

Coventry City Council

Shared Lives Scheme

Inspection report

31 Copthorne Road
Coventry
CV6 2EE

Tel: 02476785511
Website: www.coventry.gov.uk/sharedlives

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Coventry Shared Lives is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. Approximately 80 people were on a placement through the scheme.

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

People's needs and wishes was central to people's care. Staff went beyond what was expected and went the extra mile to help support people to plan, review and achieve their ambitions. People were supported to consider options that went beyond their expectations. People's placements opened new opportunities and gave people a second chance which they grasped and maximised. People's continuous dialogue with staff ensured the success of placements which meant people were happy and did not need to complain. People's cultural and religious needs were embedded into placements. People's links with family and friends were strengthened.

Staff and people believed in the service and staff which demonstrated it exceptionally well led and this openness and belief ran through the service. Staff commitment to achieve team goals and the best outcomes for people meant they worked creatively and empowered people to believe that anything was possible. Staff worked with other stakeholders to help realise people's ambitions.

People felt safe in their placements. Staff understood how to safeguard people and keep them free from harm. Risks to people's health were known to staff and staff worked to help further risks to the person. Processes were in place to recruit people safely. Staff received training to support people with medicines. Practices were challenged in order that people received care that was safe.

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

People were supported to access healthy lifestyles and any support they needed from healthcare professionals. People were encouraged to feel at home in their placements. People's needs were well understood as they were involved in the assessment process and further reviews. People spoke glowingly about their hosts and the staff supporting them.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Rating at last inspection:

The last rating for this service was Good. The report was published on 19 July 2017

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Shared Lives Scheme

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 Care Act 2014.

Inspection team

There was one inspector in the inspection team.

Service and service type

Shared Lives Coventry 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff and registered manager. We also spoke with four people who host placements as well a health and social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records.

After the inspection

We spoke with a further social care professional by telephone. The professional was a Principle Social Worker for the local authority and Chaired the Adult Social Care Practice Development Forum and was contacted to seek their views on how people were supported. We also spoke with a Palliative Care Nurse.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. People had regular contact with staff to ensure people were happy with their placement and to check if they had any concerns. The registered manager and staff understood the process for escalating concerns. Additional measures such as panel meetings were in place to ensure placements selected for people were safe.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were known and were reviewed regularly by staff. Staff worked with placement hosts to ensure risks to people were monitored. For example, one person struggled in a placement due to their mobility issues and staff worked with the person to identify a placement that was in a ground floor flat. The person has since been much happier.

Staffing and recruitment

- Staff had worked at the service for a number of years and had not needed to recruit new staff since the last inspection. The registered provider had systems in place to safely recruit staff which included criminal background checks which were completed prior to the person commencing their employment.

Using medicines safely

- People received support with their medicines and inline with guidance in their care plans. Training was offered to placement hosts in order to support people and ensure people received the appropriate medicines. Systems were in place to ensure the training was delivered in line with national guidelines.

Preventing and controlling infection

- Placements visited were clean and odour free. People were supported to help keep their environment clean and tidy in order to minimise the spread of infection.

Learning lessons when things go wrong

- The registered manager and team reviewed practices in order to improve people's experience of care. Where incidents occurred the registered manager together with their team analyse the incident in order to learn and understand how things could be better achieved. The team used reflective practices learning to learn from the incident and reduce the risk of the incident occurring again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed which included their individual health, social and religious needs so that the appropriate support could be given. People received care in line with individual needs. Where appropriate, training was sought so that people were supported by appropriately trained staff.

Staff support: induction, training, skills and experience

- Staff told us they were very well supported by the registered manager. Regular supervision meetings took place. The team was a small team but told us they worked well together and offered each other support. Staff told us they received regular training updates and were encouraged by the registered manager to widen their experience and opportunities so that staff reached the professional potential.

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

- People were supported to maintain a healthy lifestyle. Where people's weight had become a concern people were supported to manage their weight through healthy choices. One person spoke to us and proudly told us about how they had been supported to achieve their target weight. People told us they were involved in planning and cooking their meals which was important to them.

Adapting service, design, decoration to meet people's needs

- People felt at home in their surroundings. People were encouraged to make themselves at home in ways that were appropriate to them. Photographs and important items were used to reassure the person and help them settle into their home. For example, one person had items important to them that reflected their interest in football.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were confident of the support available to them to access healthcare services. All of the people we spoke with told us they were supported. Staff worked with placement hosts to ensure people received the support they needed.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to assess people's ability to make decisions. People were supported to make as many decisions as possible for themselves.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 liked the staff supporting them. People also liked their hosts who they felt treated them well and were made to feel part of their family. Where people had religious or spiritual beliefs, people told us they attended events that reinforced their beliefs.

