

Olympus Care Services Limited

Shared Lives Service

Inspection report

Eleanor Lodge
25 Camborne Close
Northampton
Northamptonshire
NN4 8PH

Tel: 01604366662
Website: www.olympuscareservices.co.uk

Date of inspection visit:
02 January 2018
04 January 2018
09 January 2018

Date of publication:
16 February 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Shared Lives Service recruits people to become paid carers to support adults with a range of complex needs or learning disabilities. People stay in the carer's home and receive their support within a family environment. People can stay with carers on a long term or short term respite basis. The Shared Lives Service is run by a Registered Manager and a team of staff who provide support to people and their carers.

At the last inspection, the service was rated Outstanding. At this inspection we found the service remained Outstanding.

Overwhelmingly, and without exception, the service put the people that use the service at the heart of everything they did. People had their own carers and staff that frequently and significantly went above expectations in order to enable people to have a fulfilled life, that was the way they wished it to be. People were given every opportunity to make their own decisions and were encouraged, empowered and supported to do so. The registered manager and staffing team constantly strived to be the best that they could be, and was innovative in its approach to care. The Shared Lives Service went to great efforts to share their ideas and approach with other services to help encourage them to improve and provide better care for people.

People were protected from harm and were supported to take positive risks in the least restrictive way. People were empowered to understand how they should receive safe care and people understood that they could report any concerns if they felt this was in jeopardy.

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

Staff were committed to ensuring that people were matched with a carer that was completely right for them. This allowed the formation of strong caring relationships between each person and their carer and this was supervised appropriately by staff. People's healthcare needs were prioritised and these were met with a unique approach to facilitate people's personal backgrounds and preferences.

Carers had great respect and admiration for the people they supported and this was reflected back from the people that received care and support. People were fully empowered and involved in decisions about their care and were supported to do so when other agencies or services had given up.

People received personalised care which had input from the other care services each person used however the format of people's care plans made this confusing and we have made a recommendation about the review of care plans.

The management of the service was extremely well led with strong leadership from the registered manager who empowered staff and carers to challenge boundaries and support people to have the freedom and

choices within their own lives. The management team were open and keen to receive feedback and reflected on this to improve the service wherever this was possible.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service has improved to Outstanding.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The service remains Outstanding.

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 was a comprehensive inspection and was announced. We gave the service two working days' notice of the inspection because we needed the service to make contact with the carers and people that used the service to ask if we could speak or meet with them.

The inspection was completed by one inspector and two experts-by-experience. The experts-by-experience in this inspection had personal experience of caring for someone who uses care services and on this inspection, they helped to make telephone calls to the carers who supported people in their own homes.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we met or spoke with two people that receive the support and care from a carer, 18 carers, three Shared Lives staff, and the Registered Manager. We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for carers and staff, meeting minutes, and arrangements for managing complaints.

Is the service safe?

Our findings

Overwhelmingly people were protected from harm and unsafe support. People told us they always felt safe using the service because they trusted the staff and their carers, and they never let them down. One person told us, "This is just the best. They [the carers] have helped me develop so much and I know I am safe here." One carer said, "This scheme is just amazing. I feel a great sense of relief we found the Shared Lives Service." We saw that people's carers had built strong relationships with people who enabled them to have a very good understanding of each person and their capabilities. Carers were aware when people required additional support to keep themselves safe, and when they were able to manage their personal care independently or with minimal support. People were empowered to understand how they could keep themselves safe wherever possible.

People were fully involved in understanding that they should receive safe care and how this could be provided. One person said, "I see the staff and they're lovely. I know I can trust them [and report it] if there was anything wrong." People were empowered and encouraged to report any concerns and there was no fear of any repercussions. This message was reinforced by people's carers and from the staff at the service. One carer said, "Safeguarding has never been an issue but we feel confident to handle it due to our training." Another carer said, "We have had good safeguarding training and absolutely feel that we would have the support [we need]. We did have an issue and we contacted the staff. The response was very quick."

