

# London Borough of Ealing

## Shared Lives Scheme

### Inspection report

Ealing Shared Lives  
Acton Town Hall  
Ealing  
Middlesex  
W3 6NE

Tel: 02088255436  
Website: [www.ealing.gov.uk](http://www.ealing.gov.uk)

Date of inspection visit:  
07 June 2017  
15 June 2017

Date of publication:  
14 July 2017

### 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

Ealing Shared Lives recruits, trains and monitors carers who are paid a fee to provide care and support to adults with a learning disability. The person lives with the carer in the carer's home. People who use the service are provided with short and long term accommodation with care in family homes. At the time of the inspection there were four people who received personal care.

At the last inspection on 4 August 2014 the service was rated Good. We did not find any breaches of Regulation.

The service remained Good when we inspected it on 7 and 15 June 2017.

The service had procedures in place for safeguarding and these were followed to protect people from abuse.

Recruitment procedures were followed to ensure only carers who were suitable to care and support people were recruited.

Risks were assessed and action plans put in place to minimise any identified risks.

Carers received medicines training so they could assist people with their medicines if required.

Carers received training to provide them with the skills and knowledge to care for people effectively.

People were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible. Processes to ensure carers acted in people's best interests in line with the Mental Capacity Act 2005 were in place and followed.

People were encouraged to eat healthily and had food and drink they enjoyed.

People's healthcare needs were identified and they received input from healthcare professionals to maintain good health.

People were happy living with their carers, who were caring and respected their right to privacy. They treated them with dignity and respect and encouraged them to be independent and enjoy life.

Support plans were comprehensive and identified people's needs, wishes and goals so these were known and could be met. Reviews took place to ensure people remained happy with their carers and to provide an opportunity to identify any changes in needs so these could be addressed.

People and carers were encouraged to express any concerns so these could be addressed promptly.

The service was being well led. The registered manager and the shared lives support officer were approachable and supportive to the carers and the people using the service.

Systems were in place for monitoring the service provision and action was taken to address any areas identified for improvement.

The service accessed shared lives groups to keep up to date with good practice and identify any practices they could incorporate to further improve the service they provided.

The service continued to meet the relevant fundamental standards. Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Shared Lives 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 checked 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.

This was a comprehensive inspection that took place on 7 and 15 June 2017 and was announced. The provider was given 48 hours' notice because the office staff are involved with visits and reviews for people using the service and we needed to be sure that someone would be available to speak with us. The registered manager was on leave on the first day of inspection so we went back for a short second visit to speak with them and to provide feedback.

The inspection was carried out by one inspector.

Before the inspection we checked the information that we held about the service. The provider had 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.

During the inspection we viewed a variety of records including recruitment and training details for three carers, care and support records for two people using the service, online records of supervision and reviews and other documentation relevant to our inspection. We visited a day centre theatre group that two people using the service attended.

We spoke with the registered manager and the shared lives support officer. We also spoke with three carers, two people using the service and a social care professional who provided day services.

# Is the service safe?

## Our findings

People confirmed they felt safe living with their carers. One person said, "I feel safe and secure when I am with them."

Ealing Shared Lives (ESL) staff and carers received training in safeguarding and knew to report any concerns. They knew about whistle blowing procedures and that they should report any concerns. The service had the local authority safeguarding policy and procedure and any safeguarding concerns were reported to the local authority Community Team for People with Learning Disabilities (CTPLD) who were responsible for investigating any such incidents and liaised with the safeguarding team. There was an age appropriate user friendly safeguarding booklet for people using the service. The local authority had also produced a booklet, 'Help to stop abuse' and this was given out to carers and the shared lives support officer said members of the local authority safeguarding team attended the quarterly carers meetings that were held, so safeguarding could be discussed. Lessons had been learnt from the safeguarding concerns identified. For example, procedures and guidance around management of people's finances had been reviewed so that these procedures were more robust.

Risk assessments were in place for identified areas of risk. These included kitchen and equipment use, security in and around the home, when out in the community and travelling, relationships, physical health, finances and behaviours. Action plans to minimise identified risks were in place and carers understood how to keep people safe whilst encouraging them to be as independent as they were able to be. Risk assessments were reviewed annually and if a person's condition changed. A risk assessment of the carers' house was completed and a risk management plan put in place to identify how to minimise any risks.

