

Wiltshire Council

Wiltshire Council Shared Lives Service

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?

Good ●

Summary of findings

Overall summary

About the service

Wiltshire Council Shared Lives Service is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risk assessments were completed to support people to be as independent as possible. Shared lives carers demonstrated a good understanding of risk management plans and the actions they needed to take to support people to stay safe.

People were supported to safely take any medicines they were prescribed. The support people needed was regularly reviewed to ensure people were as independent as possible. Carers kept accurate records of the support they provided people to take their medicines.

The provider had good systems to match people with a shared lives carer. People were involved throughout this process, to ensure it was the right place for them to live.

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

Right Care

People and their relatives told us they felt safe and received good care. We saw people interacting with shared lives carers, shared lives officers and the registered manager in a confident and comfortable way. People appeared at ease in the presence of staff.

The provider worked with other health and social care professionals to ensure people received the care they need. People were supported to be as independent as possible with their care.

Right culture

The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received. Shared lives carers said the registered manager was focused on ensuring people received a good service.

The provider had systems to assess and monitor the quality of the service being provided.

Shared lives carers told us they felt listened to and valued by the registered manager.

People were supported to be active members of their community and participate in local activities.

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

Rating at last inspection

This service was registered with us on 8 July 2020, and this is the first inspection.

The last rating for the service at the previous premises was good, published on 5 September 2017.

Why we inspected

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wiltshire Council Shared Lives Service

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 completed by 3 inspectors and 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.

Service and service type

Wiltshire Council Shared Lives Service 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

We gave a short period notice of the inspection. This was to give the provider time to make arrangements with people to meet with us. Inspection activity started on 25 October 2023 and ended on 2 November 2023.

What we did before the inspection

We reviewed information we had received about the service. 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 of this information to plan our inspection.

During the inspection

We met with 5 people who used the service and spoke with 10 relatives about their experience of the care provided.

We spoke with 10 shared lives carers, the registered manager and the team leader.

We reviewed a range of records. This included 4 people's care records and 3 medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems and shared lives carers had received regular safeguarding training. Carers had a good understanding of what to do to make sure people were protected from abuse.
- People who used the service told us they were able to raise any concerns about the way they were treated. Comments included, "I know I can have my say and I would be confident if I wasn't happy with [my shared lives carer] to raise this with the managers and officers."
- Relatives felt people were safe receiving support from the service.
- Shared lives carers were confident the management team would take action to keep people safe if they raised any concerns. The service worked with the local authority safeguarding team to investigate when concerns were raised. Action had been taken to keep people safe from the risk of abuse.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were completed to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to health conditions, risks related to mobility, and support for people during periods of distress.
- Risk management plans had been reviewed and updated as people's needs changed. People and their representatives had been involved in these reviews.
- Shared lives carers demonstrated a good understanding of the risk management plans and the actions needed to keep people safe.

Staffing and recruitment

- The service had effective systems to check new shared lives carers before they could join the scheme. Checks included a criminal record check, references from previous employers and confirmation of their right to work in the UK.
- The recruitment of new carers included an assessment of their skills to work remotely and share their life and home with people. New carers were not confirmed in the scheme until their application had been approved by a panel. The panel consisted of a mixture of experts, including people who use services, council employees and volunteers.
- There were contingency plans for each person in the event that their shared lives carer was not able to support them, for example due to illness. Where the plans included the use of a relief carer, they had also been thoroughly checked.

Using medicines safely

- People were supported to safely take any medicines they were prescribed. The support people needed was regularly reviewed to ensure people were as independent as possible. Details of the support people needed was set out in their support plan.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Relatives told us carers provided good support for people to take their medicines at the right time.

