

## Birmingham City Council

# Birmingham Shared Lives

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 13 December 2016. We told the provider two days before our visit that we would be inspecting their service. This was to ensure the registered manager and other members of staff would be available to answer our questions during the inspection. This was the service's first inspection since they had moved to a new office location.

The service recruits, trains and supports carers who provide placements for adults within their own family homes in the community. The majority of people using the service have a learning disability. A total of 71 people were being supported at the time of our inspection.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Record keeping and systems to monitor and improve the quality of the service people received needed further development.

People told us that they felt safe with their carer. We spoke with shared lives workers and carers about the service's safeguarding procedures. They were all aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

People received their medicines as prescribed. Staff knew how to dispense medication safely and there were regular checks to make sure this had been done properly.

There was a staffing structure in place that ensured that there was enough shared lives workers to support the role of the shared lives carers. Regular meetings took place with carers and workers so that there was an opportunity to learn and share good practice.

All the people we spoke with told us that they liked where they were living and that they were well cared for. People told us that they were supported to be independent and to take part in their chosen hobbies and interests that they enjoyed.

Shared lives carers told us that they had received the support and training they needed to carry out their role. Robust procedures and systems were in place to ensure that people who used the scheme were supported by carers who were suitable for their role. Shared lives workers told us that they had received the support they needed to carry out their role.

Meals times were promoted as a sociable and pleasant experience. People were kept safe from malnutrition

because they were offered a choice of foods and drinks they liked. Carers knew how to support people to eat and drink enough to keep them well.

People were supported to have their mental and physical healthcare needs met. Shared lives workers and carers sought and took advice from relevant health professionals when needed.

Shared lives carers' demonstrated they understood how to support people maintain their independence and promote their dignity and privacy. People received responsive and personalised care and were involved in planning their support.

People had access to a complaints system and the registered manager responded appropriately to concerns.

We found that systems were in place for Shared Lives workers to follow so that assessment and monitoring of carers and the shared lives placement took place. Regular meetings took place with carers and workers so that there was an opportunity to learn and share good practice.

The registered manager provided staff with appropriate leadership and support. Shared lives workers and carers told us the registered manager was approachable and supportive.

## 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.

People told us that they felt safe where they lived. Safeguarding procedures were in place and all staff (Shared lives workers and carers) knew about their responsibility to protect people from the risk of harm.

Medication was managed effectively so that people received the correct medication when they needed it.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate skills to provide an effective support service to shared lives carers. This was confirmed when speaking with people and their carers.

People received the support they needed to maintain good health and wellbeing.

### Is the service caring?

Good ●

This service was caring.

People told us their shared lives carers were caring and respected their privacy.

Shared lives carers and workers were kind and compassionate and supported people to lead fulfilling lifestyles.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and planned. People received care that was personalised and individual to them.

People told us that they took part in a range of hobbies and interests that they enjoyed.

People told us that they could speak with someone if they were not happy. We saw that there were arrangements in place for dealing with concerns and complaints.

**Is the service well-led?**

This service was not consistently well-led.

Record keeping and systems to monitor and improve the quality of the service people received needed further development.

The registered manager provided staff with appropriate leadership and support. Shared lives workers and carers told us the registered manager was approachable and supportive.

**Requires Improvement** 

# Birmingham Shared Lives

## **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.

We conducted a comprehensive announced inspection of this service at their registered office on 13 December 2016. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with six people who used the service, six shared lives carers and three relatives of people who used the service. We spoke with the registered manager and deputy manager. We also spoke with four shared lives workers. Shared lives workers were employed by the scheme to assess, monitor and support Shared Lives carers. We sampled the records, including parts of four people's care records, two staffing records, complaints, medication and quality monitoring.

# Is the service safe?

## Our findings

All of the people we spoke with who used the service told us that they felt safe. One person told us, "I feel very safe." One carer told us, "I am around for [person's name] to talk to so that he can feel safe." When speaking with shared lives workers they told us that they periodically arranged to meet with people away from their carer(s) so they could raise any issues or concerns privately. One worker told us, "For me, it's about seeing people as much as I can." This was confirmed by people we spoke with. One person told us, "My worker visits and checks I am okay."

