

# City of Bradford Metropolitan District Council

## Shared Lives Adult Placement Scheme

### 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

This was an announced inspection on the 22 and 28 July 2016 and we made calls to people using the service and their relatives on the 05 August 2016. At the time of our inspection there were 256 people using the service.

Shared Lives Adult Placement Scheme was a service run by City of Bradford Metropolitan council offering short breaks or a full time home to adults with learning disabilities or complex health conditions. Shared Lives carers were people who take someone into their own homes either permanently or temporarily to give the person's relatives a break. This enabled the person to join in with the shared lives workers' family and community life. Shared lives workers were recruited and supported by a team of local authority social workers based in Cottingley near Bradford.

Shared Lives included a service called 'Time Out', giving relief to family or friends who offered substantial amounts of care to adults with high level support needs or long term illness or disabilities. The service's primary aim was to offer family carers relief by supporting the person who needed care for a few hours in their own home or their own locality.

The service had a registered manager in place at the time of 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 in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

The registered manager had a robust quality assurance system in place to monitor and improve their current ways of working. People told us they had confidence in the management and that all concerns were dealt with quickly.

The social workers were skilled and experienced in co-ordinating the scheme and were appropriately supported in carrying out their roles. They monitored the placements closely and had a good awareness of how to safeguard people from harm and abuse.

Robust processes were followed to recruit and assess people who applied to become shared lives carers and to review the suitability of the existing carers.

There were enough staff to deliver the service safely and people were provided with continuity of care. All staff were given training and support to meet the needs of the people they cared for, including regular opportunities to meet the social workers involved.

People and their relatives told us they knew how to complain if they wished. The service had a complaints policy in place and information about how to complain was given to people when they started the service.

The service had no current complaints at the time of the inspection.

Shared lives workers and other staff promoted personal safety whilst respecting people's freedom to exercise their independence and take risks. There was effective liaison between staff, social workers and other external professionals to help maintain placements.

Each person was encouraged and supported to make choices and decisions about their care and living arrangements. Where people did not have the mental capacity to make important decisions, staff at the scheme worked with other professionals to check that decisions made were in their best interests.

We found that care and support was safely planned to minimise risks to people's wellbeing. However not all identified risk had been assessed.

People were supported to stay healthy, have a balanced diet, and manage their own medicines wherever possible. Detailed support and care records were drawn up which reflected the person's choices and needs. People were supported and encouraged to take part in activities they enjoyed and to pursue other hobbies.

People who used the service and their relatives were happy with the care and support provided. They told us the shared lives carers were kind and caring and treated people with dignity and respect. People were matched with supportive carers who enabled them to lead active lives, take part in enjoyable activities and develop their life skills.

There was a positive culture and the team worked inclusively with people using the service, the shared lives carers, and other professionals. Systems were in place to obtain and act on feedback, make improvements to the quality of the service and learn from incidents.

## 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 and their relatives told us they were safe living with or being supported by staff. Staff knew the action to take in the event of a concern.

The service had a robust recruitment programme to check staff were safe to work with vulnerable people. There were sufficient numbers of carers to support people.

Risks were identified but were not always assessed in order to minimise the risk.

People received appropriate support to take their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were properly trained and had the necessary skills, experience and on-going support to carry out their roles.

The rights of people who were unable to give consent to their care were understood and protected. People were supported in the least restrictive ways.

People were given the assistance they required to access health care services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they had good relationships with the shared lives workers and staff and told us they were kind and caring. We only received positive remarks about staff.

People were able to express their views and were involved in making decisions about their care and support.

The service ensured that each person was being supported within a caring family environment and enabled to develop or regain skills.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

Personalised support was provided that helped people lead more independent and fulfilling lives.

People knew how to make a complaint and had confidence any complaints would be acted on. No complaints had been received in 2016.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and the social workers understood their roles and responsibilities. People told us they were always contactable and had a presence in the service.

There were established quality audit processes in place that were completed on a regular basis. Actions plans were created to improve the service.

Staff and shared lives workers told us they felt supported by the management and that they felt the service had clear leadership.