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

- People told us they were continually involved in making decisions about their care. People had regular contact with staff and continual discussions with staff enabled staff to develop a detailed understanding of the person's needs. Staff told us they continually adapted to a person circumstances and used ways for people to express themselves. For example, staff visited people on different days and at different times in order to offer the best opportunity the person to express himself. This meant that if the person was tired or unwell they did not miss on an opportunity to be involved.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. One relative told us they were very happy with the way their family member was supported.
- Staff had received training and understood the importance of promoting a person's dignity. Staff responded to individual circumstances and took action to promote people's dignity.
- Staff supported people to maintain their independence. Staff encourage people to do as much as they could for themselves. For example, some people were supported to use public transport or to go shopping independently. People told us achieving this level of independence was important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager and their staff treated people as individuals and supported them to expand their independence, confidence and horizons so they reached their potential.
- People's care empowered them to feel there were no limits to their ambitions. People expressed to us how staff facilitated opportunities that took into account their personal preferences and circumstances and suggested options they would not have considered. One person told us how they had through unforeseen personal circumstances had to rebuild their family, having moved from overseas and experienced a bereavement. They told us about how this had been their first experience of social care and was a huge step for them and they had been anxious. Staff innovatively supported the person to challenge what social care offered, explored options and helped them focus on their ambitions for their life. The person described wanting the reassurance of being part of a family was exceptionally important to them but that they also wanted the independence other people their age experienced. The person told us, "We go to see bands and we go to discos." They told us they did this with new friends they had made and which they also enjoyed together with the companionship of their host and were now exploring relationships. The person beamed with pride because they felt at home but also because they had achieved so much.
- People were encouraged by staff to reach their potential and to see beyond their care needs and aspire towards ambitions they would not have considered for themselves or achieved without staff support. Each person was supported individually through staff thinking innovatively. One person told us they had previously lived in another care setting where they received 24 hour care and supervision. Staff worked creatively by recognising their potential for independence and worked with them to gradually achieve it. At Shared Lives, they told us staff listened to them and involved them and offered choices. They described how Shared lives had facilitated a journey through 24 hour care to independence and enabled them to feel free which had culminated in them having their own front door key. They told us "I couldn't be happier." They told us staff worked with them to achieve their goals and their needs had been individually assessed. Furthermore, they now travelled across the city by bus and had begun to re-establish contact with their family which had been lost. A social worker that has known the person previously told us the change in the person was "significant." The person was given a "second chance" through the placement.
- Staff went beyond the extra mile to ensure people fulfilled ambitions through hobbies and engaging in activities they had previously been discouraged from doing in other social care settings. Staff facilitated opportunities for people that were of significant importance to them and facilitated their involvement in the local community and reinforced community links. One person told us they had through their placement gained confidence and developed a huge network of friends from the local community and helped them feel

a part of the local community. The person's independence saw no bounds. The person was a football fan. The person through staff encouragement was able to fulfil their ambition of independently attending matches. This culminated in the person becoming a season ticket holder and extending their network of friends with other fans and attending away competition matches. They told us had it not been for the placement, staff and host this would not have been possible. They told us they now regularly met other fans for pre-match drinks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication shaped how staff responded. For example, one person had an out of area placement some distance away and was prone to experiencing anxiety. Staff recognised making lots of long car journeys to a new placement might further enhance the person's anxiety. Staff instead used FaceTime for the person to speak with their host and have a look at the placement on multiple occasions before they went. Staff told us this reduced the person's anxiety whilst allowing the person to feel in control of their decision.
- Staff reassured people that differences in speech and dialect were unique and special to the person. When one person expressed apprehension about an opportunity because of their dialect and prejudices they may encounter, staff intervened and reassured the person and further encouraged them. Staff checked on them regularly to ensure the person was happy and whether they needed further support.

Improving care quality in response to complaints or concerns

- People understood how to complain if they needed to. People felt assured that they could speak with any one of the staff or the registered manager if they needed to. A complaints process was in place to record, investigate and respond to any complaints should they arise. All complaints were reviewed to identify if any trend had occurred.