Carers and shared lives workers were able to explain the different types of abuse, how to recognise abuse and the processes to follow to report suspected abuse. They all confirmed to us that they had received training. One carer told us, "I have done safeguard training on-line but I am also scheduled to attend some classroom based training." A shared lives worker told us, "I would be expected to report [any suspected] abuse to the managers."

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedures. Where safeguarding incidents had occurred they had informed the local authority and took action to keep people safe. We saw one instance where a safeguarding alert had not been made following an altercation between two people using the service. The registered manager told us that advice had been sought from the safeguarding team and the incident had not met safeguarding thresholds. The registered manager needed to ensure that clear audit trails of actions taken were maintained in such incidents.

Some people managed their own finances but some people needed support to do this. Shared lives workers told us that people's capacity to manage finances was assessed and we saw evidence of this. The provider information return completed by the registered manager recorded that additional training around money management was to be introduced. This would include elements of the carer handbook around finances and clarify the procedure regarding money management. Some shared lives workers told us that the systems to help protect people's money had improved. One worker told us, "Carer practice issues are now being tackled and dealt with, for example maintenance of finance records. The manager supported me in tackling things and we looked at the training needed for the carer."

All of the shared lives carers we spoke with told us that they had the information they needed to make sure that risks to people were well managed. They talked through some examples of managing risks and told us that there were support mechanism in place from the scheme to support them with any difficult or emergency situations. For example, one carer told us that a person had poor eyesight and so needed support when they were undertaking tasks in the kitchen to reduce the risk of accidents. Care records showed that people and their relatives, scheme workers and other professionals were involved in determining the risks associated with people's care and support needs. This meant that shared lives carers had the skills, knowledge and support they needed to ensure people would be supported safely.

There was a staffing structure in place that ensured that there was enough shared lives workers to support the role of the shared lives carers. Shared lives workers that we spoke with told us that although their role

was busy and challenging at times, they were able to visit the scheme placements and speak to people and carers when they needed to. Whilst shared lives workers felt they were currently able to manage their workload some expressed that the local authority had plans to expand the service and additional resources may be needed to maintain the quality of the service.

Shared lives workers and carers described a robust process for the approval of new shared lives carers. One carer told us, "The approval process was good, it was not rushed, all the checks were done and they made sure I understood the service." Sampled records confirmed that there was a robust process of approval in place to ensure that shared lives carers were suitable for their role. This included health and safety checks of the property to ensure it was safe and suitable for a shared lives placement. The registered told us that each carer was required to go through a vetting process that included security checks on their suitability to work with people and they must complete specific training prior to being approved. Following the completion of the assessment and pre-approval training, a report was completed for the shared lives panel to consider. The shared lives panel considered the report and made the decision as to whether or not people were suitable to provide a shared lives service. Records confirmed that the process was robust and ensured that suitable people were recruited as shared lives carers. People who used the scheme and existing carers were also involved in the panel process. A carer who had been involved in panel decisions told us, "I feel able to say if someone is not suitable but usually there are no concerns by the time they reach the panel stage."

We looked at the systems in place to support people with their medicines. People told us they were supported with their medicines. One person told us, "I get my medicine on time, my carer never forgets." Where people were able, self-administering of medicines was encouraged and facilitated. Prior to people administering their own medicines an assessment was completed to make sure they were safe to do this.

Where shared lives carers were responsible for supporting people to take their medicines, they were provided with additional training to ensure they understood their responsibilities. One carer told us, "I have had training and have a list of all the medication, I sign this when given." They were able to tell us about the medicines the person was prescribed and what it was for.