Learning lessons when things go wrong

- There were systems for staff to report accidents and incidents. Shared lives carers were aware of these and their responsibilities to report such events.
- Carers took part in reflective practice where necessary following incidents. This was used to reflect on what had happened and assess whether different actions would have resulted in better outcomes for people.
- Accidents and incidents were monitored and reviewed by the management team, to ensure appropriate actions had been taken. Learning from incidents was shared across the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved in with a shared lives carer to ensure they could be met. Assessments were completed with people and included input from health and social care professionals involved in their care.
- The service took time to match people with carers and their households to make it successful for all involved. One person told us, "It was my decision to move in and it's the best decision."
- Shared lives carers and other professionals were positive about the matching process. A social worker commented, "I have found the 'matching process' thorough, which promotes a successful placement being offered. The process promotes short visits prior to a service being offered which gives the opportunity for carers and customers to start building a relationship and to clarify if both parties are happy to go ahead. This process is person-centred and gives customers opportunities to be involved in their support and ensure their voice is heard."
- Carers demonstrated a good understanding of people's support needs and any medical conditions. This information was set out in people's support plans and included good practice guidance from specialist organisations.
- Assessments and care plans were shared with other services where relevant, to ensure people received consistent support. Examples included information shared with short stay 'respite' services and day services providing social and educational support.

Staff support: induction, training, skills and experience

- Shared lives carers said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training completed and when refresher courses were due.
- People and their relatives told us the carers had the right skills and knowledge to provide the care they needed.
- The registered manager had worked to increase carers access to all Wiltshire Council staff training. The training provider told us, "The shared lives carers have embraced training in subjects such as safeguarding adults, mental capacity, deprivation of liberties, basic first aid, medication awareness, and Makaton with great enthusiasm. The comprehensive training programs have significantly improved their understanding of these crucial topics. As a result, they are better equipped to provide high-quality care that adheres to best practices and legal requirements."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to plan and prepare meals which met their specific needs. Meals were usually

taken together with their shared lives household.

- Where people had specific dietary needs, details were included in their support plan. Examples included support for people who used parenteral nutrition and where people were supported to follow a specific diet due to diabetes.
- People told us they liked the food and were involved in planning, shopping and preparation of meals. Support plans included details of people's preferences.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they were able to see their doctor and other health professionals when needed.
- Details of the outcome of appointments were recorded, including any advice or guidance.
- People had 'health passports' in place. These provided information about the person and their health needs and how to support them with those needs. The passports promoted partnership working with healthcare professionals, such as hospital staff.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked with the local authority when it assessed people lacked mental capacity to consent to their care arrangements. Records demonstrated staff worked within the principles of the MCA and followed best interest decision making processes.
- The registered manager had a 'tracker' to keep an up-to-date picture of all decisions made and authorisations from the Court of Protection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were treated with kindness and were positive about the shared lives carers. Comments included, "I have so much support" and "I am part of the [carer's] family now. I am very happy with shared lives."
- Relatives felt people were well treated. Comments included, "The lady he lives with is very kind, [my relative] has never had a bad word to say about her and he would if she was unkind" and "I am overwhelmed at how well it has gone and the level of care that is shown to [my relative]."
- We observed carers interacting with people in a friendly and respectful way. Carers responded to requests for assistance and provided the support people needed.
- People's cultural and religious needs were reflected in their support plans. This information was used in the matching process, to ensure people were placed with households which were in keeping with their preferences. Carers supported people to meet these needs.

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

- People were supported to make decisions about their care. Comments from people included, "They offer me support with any issues, family, friends, and I can talk to them. If I am worried, they are there for me and talk to me and ease my fears. I can express my feelings now with them."
- Shared lives carers supported people to make decisions and be involved in their household. One carer told us, "It's like a family so we do things together and [person] will say what they want and we support her."