Safeguarding alerts were raised promptly if there were concerns and carers and staff were knowledgeable about how to do this. Safeguarding investigations, and investigations into accidents or incidents were completed thoroughly and any lessons learned were acted on and shared promptly. For example, if a person had a fall, seizure or minor injury this was fully reviewed to identify if anything needed to change to prevent a similar occurrence. Any opportunities to make improvements were shared with people's carers. We saw that one person was fully involved in reporting an incident they were involved in and they were able to explain for themselves what had happened and what changes may be appropriate. Staff arranged for further visits and follow ups to ensure people and carers were receiving the support they required, often going above and beyond their requirements.

The registered manager and staff challenged discrimination and empowered people's carers to do the same. People from backgrounds that were particularly challenging, for example because of their mental or physical health needs, language barriers or cultural preferences were welcomed, celebrated and facilitated with ease. One carer went to extra efforts to support one person who had a temporary disability to ensure any negative effects on their quality of life was minimised. This included obtaining significant equipment to help support them, and changing the way in which the carer's home was set up.

People were supported to be as independent as possible and were encouraged to take positive risks in the least restrictive way. One person said, "It's been really great that now I can go out on my own. They [my carers] have really helped me to understand how I can keep safe and there are a few things I do to help with this." Carers and staff spoke passionately about enabling people to challenge themselves and to try things they may think would be too difficult. This could include building relationships with new people, making

meals for themselves or going to college. Each person was unique and any risks were considered on an individual basis. Each person was fully involved in considering how they could minimise any risks to help keep them safe. Risk assessments were dynamic and kept under review, and updated whenever necessary.

The service provided an out of hour's system which went above and beyond expected practices. For example, when one person had to attend hospital unexpectedly, and this was particularly distressing for the person, there was an out of hour's system in place for staff to offer advice to the carer. However, additional Shared Lives staff who were not on call decided they would attend the hospital out of hours to offer additional support and ensure the health services were listening to the carer, and the person was getting the specific support they required. The carer told us how much this was appreciated and helped them to relieve some anxieties for themselves and the person they supported.

People were supported to try different technology options which would encourage and assist their independence, and help ensure their safety. The registered manager and staffing team had a good knowledge of different assistive technology options that were available. They used this to facilitate discussions with people and their carers if there may be devices which may help to enable them better. For example, people had discussions about the use of technology which alerts a carer if a door is opened. This can be helpful, particularly in respite care where the layout of the carers house may be different, and the person has mobility issues. Staff from the Shared Lives Service also spent time with external services, for example, day centres, to show them innovative ways they could utilise assistive technology to help maintain people's independence and minimise the risks known to them.

People made their own decisions about how their medicine would be handled, with the support and guidance of their carers and the staff. One carer explained that they just monitored the person's medication with the person in case they forgot or were not sure if they needed it. They said, "[Name] sorts out their own medication, I just watch." Another carer told us they gave full support to the person they cared for. "I look after their medication and get it ready for them. I record it all on the MAR (Medication Administration Record) and make sure they've got enough and don't run out."

Each person's support needs had been assessed and carers offered appropriate support to ensure people received their medicine safely. Carers had appropriate storage facilities for people's medicines and they confirmed that people's medicines could not be accessed by other people living in the home. Carers understood the process of checking people were given the correct medicine at the correct time and they recorded this on a MAR. The Shared Lives staff also completed robust audits on medicines to ensure that people's medicines were handled correctly.

People and their carers had support from a suitable number of knowledgeable staff. All the carers spoke extremely highly of the support they received from the staffing team and commented that they were always available when they needed them. One carer said, "The Shared Lives staff are brilliant. They are always there when you need them. They come by in the evening if that's what we need, and even when they're not on call, they'll often make themselves available. They really go above and beyond every time."