Recruitment procedures were in place and being followed so only suitable carers were recruited by the service. New carers underwent a robust recruitment process including completing a comprehensive application form, a medical questionnaire, taking up of professional, personal and medical references, a Disclosure and Barring Service (DBS) check which was repeated every three years, proof of identity and a photograph. There was a comprehensive assessment and approval process that all prospective carers went through prior to being accepted as a carer for the service.

Each person had their main carer they lived with and some had secondary carers within the household who provided care and support if the main carer was not available. People also had a respite carer, who they would stay with for respite care if the main carer needed time off for any reason. The service only offered placements to people when they had suitable carers in place and went through a matching process to ensure people and carers were compatible. Contingency plans were in place in case of needing an emergency placement, so that alternative accommodation with a carer who understood the person's needs would be available.

Carers confirmed they received training in medicines management. The service had policies and procedures in place for the handling of medicines. At the time of inspection none of the carers were responsible for managing people's medicines.

## Is the service effective?

### Our findings

Carers confirmed the service provided training to keep their skills and knowledge up to date. One told us, "They are very supportive. They provide training and if there is anything they will listen to you." Training records confirmed carers had undertaken training including first aid, health and safety, medications, safeguarding, food hygiene, fire safety, Mental Capacity Act 2015 (MCA) and Deprivation of Liberties Safeguards (DoLS), equality and diversity and data protection. Training related to the specific needs of people using the service was also provided, for example, on epilepsy and autism. Ealing Shared Lives (ESL) staff had undertaken safer recruitment training. Carers confirmed the support officer carried out supervision visits every six to eight weeks and they were able to discuss any points and go through any training needs. The shared lives support officer told us, "It is important the carers do not feel isolated."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The majority of people using the service had capacity to make decisions for themselves. The registered manager said if someone using the service was identified as not having capacity, this was referred to the local authority so correct procedures could be followed including a mental capacity assessment and referral to the Court of Protection. Carers understood people's rights to make choices and knew to report to the service should they be concerned about a change in a person's capacity.

People told us their carers encouraged them to eat healthily, offered them choices and that they liked the food provided. They said they went out for meals with their carers and enjoyed doing this. Carers understood the importance of maintaining a good diet and providing people with food they liked and required. If people had specific dietary needs, these were identified in people's support plans so they were known and could be met. People's weight was monitored annually at their health check and more frequently if concerns about weight were identified.

Information about people's healthcare needs was included in their Health Passport. This was thorough and covered a person's healthcare needs and how to manage them. It also included information about the person's communication ability and how they expressed their feelings, for example, if they were in pain. There was also a Health Action Plan which covered all aspects of their healthcare, for example, dentist, optician, GP and any medical specialists people saw. People had an annual health check-up and carers said they would assist with making healthcare appointments and ensure people attended these.

## Is the service caring?

### Our findings

We asked people if they were happy with their carers. Comments included, "I feel happy with [carer]" "It's all good, no problems, it's great!", "It's like my second home", "It's lovely, it's like you're not on your own. I always have my family there", "I can choose my own clothes" and "I respect them, they respect me." One of the carers told us, "[person] is happy and he is part of the family."

The people using the service had been living with their carers for a number of years. From speaking with people it was clear that they felt part of the family and were encouraged to be individuals and as independent as they were able. The carers and people using the service spoke fondly of each other and strong, caring relationships had been developed. People said they were encouraged to make choices about their daily lives and were supported to take part in activities and events they enjoyed. People said they could make choices about their lives, for example waking and retiring times, what they wanted to wear and ideas for holidays and outings.

The shared lives support officer said that where people had specific religious or cultural needs then they looked to match them with carers who either had the same religion or who were happy to understand and respect any religious and cultural needs. Information about people's religious and cultural needs was included in each person's support plan and they were also given the opportunity to comment about this during reviews, to ensure their needs were being considered and met.

The service arranged annual feedback meetings for people using the service with an independent advocate. We saw examples and these included questions about privacy, dignity and choice. People had been positive about the privacy they were afforded and also said they were treated with dignity and could make choices in their daily lives. People said they were able to have a key to their bedroom and that their carers respected their privacy and allowed them time and space for themselves.