# Shared Lives Adult Placement Scheme

## **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.

The inspection took place on the 22, 28 July and 05 August 2016 and the visits were announced. We gave 24 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. We last inspected Shared lives Adult placement scheme December 2013 and it was compliant in all areas inspected against at that time.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. 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.

We looked at 14 care records for people that used the service and seven staff files. We spoke with eight people who used the service and 12 family members. The registered manager was present during the inspection and we spoke with two social workers, 11 carers and four support staff. The team of social workers that worked in the office were employed by the service to support shared lives carers and look for appropriate places for people to live. We looked at quality monitoring arrangements and other staff support documents including supervision records, audits, surveys and individual training records.

# Is the service safe?

## Our findings

People and their relatives told us they or their family members felt safe from harm and abuse when being supported by their carers. Health professionals indicated on feedback to the service they felt people were kept safe from harm and abuse by staff and shared lives workers. The shared lives workers told us they felt people were safely supported by all carers. All fourteen workers who helped supply the service we spoke with knew what to do if they suspected abuse and were confident in reporting any concerns about people's safety.

The registered manager told us the service worked to the local authority's multi-agency safeguarding policy and procedure. They were aware of their responsibilities to act on and notify the relevant authorities of any allegations of abuse. The Provider Information Return (PIR) which the service had completed prior to the inspection showed there had been one safeguarding referral made by the service in the previous 12 months. We checked this against our own records and found the one referral. The service reviewed incidents and took action to change processes to prevent re-occurrence. We discussed this with the registered manager. They told us about what steps had been taken to keep people safe, as well as changes to raising people's awareness of abuse.

People told us they felt safe with staff and their shared lives workers. One person told us, "I feel at ease with them." Relatives also agreed; we talked to one about their relative's safety and they said, "There isn't a single thing I wouldn't give 10 out of 10 for." Other comments included, "Without a shadow of a doubt they are safe," "I can leave them with carers with no worry," "We can go away knowing our relative is safe and happy," and, "I trust the carer with my life."

As part of the application and placement process a series of risk assessments were completed, both for the shared lives worker's home and for any activities that may take place in the community. We saw these were detailed to cover general risks and to inform the matching of any placement. For example, if there were children in the shared lives family's home or people had a pet. However, in some cases we found identified risks in the care records had not always been assessed and mitigated to reduce the level of risk. For example, we saw one person lived with epilepsy which meant they were at risk of falls and another person had identified risk around ovens and meeting strangers but these had not been assessed for areas and practices to reduce the risk. Other risk management records had been completed for people and these were personalised and comprehensive. We raised this to the registered manager who agreed these should have been completed and provided assurances this would be done.

The shared lives workers were able to contact the scheme during office hours for advice and support, or in the event of an emergency. They also had contact details for support out of office hours. One worker was able to tell us how they used the out of hours support when the person they supported had a crisis. They told us the service responded positively and sought external support for them. One worker told us, "There is always someone there if you need them." We spoke with the registered manager about an occasion when they had to find support for a person when their carer had respite. They showed us their contingency plans and we saw these had been followed and the people supported appropriately. The shared lives workers we

talked with were clear about their roles in maintaining checks on people's safety. They told us the social workers carried out regular phone calls and visits in most cases to monitor each person's placement, and visited more often if the placement was subject to any pressures or concerns.

We saw that all shared workers were taken through a rigorous assessment process before being recommended for approval. This included taking up references, including a medical reference, Disclosure and Barring Service security checks, and a series of home visits to assess the applicant's suitability, caring experience, skills and attitude. An interview with all potential staff was completed prior to appointment. The registered manager told us panel meetings were held to discuss people's placements and workers would only be supporting people if it was safe to do so. Where workers had previously been foster carers for children who were approaching adulthood they were taken through the same assessment and approval process. The shared lives workers we spoke with confirmed they had been through this application process and felt supported by the registered manager as they progressed.

The scheme used the local authority's system for reporting accidents and safety related incidents. There was evidence in people's care records of incidents being thoroughly documented and subject to review.

Some people using the service took prescribed medicines. Each person's medicines routine and the level of support they needed were recorded within their support plan. For example, one person's care records showed they were supported to self-manage their medicines and their worker gave them verbal prompts. The shared lives workers we spoke with confirmed they kept records to confirm medicines had been taken. They told us the records were checked at monitoring visits to verify that people had received their medicines safely. Staff told us they had attended the necessary training to handle medicines and this was confirmed by the service's training records. We reviewed ten medicine administration records (MAR) and found the prescribed medicines matched the information in people's care records. We saw all medicines were appropriately documented and signed for when administered.