Accurate records of medicines administered to a person are important and confirm if medicine is given as prescribed, is effective and whether any side effects can be attributed to medicines administration. All shared lives carers we spoke with told us they completed MAR charts if they assisted a person with their medicines. The shared lives worker checked these records during the quarterly support and monitoring visits. There had been no medicines errors reported during the twelve months period prior to our inspection. One shared lives worker told us that a person had been refusing their medication. They told us this had been discussed with the person's GP and that following the medication being changed from tablet form to syrup the person was now consenting to take this. This meant that the service ensures people received their medication in a way that met their needs.



# Is the service effective?

## Our findings

All the people we spoke with told us positive things about where they were living and they told us about the good support they had from their carer. The relatives we spoke with were all satisfied with the care people received and told us people indicated they were happy living with their carers.

We saw that before people agreed to live in any shared lives arrangements, they were given time to build up relationships with their shared lives carers and any other people living in the house. Shared lives carers told us they thought this process worked well

Most of the shared lives carers had been with the service for a number of years. For newly recruited carers who did not hold a recognised care qualification there were arrangements in place for them to commence the Care Certificate. The Care Certificate is a nationally recognised qualification that provides staff in care settings with the fundamental knowledge they require to work in care.

Shared lives carers told us they received training across a wide range of areas, that is was of a good standard and useful for their caring role. One carer told us, "I definitely get enough training and support." All of the carers we spoke with told us they had completed training that the service considered mandatory such as first aid and safeguarding people from abuse. The service's training brochure for 2017 showed that refresher training was planned and included the Mental Capacity Act and safeguarding. Where additional training was identified, for example, if someone had a particular health condition that shared lives carers needed to understand, this was provided. For example, one carer told us, "I recently did epilepsy training and it was really informative. If you ask for any specific training they will always try and arrange it." Carers told us that the level of support they received from their allocated shared lives workers was of a good standard. One carer told us, "The support is fantastic."

Shared lives workers told us they had received, or were scheduled to attend all of the training they needed to undertake their role. One worker told us, "I get all the training I need to do my job." Another worker told us, "I get the training I need but it could be better tailored to our individual needs." Workers confirmed they felt supported. One worker told us, "We have regular team meetings and supervision. "

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had liaised with the local authority in regards to people who may potentially need an application to the Court of Protection in regards to being deprived of their liberty. The local authority had not yet undertaken any assessments for this and the registered manager had continued to prompt for these to be done. One

shared lives worker told us, "I think it is good that we have to consider the least restrictive options for people."

Prior to placement with the service, people's capacity was assessed by a social worker and care planned accordingly. We saw that where people had not been able to consent to their placement that best interest meetings had been held before the placement was confirmed. Care files contained details about how to support people to make choices and decisions, including measures to facilitate capacity such as the use of easy read materials.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). Records showed both staff and shared lives carers received training in the MCA. The registered manager told us that additional training was scheduled for February 2017 for carers who had previously not received this training.

The Shared Lives registered office had recently moved due to the previous building being closed. The Shared Lives team now shared a large office with other Local Authority social care personnel, this included some social workers who referred and placed people into the service. Shared lives workers told us this meant that discussions could be held easily regarding prospective referrals with social workers and existing placements could be discussed and monitored easily between staff at the service and social work professionals.

We checked to make sure people were provided with food and drink that met their needs. People we spoke with told us that they were involved in choosing, preparing and planning their meals. Some people took a more active interest in this than others but it was evident from discussions with people and the support plans we viewed that they were encouraged to eat a healthy diet. One person told us, "I get nice dinners, I like the carers cooking."

Shared lives carers we spoke with told us about people's dietary needs and preferences and how they met these. One carer told us, "We do the menu together, people have their favourites, it's all down to their choice." They told us that one person who was placed with them was trying to lose weight, whilst the other person was trying to gain weight. They told us, "We all have a bit of fun and weigh ourselves together." Support plans detailed people's food and drink preferences as well as any special dietary and cultural requirements.