## Is the service responsive?

### Our findings

People had been assessed by the Community Team for People with Learning Disabilities (CTPLD) to identify their needs so these could be met. Each person had a support plan. These were comprehensive and covered every aspect of their care and support. Sections included family and social background information, religion and culture, eating and drinking, communication, finances, getting about, activities, holidays/short breaks, keeping safe, behaviours, health, personal care, post, keys and the future. The support plans were detailed and person-centred and provided a clear picture of the person and their daily lives. People had signed to evidence their input into their support plans and if people were unable to do so then this was also recorded.

Each person had an annual review and everyone who was significant in the person's care and support was invited. This included their carer and respite carer, the shared lives support officer, outreach workers and day centre representatives. The review minutes were very thorough, covered all areas of people's daily lives and had an action plan drawn up with goals and timescales for completion.

People enjoyed activities and attended day centres and other daytime services to encourage them to integrate into the community. Some people needed a support worker to attend day centre activities with them and the shared lives support officer said they had also accompanied people to day centres when support staff had not been available. A social care professional told us, "Support from home is so important and they are well cared for and well supported." They said people's carers attended events at the centre and were very supportive to the people they cared for.

People went out with their carers and joined in a variety of activities. One person said, "We go out for meals, cinema, bowling – you can decide." People were encouraged and able to go on holidays that were tailored to their interests, wishes and needs.

We asked people what they would do if they were worried about something. Comments included, "I would tell [carer] straight away", "If I had problems I'd talk to [carer]" and "If I'm worrying about something [carer] will help me out."

The service had a complaints procedure and carers and people using the service knew who to contact the service if they had any concerns or issues they wished to discuss. Carers were also encouraged to discuss any issues in their supervision sessions so they could be addressed. The service had not received any complaints.

## Is the service well-led?

### Our findings

We asked the Ealing Shared Lives (ESL) staff what was important to them in their work. Their comments included, "Achieving the best outcomes for customers so that they thrive through their lives, being a part of the family and part of the community" and "People having control over their lives and making sure the carers champion that."

We asked the carers about the input they received from the service. Comments included, "I have recommended people to the service. I'm very happy with the team and they are very supportive", "They are doing their job, I have no complaints", "Always supportive, any problem can be discussed and they will help" and "No complaints. We get all the support we require and we are happy with the support we receive."

The service had a registered manager who had been in post since 2014. 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 2008 and associated Regulations about how the service is run. The registered manager had a degree in social work and had several years' experience working with people with learning disabilities. The shared lives support officer had worked for the service for several years. Both of these people understood the importance of supporting the carers and wanted to make people's lives the best they could be.

Carers were given the opportunity to express their opinion of the service so action could be taken to address any issues. In addition to regular supervision sessions, the service held quarterly carers meetings and an annual quality assurance meeting with an external facilitator, so carers could provide face to face feedback and agree any action points for the year ahead. Each carer also had an annual appraisal with the service staff and this provided an opportunity to discuss how the placement was going and any training and development needs the carer might have. Annual satisfaction surveys for carers were sent out and we saw some completed ones. The carers had expressed satisfaction with the support they received from the service.

As well as the annual reviews of their risk assessments and support plans, people had an annual meeting with an independent advocate and were asked a series of questions to gain their feedback about their carers and about the service and to encourage them to express their views.

The registered manager attended the Shared Lives Plus London Network meetings and annual conference. They were also a member of an online group set up for shared lives providers. These forums facilitated shared lives staff to discuss different aspects of their work and share experiences to help each other improve the service provision. The service had an annual 'Shared Lives' week to heighten the public's knowledge of shared lives and encourage people to find out more about becoming a shared lives carer. The service had information leaflets and also had articles published in the local authority magazine, to provide the public with information about shared lives. The service had a development plan with strategies for increasing the scheme so that more people could be placed.

Information provided by the service was clear and age appropriate user friendly versions were available for people using the service, for example the 'customer handbook' which provided clear information using words and pictures to show the care and support a person could expect. Policies and procedures were in place and were updated periodically to keep the information current. The service notified the Care Quality Commission of significant events.