

Leicester City Council

Leicester City Council Shared Lives Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Leicester City Shared Lives Service is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. At the time of our inspection there were 23 long term placements and 44 carers.

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

We saw good examples of how the service and SLCs supported people to remain safe. This was through providing staff and SLCs with bespoke safeguarding training. Staff and SLCs promoted positive risk taking, ensuring people had maximum control over their lives.

There was a robust recruitment process for both staff and SLCs. There was also a thorough matching process to ensure people were placed with SLCs who had the correct skills and lifestyle to suit the person's needs. The registered manager promoted an open culture within the service to ensure all accidents and incidents were reported. This was seen as an opportunity to learn and improve the service.

People received person-centred care, designed around their individual needs. They were encouraged to learn new skills which increased their confidence and were supported to identify their goals and achieve them. If people wanted to be active in the local community, they were supported and encouraged to achieve this. We saw many examples where people's lives had been transformed by living with SLCs.

People were well supported to maintain a healthy balanced diet. This had resulted for some people in improved long term health. Where people had long-term, health needs they were supported to attend healthcare appointments and maintain their independence.

People's privacy, dignity and independence was promoted. Leicester City Shared Lives staff and SLCs understood the Equality Act and supported people's diverse needs.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us staff and SLCs were kind and caring often reflecting on how their lives had improved since moving in with their SLC. We saw examples of how people had become part of the SLC's life and how this had improved and enriched the person's life.

The service had a comprehensive complaints process and were proactive in responding to people's complaints and concerns. People told us they felt listened to and able to speak to both staff and their SLC. The service ensured people had information in a format they were able to understand and access.

The service was well-led and the registered manager understood their responsibility to keep CQC informed of any issues within the service. The registered manager promoted an open culture ensuring a person centred and high quality service was delivered. The service was a member of the national organisation for shared lives, Shared Lives Plus. This ensured staff and SLCs remained up to date with new ideas and innovations championed nationally. The registered manager encouraged staff, people and SLCs to be involved in developing the service. Staff and SLCs were very proud of the work they did and the improvements they made in people's lives.

The last rating for this service was Good (published 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner

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 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Leicester City Council Shared Lives Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Leicester City Council Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLCs) 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 we needed to make arrangements to speak with people in their own homes.

Inspection activity started on 21 August 2019 and ended on 2 September 2019]. We visited the office location on 21 August 2019.

What we did before the inspection

Before the inspection we reviewed information we had received about the service. This included details

about incidents the provider must tell us about, such as any serious injuries to people. 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. However, we did look at the previous PIR and we took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection. We contacted external professionals to ask for their feedback on their experience of the service. Their feedback was positive.

During the inspection

We spoke with two people who used the service and three SLCs about their experience of the care provided. We spoke with the registered manager and one member of staff. We reviewed a range of records. This included three people's care records and medication records. Staff files are kept centrally and following our visit we received email confirmation from Leicester City human resources department staff had suitable recruitment records. We looked at staff supervision records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

The registered manager continued to provide us with supporting evidence by email following the inspection site visit.

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 were safe. Both people we spoke with us told us about their lives before moving in with their carer and how unpleasant it had been. One person told us, "I wouldn't be here if it wasn't for [carer]."
- In discussion with their SLC it was evident both people had developed and flourished since moving to live with a SLC. One person told us, "I feel very safe here."
- SLCs we spoke with all understood their responsibility to report any concerns to safeguarding as well as ensuring the safety of people using the service. They told us they received regular training to support their knowledge and understanding.
- The registered manager and support staff also understood their responsibilities to keep people safe. Where safeguarding incidents took place the registered manager used it as a learning opportunity to reduce future safeguarding issues.

Assessing risk, safety monitoring and management

- Positive risk-taking strategies ensured people had maximum choice and control over their lives, including those with protected equality characteristics. One SLC told us people were supported to take risks such as going out on their own or take part in activities.
- We saw good examples of practice where people were encouraged to undertake a variety of activities which supported people to have meaningful lives. This was through the dedication and hard work of the service and SLCs.
- One person who had lived in a care home prior to moving to Shared Lives and had previously had a very limited life, was now able to travel independently on a bus. This meant the person had an independent social life. For example, they were able to undertake voluntary work and meet friends at a local club.
- The provider used comprehensive risk assessments and management plans to ensure people with complex health needs were supported consistently and safely. Staff reviewed the plans regularly to ensure they remained relevant and up to date.