People told us they felt supported with their health needs. One person told us, "I get support for my health appointments." The carers we spoke with were able to tell us about the health needs of the people in their care. One carer told us that a person had recently been unwell so they had arranged a GP appointment for them in case their condition worsened over the Christmas break. Discussions with shared lives workers showed that they took action to make sure people's health needs were being met. One worker gave an example of a person whose mobility needs had changed and so they told us they had ensured a referral had been made for an assessment by a physiotherapist. People had Health Action Plans, which were used to record details of their health conditions and plans of care, including regular health appointments. This meant that people's health care needs were met.

# Is the service caring?

## Our findings

We spoke with people who used the service to see if they were happy with their shared lives home and carers. The responses we received were unanimously positive. All the people we spoke with told us that they liked their carers very much and were happy with where they were living. People and the relatives we spoke with confirmed that carers were kind and caring.

People told us they had the opportunity to visit and spend time with their carers before making a decision to live with them. One person's relative told us, "We both had a chance to visit before she moved in. There were lots of meetings to check it was right for her." The registered manager told us the matching process considered people's background, interests, age, culture, language and communication needs. For example, where possible and people's preference people were placed with shared lives carers who shared their cultural background and language. The carers we spoke with told us that when they were matched with a person the scheme had given a great deal of consideration to the individual needs of the person and the suitability of the placement.

People we spoke with told us that they felt that they were involved in the day to day family life of the carers they were living with. Some carers had carried out the role for a number of years. Some carers had cared for a person in a foster carer's role and when the child had reached adulthood, they had transitioned over to a shared lives carer role. A number of the people we spoke with told us they still visited their parents, siblings or other family members and that this was important to them. Relatives we spoke with told us they were always made welcome by the shared lives carers when visiting people.

People confirmed they had their own private bedroom within the shared lives carer's family home and that their privacy was respected. One person told us, "My carer always checks if she can come into my bedroom."

People were encouraged to develop their independence skills while living in shared lives arrangements, for example by assisting with household tasks. A carer told us that one person living with them liked to help with washing up and meal preparation tasks. Another carer told us that when they administered medicines they tried to involve the person as much as possible in the process as it helped them to feel more independent.

All of the shared lives workers we spoke with were very committed to their role of supporting carers and ensuring that they have the qualities needed to carry out the role. Shared lives carers told us that the support workers allocated to them and all the shared lives team were sensitive to their needs, knew them and the person they supported well and offered support and advice when needed. One carer told us, "I had an assigned worker right from the start."

## Is the service responsive?

### Our findings

People's preferences and choices were clearly recorded in their care plans. Records of support and monitoring visits, and annual reviews showed that people were actively involved in making decisions about their care. Where people's needs changed the service was responsive in ensuring people's needs were met. For example, one person had experienced a serious injury that had resulted in them needing additional temporary support with their personal care. Due to the personal circumstances of their carer they were not able to undertake all the support needed and so arrangements had been made for this to be provided by the enablement team from the local authority.

People were supported to engage in a range of activities which reflected their likes and interests. Some people attended day centres, others were involved in voluntary work and others attended college and community resources like cafes, shops and places of interest. Some people told us about the recent shared lives Christmas party that they had attended. Shared lives carers had taken a lead role in choosing and organising the venue and people told us they had enjoyed attending this and meeting other people.

All shared lives carers that we spoke with told us that they supported people to receive personalised care. One carer told us, "In regard to activities we talk about what the person wants to do." One carer told us that the person they supported wanted to go on holiday to Wales. They had planned the holiday with the person and they had really enjoyed it. One person's relative told us, "There are lots of social activities. [Person's name] is really busy. Even the day centre staff have commented how much more confident and outgoing she is." One person told us about the catering course they were doing at a local college, another person told us about their job. Both people were enjoying these opportunities. This showed that people had been supported to live their own independent and fulfilling lives.

We asked people who they would speak to if they had any concerns. Most people told us that they would speak to their shared lives carers, some people told us that they would also speak to a shared lives worker, staff at the day centre if they needed to, or a family member. One person told us, "I would tell my worker who would tell the deputy. They would sort it out before it got serious."