People were supported by carers and staff that were of good character and were suitable to work in the care environment. All carers and staff had been through a rigorous recruitment procedure which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

People were encouraged to learn about infection control and keeping themselves and their environment clean. One person told us, "I know how to do my own laundry now and can work out what is for a light wash

and what is for darks." Some people helped to clean their own environment and were encouraged to do this in a safe way. Other people were supported to make meals for themselves or the carer and their family and had learnt about keeping the kitchen area clean.

Is the service effective?

Our findings

People's needs, interests and diversity were assessed prior to them coming into the service and carers backgrounds, abilities and attitudes were also assessed prior to them being accepted into the service. The Shared Lives staff took great care and pride in ensuring they could match the right person with the right carer. One carer said, "We've been well matched with [name]. They're just like family to us." The staff told us, "The matching process is so important. It gives a good foundation for such an important relationship to flourish." The assessments of carers was carefully scrutinised to ensure people with the right skills and experience were accepted into the service. Staff supporting the people using the service and their carers had training which supported their knowledge and helped to develop their skills.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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. The carers, staff and management team worked within these principles and were aware of when applications may be required if people's freedom to make their own choices was being restricted.

People were supported on an individual basis to have their nutritional needs met. Some people enjoyed making their own meals with the support of their carers and other people required their carers to take ownership. One person said, "I really like making my own meals and [name of carer] gives me help and advice about what to do." One carer told us they supported a person who was obese and had health implications. They said, "They have just naturally lost weight when we started learning about healthy eating. There was no [restricted] diet but just balanced meals."

Carers and staff helped people maintain relationships with healthcare professionals and other services that were involved in their care. For example, there was close liaison with the community team for people with learning disabilities. Carers, staff and healthcare professionals worked together to create plans or a structured approach when people required additional support. People's mental health and physical health were monitored and carers and staff had a great understanding when this had declined, and appropriate action was taken to help improve this.

Is the service caring?

Our findings

Without exception, people were treated with care, compassion and great kindness. The overwhelmingly caring approach by the carers and staff was evident in the way carers and staff spoke of their roles and the way in which they treated the people they cared for. One person who received their support loved being part of the Shared Lives Service. They said, "I am so happy. They [the carers] treat me very well and this is like my home." Carers and staff had an empowering and empathetic attitude to support people and their personal development. They had a detailed knowledge of the people they supported and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance.

People were empowered to take as much control in their lives as possible. They were given every opportunity to make their own decisions and express their own views without the influence of other people. The Shared Lives staff were confident and robust at giving people the encouragement and support to make difficult decisions, and understood how much information people could retain in order to make an informed decision. This approach gave people control, confidence and helped people to shape their lives in a way that they wanted to. For example, following a life changing incident one person's family attempted to make assumptions and decisions for the person however, the staff focussed on the person's own needs, and worked with the family to understand and respect the capabilities of the person. The staff intervention and support of compassionate carers allowed the person to develop significantly in a way they wished, with important relationships maintained.

The registered manager recognised the importance and value of good advocacy for people and valued people's opinions and feedback. People were supported in a number of ways to express their views and one of these included the use of advocacy services. For example, one person with a life changing event was supported with use of an advocate to help them make their own choices and to consider what they wanted to do, and what support they wanted to help enable and improve their life.

The attitude and motivation of carers and staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the carers and this was monitored and encouraged by the staff. It was evident that this attitude, and the efforts carers and staff went to, was maintained at all times. Carers and staff made long term commitments to people and let people take their time with their own development. For example, carers and staff had made great progress with one person who had limited social skills and a lack of confidence. They had supported them over time, to get a voluntary job and travel independently to work. This had helped to change the person's wellbeing and empowered them to take control of what they could achieve.

Staff often went above and beyond their responsibilities, on a day to day basis, in addition to providing long term support and guidance for people and their carers. For example, during a period of extremely bad weather, one member of staff offered to escort people to their appointments using their partner's vehicle which was able to travel in the snow. In addition, when one person's carer was unable to take the person to

the day centre every day, a member of staff took on this responsibility themselves, using their own personal vehicle to do so. The member of staff recognised the pleasure that the person got from attending the day centre and did not want them to miss out. As a result of the efforts that the staff went to, staff and the registered manager had been nominated for awards which included the provider's Unsung Hero award and a Collaboration award which recognised and celebrated the incredible efforts of those involved.

