of the scheme. At Christmas we were asked for our best memories of working with people in the scheme, which gave some great positives to share." Another shared lives carer told us, "I'm aware there are events for carers but I tend not to go. But I get lots of emails to keep in touch, and they chase up if I haven't responded." The shared lives carers told us when they called the office there was always someone available to provide guidance and support to help them provide effective care to people.

Shared lives workers told us they were well supported received regular supervision and access to training to help them develop in their role. When asked what has improved during the last year one comment received was, "My style has changed I am doing a lot more checking if I have any issues to address. I have a lot more active supervision looking at care plans and risk assessments." They attended two weekly staff meetings and told us communication in the service was good. One member of staff told us, "We discuss all potential customers needs we discuss any changes for example, I have two carers who are moving and they need to go back to panel." Another member of staff told us, "We are a really good support team. Which help each other. We have good peer support here. We are at the best place we have been. We are in a good place and workloads now feel manageable. There is good attendance at the team meetings. We prioritise being there. We have standard elements we cover and look at strategic changes in the authority and any impacts for the

service." A third member of staff said, "We are creative as a team. Although (Registered manager's name) is the manager it is very much us as a team. We look at things together and involve the carers in any changes. It's real teamwork." I think we are doing everything pretty well. There is good peer support here. This is an improvement on last year when we were fragmented."

We found people continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. People told us they liked the food provided. One person told us, "Food choices are good I'm a diabetic so they watch my diet I'm on insulin." Another person told us, "Good food choice yeah, I like curry and my favourite is fish and chips." A third person said they had, "All varieties of food and plenty of drinks and snacks."

People had been supported to maintain good health and have ongoing healthcare support. One person told us, "My carer goes to the doctors with me I go to the chiropodist on my own. My carer and my mum take me to the dentist." Another service user said, "My carer takes me to my doctors and dentists". A third person said, "(Shared lives carers name) took me to the doctors when I had a chest infection. I need a plate making for my teeth (Shared lives carers name) took me." People's care and support plans detailed their health and wellbeing needs including regular checks ups and whether support was required. One shared lives carer told us, "There have been a lot of issues with (Person's name) behaviour at day centre. What our type of care provides is consistency. I've got to know him so well and have been able to show it's about communication, either he or they not understanding. From discussing with the scheme worker we got a speech and language (SALT) assessment and I've worked with the day centre, it's been really good working together. (Person's name) has made a lot of progress."

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. They were happy and liked the staff. One person told us, "Yes they are kind and caring they look after me really well I enjoy living with her (Shared lives carer.)" Another person told us, "I am happy. I have been there a long time. It's got to be four Christmas's now. I have got a key to the front door." A third person said, "They respect my privacy. If any things wrong I talk to (Shared lives carer's name) and go from there."

Potential new shared lives carers were assessed and, once accepted, were 'matched' with people who needed short or long-term care and support. The assessment process through to acceptance could be a lengthy process as the shared lives staff took account of people's needs, wishes and preferences and the lifestyle of the families who applied. A pictorial guide was put together by families so that people could see where they might stay, with photos of family members and the accommodation. Meetings were set up and trial visits arranged so that people and families felt comfortable with each other and got to know each other better. This helped ensure a good match was made and people were placed with shared lives carers who could meet their needs and support them effectively. Discussions then took place about the availability of a potential placement and the person's individual care and support needs. One person told us, "I've enjoyed the six months here. I was involved in my assessment and we had a tea visit before I came. Another person told us, "I was involved in my assessment before I came to live here." One shared lives carer told us, "This time last year, (Person's name) was visiting and the scheme was assessing whether he would come to live here. I was very involved in the assessment and of course, had to support (Person's name) too. We'd had a vacancy for a year. Now (Person's name) gets the bus alone to Chichester, where he meets up with transport to day centre. I've been very involved in his learning process, he's gradually got to this point in stages." Another shared lives carer told us, "I've had good information about people and I can contribute to assessments. It's a very gradual assessment process, with trial sleepovers, over three months. Customers can refuse, it has to be agreed as a good match by everyone."

Shared lives staff told us people were encouraged to influence their care and support plans. The shared lives carers demonstrated they knew the individual needs of the person they were supporting well. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with their care and support package. They had been involved in drawing up their care plan and in any reviews that had taken place. They felt the care and support they received helped them retain their independence.