## Is the service effective?

### Our findings

People and their relatives all told us the service was effective. They told us the service had changed people's lives for the better and the skills and attitudes of the staff and shared lives workers had ensured positive outcomes for people.

People using the service told us their shared lives workers knew how to give them the care and support they needed. They said the care and support they received helped them to be as independent as they could be. One relative told us, "It's been the first time in my life with [person's name] when I can relax when they are not with me." People also told us the service was effective. One person told us, "They treat me very well," and another person said, "They help me do things for myself." All the views we gained from people, their relatives and carers were overwhelmingly positive.

We looked at the training and support provided to all staff and we discussed this with the registered manager. As part of the application process shared lives workers were supported to identify their training needs. This process continued once approved and they started to support people. On-going training and support was delivered in a flexible way. For example different courses were held on different days so staff could choose a day that suited them. One staff member told us, "My training is good. It suits my learning style," and, "I have all the training I need, but we have to repeat the courses all the time." Another staff member told us, "Training is booked in advance; I would say it was excellent. Anything we asked for we got." The registered manager explained staff were able to access specialist courses if required.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights. 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.

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. In the case of domiciliary care applications must be made to the Court of Protection (COP). We found the service was working within the principles of the MCA. The registered manager told us they had reason to believe 15 people who used the service lacked the capacity to make their own decisions. These 15 people had capacity assessments which deemed 12 of them did not have capacity. These 12 people had been referred to the Community Learning Disability Team (CLDT) who would make any necessary referrals to the COP as they were being deprived of their liberty with certain areas of their life.

We saw from training records and the registered manager told us staff had received MCA training which included the Deprivation of Liberty Safeguards (DoLS). We asked staff about the MCA and all gave us a good description of the Act and what it meant to them and the people they supported. Staff were aware to give people as much choice as possible and where decisions were to be made for people these should be the

least restrictive option. Staff also told us people were allowed to make an unwise decision and they sometimes did. One staff member told us they supported people to make decisions about their day-to-day lives and they tried to guide people as much as possible to do things for themselves.

We saw records of home visits by the social workers and spoke with people and shared lives workers about these visits. There was a comprehensive record kept of each visit and this involved a number of checks about placement as well as supervising and supporting the shared lives carers. These reports were then used as part of an annual review or appraisal of each worker to gather feedback and set objectives or goals for the next year. One worker told us, "The social workers are great; we build close relationships with them and have great communication." Another worker said, "When I ring the office they are always courteous and will help you if they can." Other shared lives workers told us they had regular checks and updates with the social workers to monitor how successful the placements were.

Records we saw showed people's nutritional needs, including any special dietary requirements, had been assessed and built into their care records. People were supported by their shared lives workers to have a well-balanced diet, with weight management where necessary, and to develop their independent skills in food preparation and cooking. One worker told us they had helped a person to increase their kitchen skills and improve their diet. One person told us, "They helped me go to the gym, I feel much better now."

We saw people using the service accessed a range of health care services to maintain their physical and mental well-being. Contact details for all professionals involved with people's care and support were recorded within care records and carers supported people to attend health appointments. We saw documentation about referrals and support from GP's, dentists, epilepsy nurses, chiropody and opticians. People told us they were supported to health appointments if they were required. Workers confirmed they supported people to access health professionals and if there was any problems, they could contact the social workers for advice.

## Is the service caring?

### Our findings

People and their relatives told us they felt the shared lives workers offered affection and support to them. They told us the workers had the right approach to their work to bring out the best in people. People who just had a few hours support as well as those who lived with their workers all expressed similar views about the caring nature of the service.