Staff recognised the importance of family relationships and passionately went to great efforts to ensure that two siblings could live together with a carer following a sudden change of circumstances within their own family. Full assessments were made of the people and prospective carers to ensure this could be accommodated safely and with the involvement and agreement of other people living in the carers home. This resulted in a successful outcome which respected people's preferences, particularly in a difficult situation.

People were treated with the utmost dignity and respect and this approach was embedded into the service. Without question, carers and staff spoke to people sensitively and respected when people needed some space or time to reflect on their thoughts without interruption or assumptions from their carers. Carers were fully guided on the actions of people and did not rush people to respond, or take any action until the person was clearly ready to do so. People were supported with a respect for their individual diverse needs and these were respected and maintained with ease.

Carers were able to demonstrate how they supported people to receive their personal care without compromise to their privacy or dignity. For example by ensuring that they only entered people's rooms with consent, and by ensuring curtains and doors were closed whilst they offered their assistance. We saw that when one person had become unwell and an external agency were utilised to ensure 24 hour care could be provided, the carer took steps to instruct the agency staff about how to respect the person's dignity when they were unable to advocate for themselves.

People's diversity was celebrated and people were in control of how this was shared with others. This was a strong factor within the matching process to ensure people could have all of their diverse and individual needs met, celebrated and supported wherever possible. For example, one person chose to go to church with their relative and cherished this time with them, and another person with physical disabilities was matched with a carer that saw no boundaries and encouraged and supported them to do anything they wanted to do.

Is the service responsive?

Our findings

People received personalised care that ensured their needs were met. Where appropriate, carers and staff sought advice and guidance from other agencies involved in people's care, and the provider incorporated the other care services to gain a full picture about each person. For example, if a person used the provider's day centre services, or respite homes, this information was incorporated into the person's care plan. This enabled the carers and staff to obtain a full picture of the person's preferred care in different settings however, the format of this was messy and it was not always clear what the current information was, or who had provided it. Carers were competent and skilled at ensuring they understood each person's current needs.

We recommend that the provider seeks advice and guidance from a reputable source about the successful format of care plans.

People's care plans reflected their diverse needs and beliefs. People were supported to follow their interests and personal preferences and carers were supported to provide the support that people required, for example, supporting people to attend religious or family events that they wished to be a part of.

People were able to express their aspirations and carers and staff did all they could to help people achieve their goals. One person said, "I never thought I would be able to go to college and I'm so proud that I can do it. They [the carers] have really helped me." People were encouraged to try new activities and experiences and carers were flexible to respond to people's wishes. For example, one carer told us, "We always give [name of person] the opportunity to go on holiday. There have been times when we have got there and had to come home, or the day before they have changed their mind, or sometimes they just don't want to go. It's totally up to them." Carers were responsive to people's needs and respected people's decisions.

People and their carers were encouraged to provide feedback about the service, and the registered manager took an open approach to complaints. Complaints were viewed as an opportunity to learn and improve and this was embedded into the service. One carer told us, "We have no complaints at all but if we did we would have no hesitation in talking to [name of the registered manager]. She's very approachable, they all are. They're a good team."

Staff and carers had a good understanding of people's communication needs and made significant efforts to make this as easy as possible for people. The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One carer who supported people with limited vision, had researched a product that could talk to them and could give the device verbal instructions without the need to read anything. This could allow the person to play music they liked or complete their own research instantly.

The registered manager incorporated innovative ways to obtain feedback, particularly if there could be

negative feedback that people or carers were reluctant to share. As a result the registered manager had introduced an exit questionnaire for any carers that decided to leave the service. This had not yet been tested but the registered manager was committed to seeking any areas that could be improved. For example, following the investigation of one complaint the registered manager made suggestions to the provider about how investigations could be improved to increase independence and ensure complaints were investigated impartially. Outcomes of complaints, where appropriate, were shared with staff and carers and they were encouraged to come up with suggestions of how the service could be improved.