Shared lives carers were able to describe the support given to people to try to develop their life skills and independence. One shared lives carer told us, "Both require prompts to personal care and choice of appropriate clothing. They share in choice of meals and assist meal preparation, (Person's name) is especially keen to do so. Both make their packed lunches. Both are home one day in week which is used for everyday living skills, laundry, tidying rooms, assistance to household tasks. Weekends are for relaxing and time together." Another shared lives carer told us, "They are very much part of the family. But I'd like to see them able to move on for more independence and they are keen on the idea. They have input to their care

plan reviews and so do I, in fact I try to encourage them but it's a bit haphazard. So there's a lot of advocacy in our role, with support plans and resolving issues with day centres." A third shared lives carer said for one person they supported with a visual impairment, "He's completely comfortable in this familiar environment. He can't go out alone but we have enabled him to go in taxi alone. We have fitted grab handles for the bath. It's part of his review to re-look at how we meet those needs."

Shared lives carers were aware of the importance of maintaining people's privacy and dignity. People told us they felt the shared lives staff treated them with dignity and respect. One person told us, "I'm independent I do everything on my own. They respect my privacy and ask my permission to do things". Another person told us, "My carer helps me in the bath I have showers too its private curtains round and I'm kept covered." A third person told us, "If the door is closed they ask me first to come in."

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. People received information around protecting their confidentiality and there was a confidentiality policy which was accessible to all shared lives staff.

People were supported to make and retain friendships, or maintain contact with their family. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service, the registered manager was aware of who they could contact if people needed this support.

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the review of their care and support. One shared lives carer told us, "(Person's name) is very aware of the care planning and is expressive of what she wants or doesn't like." People were supported to attend a range of activities. One person told us, "I wasn't told anything at the last place I didn't like it. I got moved here and I hope I can stay here I like it. Everyone's really involved and I feel listened to. I have a care plan."

The care plans were very detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans had been updated as and when required. Following an annual review of the care and support provided senior shared lives workers read and signed off these reviews. Shared lives carers told us they had a copy and this had been regularly reviewed. One shared lives carer told us, "Folders of information come for each person, which I keep always at hand. Has placement agreement, placement agreement, meds chart, support plan, risk assessment, finance support. I couldn't do without it. Shared Lives is always up to date with paperwork. Things can change between stays and I know in advance of any changes. One person I support has mental health issues and I have information about her behaviours and responses, and emergency contact details. I have to be very careful how I explain things to her. Another person has communication problems, very little speech. There is good guidance." Another shared lives carer told us, "All have support plans with goals including socialisation, money management, home skills. I try to attend their reviews. I have other care jobs, but at the least I can talk in detail with my support worker and they will go instead." Where possible people had been involved in developing their care and support plans. Some people were able to confirm this and told us they felt they had been listened to and their needs were taken into account. One person told us, "I have a review once a year with my social worker. I had one on Friday." Another person told us, "My care plan is reviewed every three to four months I'm fully involved." A third person said, "I had a review yesterday only been here a month but I was at work I work with horses. It's in walking distance. Reviews once a year I'm fully involved."

People were supported to attend a range of activities. Some people attended day-care, others undertook voluntary work. People were supported to access a range of social activities and holidays. One person told us, "I go horse riding, motor cycling, staying with my parents in Austria every year and canal barging." Where appropriate the shared lives carers reviewed with people their schedule for the week. This provided the stability and consistency of communication required by some people to support them to make choices. One shared lives carer told us it took, "A lot of explanation of what you are going to do, and how. I see it as important to try new activities with the respite clients, but also not to have surprises." Another shared lives carer told us, "Today two are at voluntary jobs and one at day centre. Otherwise we are all busy together. They all help every evening with meals, not necessarily cooking but contribute to the whole experience. They accept everyday tasks are essential. They are all very involved in their care planning. We are always checking if they like the things we do or would like anything new. They have annual reviews, and so do we." People had the opportunity to go on holiday with their shared lives carers. One shared lives carer told us, "We all went camping last week, not too far away in case we needed to get back quickly. They all wanted to

try fishing and enjoyed it. We went with my son and family, who are also shared lives carers, and their customers." Two people told us of their recent fishing trip. One person told us, "We've been camping with the carers and we did fishing there. I caught two fish."

People were communicated with in an accessible way according to their needs and preferred method of communication. For example, documentation had been provided in a pictorial format. People and their representatives were asked to give their feedback on the care provided through and through quality assurance questionnaires which were sent out regularly. One person told us, "I get a questionnaire once a year, nothing could be better." Another person told us, "Questionnaires once a year I'm very comfortable everything's good." A third person said, "I have questioners once a year everything's good I feel part of the family I call them Mum and Dad."