One person told us, "Absolutely brilliant. We have a lovely carer who has been with us for nine years and they are absolutely superb, always cheerful and helpful. I trust the carer with my life." Another person told us, "They're great to me, they really help me and they are always very nice." A relative told us their family member had difficulty in communicating but said the workers, "Can get conversation out of him." Staff we spoke with all talked about the people they supported using terms of affection or empathy. One worker who worked with a person who had a learning disability was able to tell us the positive impact they had on the person's life, as well the positive impact caring for them brought to their family home. One relative of a person receiving support told us, "I cannot thank them enough, they are so good. It enables me to carry on with my life without a worry of them," and, "They are just excellent, they spend time really getting to know [person's name]." All of the people we asked if they would recommend the service told they would do so and a good proportion of the people we asked told us they already had recommended people to the service. We did not receive any negative comments from all the people and carers we spoke with.

The registered manager told us a lot of time, care and consideration was taken to ensure people were placed with workers who were compatible, understood their needs and had the skills to meet those needs. They said this often led to a series of planning meetings and visits and then a slow introduction to the placement. Shared lives workers had been required to undertake further training before a person was placed with them to make sure they could meet their needs safely. Initially the social workers had more frequent contact with people and their shared lives worker and carried out additional visits to the family home to provide support at the start of any new placement. One worker who was new to the scheme that we spoke with told us how the social worker had supported them and the other person who lived with them to adjust to a new person coming into the home. A short break worker told us how the matching process had ensured the person was compatible. Workers told us the process to become a shared lives worker was intensive; however it was the right thing to do and led to many highly successful placements.

The shared lives workers we spoke with told us they cared for people as part of their family. One told us, "[Name] has been with me since they were a child, we know each other inside out and I cannot imagine life without them now." Another worker told us how they had thought the job would be harder than it was, they told us it was just like a normal household and the people they supported were extended family. A worker who supported people for a few hours each week told us they got to do lots of fun things together and share new experiences together.

The shared lives social workers monitored people's care and support and their relationships with their carers. They told us they always sought to spend time in private with each person during their visits to talk in confidence about their support, how they felt they were being treated, and any concerns they might have.

People also had opportunities to confide in other professionals involved in their care, including their placing social workers. The social workers were able to tell us how they accessed and used advocacy services for people where issues arose and they were unable to support due to a conflict of interest. Carers told us how people had used advocacy support to ensure that they were supported with complex issues.

Workers told us how they protected people's confidentiality and privacy. This could be through simple things like knocking on their bedrooms door before entering, to ensuring they did not discuss their private matters with others. One worker told us that whilst this was like family living, they had to respect the person's right to confidentiality and not share personal details with other family members.

Shared lives workers told us how they encouraged people to have as much independence as possible. They supported people to make their own social networks and maintain and build friendship networks. One carer told us how they supported a person to develop links in their local community. This had meant they felt safer and gained confidence over time.

## Is the service responsive?

### Our findings

People and their relatives told us they had been involved in the development of their care plans and were involved in reviews. We saw care plans had been created with the involvement of external professionals and people. Care plans were personalised and detailed what people's routines and habits were and how best to support them. Social workers told us the scheme co-operated with other services and shared information when needed, for example when people's needs had changed. They said the scheme was quick to respond to any instructions and advice they gave.

Records showed that people made choices and decisions at all stages of their service about how they wished to be supported. Evidence in the care records indicated people were involved in the initial assessments of their care and support needs, agreeing the content of their support plans, and reviewing their service. Relatives told us they were encouraged to be part of reviews as well and felt that ideas and suggestions made were taken on board by shared lives workers and social workers.

We found people's care and support was planned and personalised to the individual. Care plans were detailed, addressing the person's needs and wishes and the support they required in a range of areas. This included personal care and independence skills, communication, relationships, physical and mental health, and any religious and cultural needs. The support plans placed emphasis on people having a supportive lifestyle where they could develop their daily living skills and enjoy social and leisure time. The plans were evaluated to check progress and were updated or rewritten when necessary to ensure they continued to reflect the person's current support needs. Each person's care and support was routinely monitored and reviews of placements were usually conducted on an annual basis. These often involved family members and external professionals at the request of people.

Care records included 'shared lives change story template' which was a document created that showed what people's 'story' was prior and post their start in the shared lives scheme. This documented the positive difference shared lives had with people.

