

Northumberland County Council

Shared Lives Northumberland

Inspection report

County Hall Floor 2, Block 2 Morpeth Northumberland NE61 2EF

Date of inspection visit:

23 October 2023

25 October 2023

31 October 2023

Date of publication: 05 January 2024

Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service caring?	Outstanding 🌣
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Shared Lives Northumberland is a shared lives scheme which provides people with long term placements and respite care within shared lives carer's own homes. At the time of our inspection there were 70 people using the service but only 54 received regulated activities. Some shared lives carers were approved for more than one person to live in their home.

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

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

Right Support: People received remarkably personalised care and support from highly dedicated staff teams and shared lives carers. People succeeded in all aspects of their daily lives. This included massively increased confidence, being supported with new skills and increased opportunities which may not have readily been available to them in other circumstances.

People reached milestones in their lives and were supported with goals and aspirations they may have had. People were supported to have maximum autonomy, choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received exceptionally personalised care and support which upheld their dignity, privacy, and human rights as individuals. People received care and support from extremely kind and compassionate staff and shared lives carers. Shared lives carers were remarkably attentive and responded immediately to changing needs, which meant people always continued to receive full and responsive care and support to enhance their lives.

Right Culture: People were truly at the heart of the service and a good culture had been developed over many years. The values and approaches of shared lives carers and staff were exemplary. People were accepted as part of shared lives carers families, and empowered to lead settled, fully included, and confident lives. The staff team promoted transparency and a culture of good teamwork.

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

Rating at last inspection and update
The last rating for this service was good (published 12 July 2018).

Why we inspected

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

Please see the safe, caring, and well-led sections of this full report. The caring key question is now rated outstanding. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shared Lives Northumberland on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good •
The service was safe.	
Details are in our safe findings below.	
Is the service caring?	Outstanding 🌣
The service was exceptionally caring.	
Details are in our caring findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our well-led findings below.	



Shared Lives Northumberland

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced as we needed to arrange to visit people in shared lives carers' homes and ensure staff were in the office.

Inspection activity started on 23 October 2023 and ended on 8 November 2023. We visited the office on 23 October and visited people using the service throughout the inspection dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications from the provider and information from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited 7 shared lives carers in their homes and spoke with another 5 over the telephone. We spoke with 6 people of their experience of the care provided. We also spoke with 1 person's relative.

We spoke with 4 out of 5 members of staff including the registered manager and three shared lives coordinators. We contacted 10 healthcare professionals, including shared lives panel members, social workers, care managers, training officers and local GP's. We used their feedback to support the inspection outcome.

We reviewed a range of records. This included 5 people's care and support records and medication records. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks had been assessed. People were supported to take positive risks to have maximum choice and control over their lives.
- Safety was monitored by staff and shared lives carers. Enhanced arrangements were put in place when people chose to have a holiday, or their choice of activities were arranged.
- People were safe. One shared lives carer said, "The best bits are the rewards of going on holiday with people and seeing how happy they are, helping them, seeing them develop and making sure they are safe, fed and looked after...living their best life!"

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from risk of abuse. Staff and shared lives carers knew people well and understood their safeguarding responsibilities.
- Staff and shared lives carers received training on how to recognise and report abuse and this was updated regularly.

Using medicines safely

- Medicines were managed safely. People were supported by shared lives carers who followed systems and processes to administer, record and store medicines safely.
- Monitoring checks were regular completed to ensure shared lives carers remained competent to safely administer medicines.

Staffing and recruitment

- There were enough staff to support shared lives carers and monitor the service being operated.
- Robust recruitment processes were in place to ensure suitable staff and shared lives carers were employed safely. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Infection prevention and control was taken seriously by staff and shared lives carers.
- Staff and shared lives carers had received training in infection control and were aware of the need to use PPE in relevant circumstances.
- Shared lives carers' homes were clean and tidy.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff positively promoted an open and transparent culture in relation to accidents, incidents and near misses.
- Shared lives coordinators visited shared lives carers in their homes regularly to monitor procedures and offer support. Any incidents or issues arising were discussed at length for solutions and shared with other staff members for learning opportunities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• Staff and shared lives carers exhibited best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Staff and shared lives carers were excellent at providing outstanding outcomes for people. This included fulfilling lifelong dreams. Staff and shared lives carers supported one person tirelessly over several years to obtain citizenship and ultimately a passport to allow them to book a holiday they had always dreamed of. Another person who barely left their family home now goes out most days to fulfilling pastimes with their shared lives carer support. The registered manager told us, "[Person] successfully completed their Duke of Edinburgh award this year with excellent support from their carer. They had to go camping, walking, looking at the environment, build confidence and make friends. This was a massive achievement."
- People were exceptionally well treated and supported. People's diverse needs and experiences were equally respected. Without exception, we received extremely positive comments about staff and shared lives carers. With staff support, one shared lives carer installed a small kitchenette to a person's personal space. An incredible amounts of time was spent developing the person's independence so they could cook their own meals or choose to eat with the rest of the family if they so wished.
- Staff and shared lives carers were absolutely dedicated to providing people with the very best care and support they could. They were extremely thoughtful and caring and treated people with exceptional kindness achieving excellent outcomes. The registered manager said, "One shared lives carer purchased a motorhome to create so many opportunities for [person] to visit places throughout the country and have so many adventures. [Person] loves the freedom of the open road the carer told me, and it means they can go anywhere and stay in their motor home, which makes them secure and safe."
- Staff and shared lives carers were particularly sensitive when people needed additional care or compassionate support. Fantasic outcomes were achieved. Staff supported one shared lives carer and worked exceptionally hard to help form a relationship with a person's family to establish regular contact and visits. Another person lost a very close friend, and the shared lives carer with staff support, had a plaque made and with permission placed it on a tree near their family home. They also placed a plaque in their garden and helped the person plant a tree in memory of their friend.
- The ethos of the service was highly person centred. One person had to leave a job they loved when they moved areas to live with a shared lives carer. Staff supported the shared lives carer who got in touch with the workplace and made huge efforts, including supporting multiple trial runs on buses, to get the person back to the workplace they loved so much. They now continue to be a valued member of the workforce. During the COVID 19 pandemic some people and their shared lives carers struggled with changes they were forced to make. Within COVID 19 restrictions, staff played a huge role in giving additional support to people who were unable to attend closed day centres; this included walking in all weathers to give people some form of normality in their lives.

