

North Tyneside Metropolitan Borough Council

North Tyneside Shared Lives

Inspection report

White Swan Centre
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Tyneside Shared Lives is a 'Shared Lives' service providing personal care to people, some of whom have a learning disability and/or autism living in their own homes. The service was supporting 19 people with personal care at the time of our inspection. North Tyneside Shared Lives recruits, trains and supports Shared Lives carers. We refer to Shared Lives carers as 'carers' throughout this report. A carer is an individual who provides personal care together with accommodation in their own home. This enables people to live as independently as possible. The scheme supports adults who have a learning disability and/or autism. North Tyneside Shared Lives provides three main services: long term accommodation and support, short respite breaks and emergency accommodation, care and support which is provided at short notice and usually in the event of an illness or family crisis.

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.

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

Right Support

- People felt at home, relaxed and able to be themselves. People were supported with warmth, compassion and dedication. Staff encouraged people to pursue the interests and activities that were important to them, as well as celebrating their successes.
- Carers knew people extremely well, as did the registered manager and the service's 2 community reablement workers.
- The planning and delivery of care was collaborative and inclusive; the provider worked closely with external agencies, health and social work professionals, relatives and people to ensure people's needs were met.
- People experienced good health and wellbeing outcomes. Staff had a good understanding of the risks associated with people's needs. They encouraged positive risk taking.

Right Care

- The provider ensured carers had sufficient time to get to know people. Their 'matching' process was exceptional. People and carers got to know each other and there were extremely smooth transitional processes in place.
- Staff understood how to encourage people to develop their own independence. They celebrated people's achievements and people flourished and thrived in homely environments, where they were treated like members of families.

- Staff proactively advocated for people and where people needed help to make specific decisions, they sought the right help from external advocacy services.
- Enablement plans were person centred and detailed at the point people began using the service. They were reviewed regularly.
- Staff worked extremely well with external health and social care professionals, seeking out specialist help when needed. People received a high quality of care as a result.

Right culture

- The culture of the service was focussed on people being able to thrive in a homely environment where they were valued, respected and supported. There were close working relationships between the office team and the Shared Lives carers, which ensured people received a high standard of care, and continuity.
- People, their relatives, and their Shared Lives Carers, with whom they shared their lives, were involved in decisions about their care and how the service was run.

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

Rating at last inspection

The service was rated good in an inspection on 24 July 2018.

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 caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

North Tyneside Shared Lives

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

1 inspector and 1 Expert by Experience carried out the inspection. 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

This 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the service had a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

We visited the service on 31 October 2023.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We observed staff interacting with people. We spoke with the registered manager, both community reablement workers, 7 Shared Lives carers and 5 relatives. We asked for feedback via email from 10 health and social care professionals.

We reviewed a range of records. This included people's care and support records and medication records. A variety of records relating to the management of the service, including auditing, training data, action plan, analysis, 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Staff were passionate about their roles and people's safety was their primary concern. They understood safeguarding protocols and what to do to keep people safe. Staff demonstrated a good understanding of the risks people might face and their responsibilities in preventing abuse. They received safeguarding training.

- The registered manager ensured incidents and accidents were clearly recorded and reported. They and staff reflected on any incidents to learn lessons and change care planning where necessary. Safeguarding scenarios formed part of the induction and matching process.

Assessing risk, safety monitoring and management

- Staff understood people's sometimes complex needs and risks; they anticipated potential triggers or areas of heightened risk and helped people avoid these. Staff used their detailed knowledge of people's needs to reduce the risks they faced. Staff picked up on the subtle non-verbal nuances people displayed to explore and reduce potential risks.

- Staff encouraged people to take positive risks and managed those risks proportionately. For instance, to help people develop their independence around areas such as cooking and going shopping or to job opportunities on their own.

- The registered manager and other staff undertook comprehensive environmental risks review in advance of Shared Lives carers supporting people.

Using medicines safely

- Medicines were managed safely. Staff demonstrated a good knowledge of people's medicines needs and ensured they were regularly reviewed to protect against the risk of over-medication. This was in line with the principles of Stopping Over-Medication of People with a Learning Disability, Autism (STOMP).

- The registered manager and other senior staff undertook audits and competence observations to ensure medicines practice was safe and consistent. Medicines training was refreshed regularly. One relative said, "There have never been any errors; they're on the ball."

Staffing and recruitment

- Staffing levels were safe and people's support determined by comprehensive reviews of their needs before starting with the service. There were effective respite arrangements in place to ensure Shared Lives carers were supported to take breaks, and that people similarly received a continuity of care when needed.