Respecting and promoting people's privacy, dignity and independence

- People told us they had their own private space in their carer's house and had been supported to decorate this how they wanted. People said carers respected their privacy.
- Shared Lives carers demonstrated respect for the people they supported and encouraged their independence. One carer said, "We supported [person's name] to learn about the local area and now they shop independently and cook sometimes, but we mostly eat together and share it as a family."
- People's support plans included information about supporting people to be as independent as possible. People were supported to develop skills to increase independence, such as cooking, use of public transport and staying safe in public. A social worker told us a person they supported was "Learning new, independent, meaningful, skills which she will be able to transfer once she moves on into more independent living."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that was responsive to their needs and preferences. People told us they were in control of the care they received and they were happy with the way shared lives carers supported them.
- People's support and risk management plans were personalised to their individual needs. People told us they were involved in drawing up and reviewing the plans, to ensure they were specific to their needs. Regular monitoring visits to people's homes by the shared lives officers showed people received care and support to meet their needs.
- People's relatives were included in the planning of their care where appropriate. Comments from relatives included, "I have been fully involved in the assessment and care plan meetings."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had information about their communication needs recorded and included in their support plan. Examples included the use of Makaton sign language and symbols to make written documents more accessible.
- Shared lives carers had completed training to give them the skills to use people's preferred communication methods. The training manager told us, "Makaton training has facilitated better communication between carers and individuals. This not only helps in understanding the needs and preferences of the individuals but also strengthens their emotional well-being by reducing frustration associated with communication barriers."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Shared lives carers supported people to develop and maintain relationships that were important to them. People told us they were able to do things they enjoyed. Comments included, "It's lovely living with them [shared lives carers], I go to craft group and singing groups" and "I attend lots of clubs, which I enjoy."
- Relatives told us people were supported to keep in contact with them and take part in activities they enjoyed. Comments included, "My [relative] likes going on holiday and to the pub, he also goes to a

community centre 3 times a week" and "He likes football and sometimes goes to local matches with [named carer's] husband. He is supported to go and watch wrestling. They do things as a family, go out and have weekends away."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint, and were confident any concerns would be dealt with. Comments included, "I know I can have my say, and I would be confident if I wasn't happy with [shared lives carer] to raise this with the managers and officers."
- Records demonstrated formal complaints had been investigated and action taken in response.
- A social worker told us the service worked well with them to resolve any issues, commenting, "They respond to concerns quickly, react to support needs of the young person, and advocate strongly for their carers."

End of life care and support

- No one using the service was receiving end of life care. The registered manager had started work with people to identify any needs or wishes people may have regarding the end of their life. New support plan templates had been developed to support this work.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for shared lives carers and the training provided. A shared lives carer told us, "The model of shared lives isn't well known, and we are so grateful for this scheme to give people the security. It's a flexible, person-centred approach and acknowledges all the needs of the individuals involved."
- Shared lives carers reported the registered manager was focused on ensuring people received a good service. Carers said the registered manager knew what was important to people.
- The registered manager had a good understanding of their responsibilities under the duty of candour.

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

- The provider had effective systems to assess and monitor the quality of the service being provided. Records demonstrated audits had identified where improvements were needed and planned how they could be made. Actions from the assessments had been followed through to ensure improvements were implemented.
- People and their relatives told us they were happy with the way the service was managed. They felt confident the management team would address any concerns they had. For example, several shared lives carers raised concerns about problems they had experienced with the finance team and receiving payments on time. The registered manager was working with the finance team to find solutions.
- Shared lives carers told us they felt well supported and had access to management assistance when needed, including good support out of office hours. They confirmed they had regular meetings with a shared lives officer to review how the placement was going. There were regular meetings for people using the service and shared lives carers. These enabled people to keep up to date with developments in the service, share experiences with colleagues and receive support.
- The registered manager had kept up to date in relation to changes in legislation and good practice guidance.

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

- The service involved people and others effectively in a meaningful way. People and their representatives

were involved in all decisions about their support. The registered manager responded to any issues raised and let people know what action they had taken.

- Shared lives carers told us they felt listened to and valued by the registered manager.
- People were supported to be active members of their community and participate in local activities.

Working in partnership with others

- Staff had worked with health and social care professionals to improve people's access to services. Feedback included, "We have a very good open working relationship with shared lives team" and "There is excellent communication between professionals which is helpful."
- The service worked with specialist professionals to develop specific support plans for people. These included plans to support people to manage periods of distress and health conditions.