We saw people took part in a variety of community-based activities according to their interests. People's initial assessments included identifying people's current hobbies and interests and what people would like to try. From this document we saw people acknowledged their interest in trains, cooking, gardening and football. The service created a newsletter which informed people of future events for them to get involved with including, music and dancing, bowling, cinema group, art group and employment. One person we spoke with liked attending the gym and another person went horse riding and was proud to show us their ribbons. The workers we spoke with told us they encouraged people to develop activities and interests, as well as maintain existing hobbies and pastimes. Shared lives workers were able to tell us about holidays that had taken place with people, including trips abroad. Workers told us how they worked with the social workers and other agencies to source activities that may be of use to people using their service. We saw records of one worker who supported someone with a faith who struggled with reading. The worker read passages to them from their chosen holy book.

The service used the local authority's policy on complaints. We saw there had been no complaints made about the service in the last year. The registered manager told us all complaints would be investigated and formally responded to by them and analysis of complaints would take place to look for lessons to be learnt. The registered manager and social workers were able to tell us how complaints were another way of seeking feedback or ways to improve the service. We saw the service had guidance issued to people regarding how to make a complaint, as well as an 'easy-read' complaints form for people to use. We saw that an activity had been created where carers spent time discussing with people how to make a complaint, and how they could support them. The registered manager kept a record of compliments made about the service and positive feedback had been passed onto carers.

The registered manager told us the scheme had continued to work with foster carers who wished to become shared lives workers, as the young people they cared for reached adulthood. They said this was done only when it was the choice and in the best interests of the young person to stay with the family and in consultation with external professionals' advice.

## Is the service well-led?

### Our findings

People and their family member's relatives all told us they felt the service was well-led. They felt the staff and registered manager were very approachable and knowledgeable about the service and how to support people with complex needs. A relative told us, "The office staff are great. We both find it brilliant. I would recommend it to anybody."

Shared lives workers we spoke with also agreed the service seemed well-led. They told us they were trained well, supported to do their jobs and could seek advice and support from the service staff and registered manager. There were clear lines of accountability and a well-established system for a panel to have oversight of the scheme and the approval of shared lives carers. The registered manager was part of the panel and they told us they had a set time period to discuss each individual and their needs.

We observed an open, positive culture within the service. Staff told us they had regular supervisions with their line manager. We looked at supervision documentation and saw new staff were told what to expect from supervision and the areas to be discussed during the meeting. All staff told us the support was positive and they enjoyed their work.

We saw that the registered manager had undertaken a survey and evaluation of feedback from people, relatives and staff in 2015. We saw that 63 out of 227 people had had returned their surveys, 86 out of 204 relatives returned theirs and 73 out of 172 staff had returned theirs. The questionnaire focused on areas around the five CQC key questions. The five key questions are the questions we ask all care services. We saw an overall highly positive feedback from all replies.

We saw documentation which showed lessons were learnt from all aspects of care provided. For example, we saw records showed where improvements could be made after accident and incidents, activities diaries, supervisions, surveys and quality audit tools. Staff told us they worked together to make a better service.

The registered manager followed the local authority quality assurance process and carried out reviews of policies and procedures to ensure they were in line with best practice. The registered manager was clear about their responsibility as a registered person to notify the Care Quality Commission of significant events. They maintained a file of information and evidence which could be used to demonstrate their continual improvement in line with registration requirements.

The registered manager completed a range of audits which led to service improvement. Audits completed covered areas such as medicines, care, training, records, moving and handling, care plan reviews and reviews of care packages. The audits reviewed any previously identified actions from the previous audit to ensure completion. They then identified any action that needed to be taken, who the responsible person was and specified a timeframe for completion. We saw that where actions had been completed this had been recorded and where it had not been possible to complete the action the reason why had been noted and the action carried forward.

The service had a statement of purpose. The statement of purpose included details of the scheme's aims and objectives, the staffing structure and provisions of service, their right to complain and contact details for contacting the service. The statement of purpose was available to people on request.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred the shared lives worker would contact the service as soon as possible. A record form was completed with the details of the accident or incident and the information was added to a spread sheet and in the person's file. A copy of the form was also sent to the person's social worker. If required, an investigation was carried out by the manager and an action plan was developed. The manager would carry out on-going monitoring of any actions implemented to reduce the risk of the incident or accident occurring again and to ensure that the person's support needs were appropriately met.