Is the service well-led?

Our findings

Without exception, the service was run with an ethos that put the people that required care at the heart of the service. The culture and direction of the service put people and their choices at the forefront of the service and people were able to have a say about matters that could have an impact on them and the support they received. The registered manager understood and valued the contributions people made and considered these when making decisions, for example when designing new guidance or accepting new carers into the service.

The service had achieved incredible outcomes for people, and supported people to live their lives how they wished with the support of their carers. For example, one person had a life changing incident which required a long and challenging time in hospital. Carers supported the person and gradually built a strong and respectful relationship which supported them to have a fulfilled life when they left hospital.

People, carers and staff were impressed with the service and felt glad to be a part of it. One carer said, "Shared Lives are good and I couldn't really recommend any improvements. The training is good, the meetings and reviews always take place and are on time. The reviews are a positive experience and although because we know [name of person receiving care] so well, there are rarely any issues, they [the staff] help us to feel supported."

There were a number of opportunities available for people to provide their feedback about the service and these were used to drive improvement. This included regular meetings on a formal and informal basis, training events, surveys and requests for feedback following new ideas and suggestions. One carer said, "I love Shared Lives Services. It is the best thing I ever did. [Name of person receiving care] has become a real part of the family and as a company they are always getting better." We saw that one carer had made a suggestion to make improvements to the guidance available to carers that provided respite care. The registered manager took this on board, produced a handbook and asked for feedback before this was given to carers.

The registered manager had a keen interest in continuous development, for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice of Shared Lives Services. They regularly attended conferences and events to share their own ideas and challenge other services about how they could improve. They were committed to being the best they could be and had recently signed up to a Shared Lives charter and which was a driving force nationally for improving standards within the Shared Lives communities. This Shared Lives Service was recognised as leading by example and the registered manager had been asked to give speeches at conferences to help other services.

Relationships with professionals were nurtured to the benefit of people using the service and staff were empowered to make decisions that would help improve people's lives. The registered manager and staff team worked hard to collaborate with professionals to improve care outcomes for people. Where there were gaps or delays, staff were empowered to tackle these, and if necessary the registered manager took further action or follow up.

The service took risks which helped to support people where previous placements had failed, and the staffing team were not afraid to give intensive support to people and their carers when this was required. This had huge benefits to people and had given them the opportunity to receive care and support when others had given up on them. Performance and risks were carefully monitored, particularly with challenging placements, to ensure progress was being made and the risks were being successfully managed.

Successful governance systems were in place to promote an inspiring service that provided high quality individual care and support for people. Staff were required to complete their own audits, for example on people's medication and the registered manager completed regular audits of their own on care plans and the interaction people and carers had with staff. They ensured that as part of their quality assurance procedures they contacted different people and carers to get a true reflection of the service they received. The registered manager was extremely efficient at acting on feedback, on a short or long term basis, and had a good knowledge of the areas that required improving. The registered manager had plans in place to target any areas that could be improved and these were shared with the people that used the service, carers and staff at appropriate intervals.

The staffing team promoted the service and went above and beyond expected requirements to ensure the service was sustainable and to help others improve. For example, the service was involved in various projects which included the promotion of a smooth transition for children leaving foster care but requiring additional support. This had been an area that carers had provided negative feedback on and the registered manager was committed to making improvements. One carer said, "Thanks goodness I found Shared Lives Service. When one person was coming to the end of their support with fostering, nothing seemed to be in place and it felt like no one wanted to help. Shared Lives really helped us with that transition and I'm so grateful I found them."

Without doubt, there were high levels of satisfaction from staff who immensely enjoyed their jobs, the difference they made to people and the support they were given to be so effective. All staff told us how much they loved their jobs and enjoyed working at the service. The registered manager took a flexible approach to the workforce, recognising staff had commitments outside of work to create an inclusive environment.