- Observations of people and shared lives carers demonstrated tremendous bonds had been formed. One shared lives carer said, "We love him to bits, he's part of our family, definitely." Another shared lives carer said, "Shared lives not only changes a person's life but changes your life for the better too."
- People and their shared lives carers were supported with their sexual orientation, religious, ethnic, gender identity without being discriminated against.

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

- People were incredibly well supported to express their views and be fully involved in decisions regarding their care and support needs. The provider promoted the belief to shared lives carers that there should be no barrier to people trying new things, or limits to the experiences they could have. One person told us they were going to be involved in a promotional video to be included on the providers new website, which was in development, and were extremely happy to do that.
- People led remarkably active lives and were fully involved in local communities. This included access to local community venues, day centres, sports and leisure facilities, shopping locations and holidays. Staff had set up and promoted activities with other people using the service and their shared lives carers, including discos, sports days, parties, and other events. This enabled people to make new friends and acquaintances.
- People's goals and ambitions were discussed and shared lives carers worked tirelessly to support people to reach them.
- People's care and support records, combined with our observations; demonstrated an extremely inclusive culture. Shared lives carers actively engaged with people and promoted their choice and uniqueness. Where people needed support from advocates, this was promoted.

Respecting and promoting people's privacy, dignity and independence

- Staff and shared lives carers highly respected people and knew when people needed space and privacy.
- Privacy and dignity were evidently at the heart of the culture of the service. This was displayed in the natural and dignified way staff and shared lives carers acted with people.
- People's personal data was kept secure.
- Independence was maximised to the fullest. For example, one person had a key safe fitted by their shared lives carers, as they often lost their keys. With this in place they could still get into the home independently and this enabled them to continue being independent rather than have restrictions placed upon them. Another person was supported to travel independently with intensive support from their shared lives carer.
- People had amazing opportunities to try new experiences, have countless holidays and develop new skills to enhance their independence. We received a huge amount of very positive comments.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All staff were clear on their roles. The registered manager developed their own leadership skills and those of other staff. Staff and shared lives carers said the management team listened to them and supported them fully. Staff explained that the support they received from the registered manager encouraged their motivation. One staff member said, "I absolutely love working here. We are wonderfully supported and what we do makes a massive difference to people's lives. I am so motivated by that and always want to do the very best for everyone involved."
- The management team demonstrated they were motivated and dedicated to leading a service delivering personalised support to people.
- Quality assurance systems ensured oversight of the care and support provided by shared lives carers. This entailed regular visits to shared lives carers' homes with monitoring checks and support provided at the same time.
- The service continued to learn and improve care. The provider had paid for a business leadership consultant to support the service with leadership and conflict management, resilience and coaching of staff. This had further enhanced staff team dynamics and resulted in better team working.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong commitment to promoting a positive, open, and inclusive culture at the service.
- Staff were motivated and spoke enthusiastically about the people and shared lives carers. They provided many examples of shared ideas and teamwork that had led to achieving positive results for people.
- Staff and shared lives carers' were proud to be involved and working with the service.

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

- People, shared lives carers and staff were at the heart of the running and development of the service.
- The registered manager had recently been successful in securing a fellowship with the London School of Economics NIHR School for Social Care involving a project looking at the costs and resources needed to implement care guidance. The registered manager said, "With my involvement with the research project and the work I am doing with coproduction this has catapulted my service."
- There was good levels of staff satisfaction. Staff had opportunities for promotion and were valued members of the team.

• Shared lives carers went through an intensive selection and screening process culminating with a panel to confirm appointment. Each shared lives carer was then matched with a person who would come to live with them. This process resulted in a seamless match and transition for people.

Working in partnership with others

- Staff and shared lives carers' worked well with other organisations and the local community to ensure people felt accepted in their new homes and welcomed into the wider community. One shared lives carer worked intensively with healthcare professionals to support a person with an adversity to visiting GP's or hospital appointments. The person was now able to go on their own.
- The service worked in partnership with other Shared Lives schemes and shared good practice. This included being involved with each other's panels for approval of shared lives carers. The registered manager said, "I am scheduled to deliver a presentation to shared lives managers group in the new year."
- Professional feedback was positive, including the responsiveness of staff and how they always tried to be flexible. One healthcare professional said, "I have always considered the scheme to be a safe service, with strong leadership."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager demonstrated an understanding of their responsibilities under duty of candour. This understanding was shared by staff and shared lives carers.