All of the carers we spoke with told us that they had no concerns about the service. They told us they felt supported in their role. They told us that they would be confident in raising any concerns with their allocated worker or the person in charge if they needed to. One carer told us, "They always listen to any concerns I raise." Another carer commented, "I'm confident to raise concerns, I am open with them and I hope they are open with me."

We saw that the provider had a complaints procedure and there were systems in place for the recording and monitoring of complaints. The registered manager told us that one complaint had been received. Records showed that the registered manager had taken action to respond to the concerns raised and had issued an apology.

## Is the service well-led?

### Our findings

Our discussions with the registered manager showed they were enthusiastic about improving and developing the service and had some awareness of the areas that needed improvement. Whilst the registered manager had ideas on what was needed there was no formal written development plan in place.

We were not shown evidence that the registered manager or provider audited care records to ensure that shared lives workers fulfilled their responsibility to support people that used the service and their carers effectively. The registered manager told us that people's care records were checked and discussed as part of workers supervision meetings. We were also told that workers had records to complete that at a glance showed when carers had received monitoring visits, supervision and when safety checks had been completed. We were informed that previously these forms had not been consistently used by workers, but going forward there was an expectation these would be used to help the registered manager monitor the service.

Records were not always up to date or reflected action taken by to meet people's needs and keep them safe. Examples of these included an incident where a person had been hit by another person and records had not been fully maintained to show the actions taken to keep the person safe. In one instance, a person's needs had significantly changed due to an accident. Whilst measures had been put in place to meet the person's needs whilst they recuperated their care plan had not been updated to record this. Some records needed to be improved to ensure the efficient running and monitoring of the service. Whilst shared lives workers and carers told us they had received the training they needed and their individual training records confirmed this the training matrix that gave an over view of all the training completed was not up to date.

Shared lives workers and carers confirmed that both the registered manager and the deputy manager were very approachable. One carer told us, "They act on any concerns or niggles. Nothing is too much bother." A relative told us they had met with the deputy manager during a person's initial assessment, they told us, "He was lovely, really helpful." A shared lives worker told us, "The manager is very supportive. I can raise any concerns and feel they are taking the service forward." Another worker told us, "I was previously concerned about the training that carers received but this has got better. Concerns were raised and responded to."

We saw evidence that staff meetings were held and staff we spoke with confirmed this to be the case. Shared Lives workers confirmed that they found them useful and that they had the opportunity to raise issues within them. Shared lives carers told us that regular meetings took place with other carers and we saw records confirming the dates and venues scheduled for the year ahead. One carer told us, "My views are listened to, we have surveys and meetings. The meetings change venue around the city to make access easier for people to attend." The shared lives service usually had a carer who undertook the role of a carers representative but since the retirement of the previous carer from this role we saw that the service was making efforts to recruit a new carer to this role.

The provider sent out questionnaires to people who used the scheme and their carers in order to assess how they are doing. We saw that the results of last year's surveys had been shared in the service newsletter. The

provider had recently sent out new surveys and some had been returned. We sampled some of these and saw that the feedback was positive. The deputy manager told us that when more surveys had been returned an analysis would be completed along with an action plan to address any issues.

The registered manager and shared lives workers told us that monitoring visits were undertaken to carers home's and that each person using the scheme also had an annual 'What do you think' review to seek their views. One carer told us, "I have an allocated worker who does regular visits and checks of all the records." Another carer told us, "I get regular monitoring visits and they [workers] check things like finance records." The registered manager told us that recently the service had trialled some unannounced monitoring visits and that these would be fully introduced in 2017.

We found that systems were in place for the reporting of notifications to CQC, and incidents that involved people that used the service had been reported to us as required. We saw that there were systems and procedures in place for recording of untoward incidents, accidents and events. We spoke with the registered manager about how it may be helpful to collate this information in a more centralised way so that the provider could demonstrate how trends were identified and used to inform and develop the scheme.

The registered manager worked closely in partnership with other agencies including day centres, health and social care professionals. The registered manager also subscribed to the Shared Lives Plus network events, where they would share experiences and look at best practice.