- Staff were recruited safely. Staff were recruited following months of interactions with staff and people they may support; this involved as many meetings as required to ensure there was a rapport, background checks

of prospective carers, and consideration and sign off by a panel, made up of a range of Shared Lives colleagues from various areas and external clinicians.

Preventing and controlling infection

- The provider had appropriate infection, prevention and control policies and procedures in place. Prior to people using the service there were comprehensive environmental/safety checks of people's homes, and ongoing observations. Staff supported people to keep their private spaces and homes generally clean and well maintained.

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 our last inspection we rated this key question outstanding. At this inspection the rating remains outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity

- Staff supported, enabled and encouraged people's independence to achieve exceptional outcomes. There were multiple examples of people achieving lifelong aspirations, learning new skills and conquering fears and anxieties. This was made possible through the commitment, compassion and understanding of Shared Lives carers and management. One person who had always wanted to fly told us, "It was beautiful" and had made plans for more holidays abroad. Another person had just returned from a visit to America, which staff had helped them plan and save for over recent years.
- The service was truly person-centred. All staff shared a common understanding of what this meant and how it should be delivered. People, relatives and external professionals were consistent in their description of people genuinely feeling part of a family, not just recipients of a service. They shared in this inclusive, celebratory culture. One relative said, "They are absolutely part of the family," another, "They love going to the family parties, weddings, any celebration," and another, "The grandchildren all call him Uncle."
- Staff always upheld people's dignity and pride. They celebrated in and contributed to people's growing confidence and decision-making – a person previously at risk of self-neglect now relished having their hair and nails done. Another person who had previously struggled with weight had been supported to a slimming club. Their relative said, "They are so much more confident now, they are more social and better in themselves." Others had regular paid employment, or pursued their love of the performing arts, for example.
- All staff understood people's needs extremely well and worked hard to ensure they realised their ambitions and goals. They were extremely kind and empathic. For instance, when a carer was unexpectedly unable to support a person on their planned trip, the registered manager rearranged workloads to accompany them.

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

- People and their relatives were wholly involved in the development of their enablement plans. They were involved in the roll out of recent mandatory training, for example. The service pro-actively sought independent advocacy support where people needed help to make long-term decisions.
- People received exceptional support when transitioning between services. The service excelled in supporting younger people moving from foster services to adult placements, with appropriate training and intensive coaching and matching processes. The matching process was comprehensive, taking up to 8 months, and explored all aspects of people's lives, and their prospective carers' lives. This led to some exceptional person-centred examples of people living with carers who shared passions, interests and pastimes. People thrived and lived a fuller life as a result.

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 our last inspection we rated this key question good. At this inspection the rating remains 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff at all levels shared a common goal to ensure people who used the service fulfilled their ambitions and lived the life they wanted. The provider had succeeded in ensuring that people were provided a service that felt more like being part of a family than part of a care provider. Shared Lives carers were integral to this and their values/backgrounds were comprehensively explored before placements were agreed.
- The provider had broadened their attempts to attract new Shared Lives carers, for instance at recruitment events and through local advertising. The registered manager wanted to do more in this area, as they were passionate about the benefits of Shared Lives.
- Office staff worked well with Shared Lives carers but also demonstrated a deep understanding of people's needs and backgrounds; they were able to help mediate any emerging issues.

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

- The registered manager and office team knew their roles well and worked together as a team. They were able to work flexibly to meet people and Shared Lives carers' immediate needs, as well as maintaining oversight of the service.
- There was a strong team ethic. Shared Lives carers felt well respected and supported. They felt they got the right balance of autonomy and scrutiny. One carer said, "They are here every 6 weeks and I know I need to have everything in order. They are always at the end of the phone whenever we need them too."
- The provider had systems in place for reporting any major incidents to the relevant agencies. They reflected on incidents to inform how the service could be better delivered in future.

Working in partnership with others

- The service was linked in with other Shared Lives schemes, and they shared good practice and queries. The service worked closely with specialist teams and advocacy services to ensure people received good health outcomes and a seamless approach to moving between services. The provider recognised Shared Lives was not as well known as other areas of social care and they hoped to change this in the future.
- External professionals were consistent in their praise of the proactive and responsive approach of the provider. One said, "[Registered manager] and the team always complete very thorough assessments which make decision making in the panel streamlined."

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 made notifications to CQC in a timely fashion and demonstrated a sound understanding of reporting requirements. They understood the duty of candour and when things did not go as planned, they communicated openly with people and their families.
- The registered manager and office team were responsive to feedback and keen to continue providing a person-centred service with people living full lives at its core.