End of life care and support

- People's care was not time-limited and changes in people's needs and circumstances were innovatively, sensitively and wholeheartedly responded to. Staff spoke about a person using the service who had become very poorly and required end-of-life care. For staff this was their first experience of adapting a placement to meet the person's need. The host was passionate about supporting the person and refused to consider terminating the placement as End of Life Care was not an expectation placed on Shared Lives hosts. The host with staff and professional support went beyond the extra mile to support the person to have a peaceful end. The person had been at the placement for some time and had a strong bond with the host and through discussions with staff and the person's family it became clear the person wanted to remain at their home for their remaining life. A palliative nurse working with the staff and host told us the host had a unique relationship with the person and that, "Never once did we consider that the person would have had better care in a hospice." The host told us staff worked relentlessly and passionately to support the host to achieve the person's final wishes. The registered manager told us they had reviewed the experience and used reflective practice and had further developed processes should they need to support a host again.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were central to the service. The registered manager and staff worked tirelessly and collaboratively to champion the things that were important to the person. The compassion for people, their journey through care and staff commitment ran throughout the service. One person told us they had, "More friends now" through participating in the service because the placement was able to meet their individual needs. Another person told us how the placement achieved their goal of feeling completely at home. The person told us they were so at home that they did not think twice about reaching for a biscuit. The person was expressing a sense of feeling so empowered that they no longer had to think about basic entitlements and freedom. Simple actions meant so much to the people achieving them because they felt empowered by staff to have control of decisions in their lives. One person told us, "I like living here. Nothing could be better." Another person told us, "This is home. I feel settled. I set the table, I put the knives and forks out and I bring the washing in."
- Staff were glowing in their appreciation of the work they achieved as a team and their relationship with each other. One staff member described the registered manager as "Brilliant." Another staff member told us the team believed in their work and each other and wanted to make "Every contact count." A further member of staff told us, "I'm very proud of the work I do and of working with [registered manager]."

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

- Partners to the service described an open and transparent team. They said the service was, "Very forthcoming." The registered manager understood their responsibilities and used reflective practice to consider when things could have been better. They told us they wanted to promote accountability throughout the service so that staff were as committed as they were. The registered manager understood their duty to investigate any potential concerns that may arise. For example, where safeguarding concerns were raised, staff rigorously reviewed the incident and improved practices so any risk to the person was minimised. This included involving staff and offering training in order that they could better understand the incident even though there was no evidence of any harm to the person.
- An additional layer of scrutiny ensured people were kept safe. Safeguarding panels reviewed any concerns about potential placements so that placements could be rigorously scrutinised and considered before a placement proceeded. The registered manager told us this ensured people not exposed to any undue harm.

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

- People's ability to engage and contribute was celebrated by staff. Barriers were overcome through staff emphasising what people could do rather than a disability that was limiting. People attended citywide meetings for stakeholders that included social workers, commissioners and community groups. Staff told us it was important that people were able to speak for themselves and demonstrate how they were fully equal. Stakeholders told us the participation meant that the whole way in which they looked at representation had completely changed. They told us prior to the person taking part in their panel, images of people were used which people told us helped to perpetuate stigma around people with disabilities. Since the panel discussion people's real-life images were used which emphasised a can-do attitude rather than perpetuating an image focused on the person's disability. The chairperson of the panel told us "This service is a beacon." They told us the service had been pivotal in changing the way they viewed people with a disability.
- The registered manager and staff were pivotal in creating collaborative opportunities for people. We spoke with three people whose placement was in danger of terminating when their host chose to retire. People told us they wanted to stay together and had links with the host's family. The registered manager and staff nurtured and mentored another family member who was known to people to take over the placement so that people's placement would have minimal disturbance. People told us they were really happy and most importantly for them they had maintained contact with their original host with whom they had a bond.
- The registered manager also worked innovatively to engage people because they recognised the pivotal importance of representing people's views and expressing their voice in designing care. When people declined to fill in questionnaires, the registered manager worked with people to design a feedback postcard with smiley or sad faces. The registered manager told us since the change they had had 100% feedback which enabled them to know if they were delivering a good service.
- Staff working at the service took pride in the partnerships they had developed and how these had empowered the people they were working with. Staff strove for excellence to achieve the best possible outcomes for people. One social care professional told us they had been "bowled over" by the work they had seen to empower people. They told us the service was "leading the way."
- The service innovatively used social work students to embed their work because the registered manager wanted to sustain continual commitment and enthusiasm for the work through collaboration between their staff and students. New staff had been encouraged through working with University and mentoring undergraduate students. The registered manager and staff told us they were challenging assumptions professionals made about care so that professionals understood the opportunities available within care. This meant other people would be able to benefit from Shared Lives and staff would be able to learn from students about current best practice whilst also promote their service.
- Placement hosts were encouraged to share best practice and support through a 'What's App' group facilitated by staff. The registered manager told us they recognised hosts needed support and that sometimes it was easier for hosts to speak to each other. The group was effectively available 24 hours a day and reduced the risk of a placement breaking down and the person suffering.
- The registered manager regularly met with manager of other Shared Lives schemes to ensure the support delivered at the service was based on best practice. They had regular information exchanges to ensure the support people received was correct and inline with other services.