People told us they knew who to speak to if they had any concerns. One person told us, "I go to my (Shared lives carer) with my worries or the office." Another person told us, "Yes they are kind and caring they look after me really well I enjoy living with her. Any problems I can just talk to my carer I trust her." A third person said, "I am happy. If not happy I would go to (Shared lives carer's name.)The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. This was also provided in a pictorial easy read format for people with communication difficulties. Where concerns had been raised we could see these had been looked at in line with the organisations policies and procedures.

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought. People were encouraged to be as independent as possible and had developed strong links with their local community. They were supported in this by their shared lives workers and by shared lives carers. One shared lives carer told us, "I've been a carer in shared lives for nine years. I feel they keep a balance between increasing professionalism, like tailored policies and risk assessments, and emphasis on normal home life. I can't think of anything the scheme isn't doing, or that it should do better, it's definitely well run." Another shared lives carer told us, "We both feel the service is well run. We appreciate why protections for everyone are built in. The bottom line is that clients are happy and integrated into placements, which is what is achieved." A third shared lives carer said they saw the scheme as having become, "A lot more professional; they know exactly what they are doing. I like the way they use email to keep in touch with information. The manager knows who everyone is, customers as well. All the changes over time have been for the better." A member of staff told us, "(Registered manager's name) is really good, she is a good listener and takes on board suggestions. If I need to go to (Registered manager's name) I will take her lead." However, we found an area in need of improvement with regard to the auditing of the service.

New more detailed and robust health and safety checks have been implemented, particularly in relation to the checks on the utilities and services in the shared lives carer's home. Although shared lives carers had had a risk assessment completed not all had had the new risk assessment completed. Risk assessments did not always have the conclusion to any actions identified. Paperwork was detailed but at times was difficult to work around to find the required information. For example, people's care and support plans were accessible either online or in a paper format, and we looked at both. We found a lot of detailed supporting information for people, but this had not always been used to inform and update the care and support plan and was reliant on staff accessing all the supporting documentation for a clear picture of people's care and support needs. At times the information was contradictory. Not all the information had been fully completed and recorded, so was not available to reference and fully inform staff. Robust quality assurance procedures were not demonstrated as being fully embedded in to the practice of the service, to help identify these shortfalls and how this had been used to inform and drive continuous improvement of the service. We discussed this with staff who acknowledged this was an area they were aware needed improvement and were already working on to address. They spoke of a new monitoring system which was being introduced to improve this. They were already looking with the provider at ways in which they could be externally monitored from within the organisation. This is an area in need of improvement.

There was a clear management structure for the service with identified leadership roles. The registered manager was supported by two senior shared lives workers and seven shared lives workers. Staff spoke of a turbulent year with a high number of changes in the shared lives support worker team which had had an effect on the workload, an increased level of induction of new staff, the ability to be able cover the duty system and get work completed. Following recent recruitment to the team all staff told us this had been a significant improvement to the working of service. One member of staff told us, "The team is very positive and buoyant. There has been a period of focussing on new staff. They are now working with arm's length support." Another member of staff told us, "Now there is a consistent team, everyone (Shared lives carers)

has an allocated worker. Before they would ring into the duty system for any help. We all now have allocated duty days." A third member of staff said, "It has made such a difference having another senior in post." However, feedback was varied when asked if staff felt there were enough staff in place. Although staff told us work was being completed as required the volume of work was difficult to manage. We discussed this with the registered manager who told us of the recent increase in the number of senior shared lives workers to help provide management support for the team. This was in partly due to the fact the registered manager had other management responsibilities as well as the Shared Lives Scheme within the organisation. The registered manager told us the staffing structure was being relooked at again with a view to a further increase in staff. All staff told us they felt the service was well led and that they were well supported. One member of staff told us, "It's a great service. I enjoy it and feel valued." Another member of staff told us "I love it. It keeps you inspired. Our core values of the team we all get. I have never worked in such a team before. Seeing all the changes and improvement has been good."

Feedback from health and social care professionals spoke well of the service provided. The registered manager and shared lives workers and carers worked closely with external health care professionals such as social workers and staff from the local learning disability and mental health teams.

Shared lives workers and carers demonstrated an understanding of the purpose of the service, the promotion and support to develop people's life skills. They understood the importance of maintaining people's rights and treating people with respect, diversity and an understanding of the importance of respecting people's privacy and dignity.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow. They linked with other Shared Lives scheme managers across the region, and nationally attended meetings to ensure they contributed and kept aware of any changes and could be part of any developments in the schemes. For example in the development of a quality assurance framework which had been developed. This encouraged learning across different schemes to ensure the best possible service for people.