Staffing and recruitment

- Robust staffing and recruitment processes ensured staff were recruited safely. People were at the heart of their placements.
- The provider used a robust matching process which enabled the person to make the decision where they were placed. This had positive outcomes for people. SLCs told us about the long process they went through before they were able to become carers. This meant only suitable people were recruited to become carers.

- There were enough staff and SLCs to run the scheme.

Using medicines safely

- Medicines were managed safely by suitably trained staff and SLCs.
- The service had consulted best practice guidance in relation to medicines management and had developed their policies and procedures around this. These were made available to all staff and SLCs.
- Medicines were audited by staff members when they carried out monitoring visits.
- SLCs understood how to manage over the counter medicines such as paracetamol and medicines were stored safely.

Preventing and controlling infection

- Staff and SLCs had received training in infection control and knew their responsibilities when supporting people.

Learning lessons when things go wrong

- The service positively promoted an open and transparent culture in relation to accidents, incidents and near misses.
- We saw lessons learned when things go wrong were discussed in a variety of forums such as team meetings, staff and SLC meetings, supervisions and one to ones.

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

- A detailed assessment of people's support needs was provided before they joined the scheme. These were written with the involvement of people and their families where appropriate. This helped staff to understand their needs, match them to suitable SLCs and develop support plans to meet these needs.
- A programme of introductory visits was arranged to enable people and the SLC to choose if they wished to go ahead with the match. People and their SLC told us they thought the matching process and visits worked well.
- People were supported to make decisions about their care and support and how they wished to live their lives.
- People's cultural needs were considered. Where possible and if the person wished they were placed with people from similar cultural backgrounds.
- People told us their views were sought about all aspects of their day to day care. One person told us, "I feel part of the family."

Staff support: induction, training, skills and experience

- People were supported by staff and SLCs who had very good knowledge and skills to meet their needs. One staff member told us, "Training is very good. We also support the SLCs and provide a lot of the training they need. I have done 'train the trainer' courses. It means when we offer training we try to make it more bespoke."
- SLCs received support and training to meet people's needs. They told us they received a range of suitable training as part of their assessment before they were approved. This training was regularly updated. One SLC told us, "I am always having training. They let me know if it is about to run out. Most is renewed every three years."
- Some SLCs had a background of work in health and social care and could bring this experience to the role.
- Records showed and staff confirmed they received regular supervision where they could discuss any issues or concerns they may have. They were also able to discuss their training needs.

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

- People were well supported to maintain a healthy and balanced diet. We saw examples where people had improved their diet, which had significantly improved their lives.
- For example, one person was supported and encouraged to eat healthily and was now taking part in different activities. This had a positive impact on the person whose confidence had grown immensely.

- People were actively encouraged and supported to cook meals or prepare snacks to enhance their skills and promote independence. Meal times were an opportunity to socialise as a family.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with health and social care professionals, especially where people had complex or continuing health needs, to achieve positive outcomes for people.
- The provider used a thorough and robust system when people were transitioning between services to ensure information was shared appropriately.

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

- People's environment reflected their individual preferences. We saw SLCs had gone above and beyond to enable people to enjoy personal space which reflected their choice and preference. For example, one person who stayed for respite had a self-contained area, with their own bathroom, bedroom and sitting room. This meant the person did not have to come into contact with other people unless they chose. The SLC also told us they had got a dog as company for the person as they were concerned they had become lonely.

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

- People were well supported to live healthier lives. Outcomes for people were positive, consistent and often exceeded expectations, with people's quality of life having greatly improved.
- One SLC told us about one person they cared for who had multiple health issues. They told us, "[Person] was really ill and in hospital. The doctor told us to prepare for [person's] death. They are still with us and able to get out and about."
- Both people we spoke with repeatedly told us they would not be here if it was not for their SLC.
- We saw a high standard of commitment to people if they were admitted to hospital. For example, SLCs would visit the person to support them with eating where hospital staff were unable to get them to eat. This provided reassurance and continuity for the person.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people needed to be deprived of their liberty, their social workers made the necessary applications

to the court of protection. The service worked to ensure decisions made on behalf of people were lawful and in their best interest.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People were well supported and cared for.
- Both people we spoke with told us how kind and caring their SLC was. One person told us, "It's the best thing I have ever done, moving in with [SLC]."
- SLCs knew people exceptionally well. We observed positive interactions between people and SLCs. People and SLCs were obviously comfortable in each other's presence.
- People were well supported to maintain contact with people who were important to them. One SLC told us, "[Person] is able to see their (relative) when they want to. Either they come here or we take [person] to visit."
- We were also told how they supported a person to visit a relative who lived down south.
- We saw good examples of how people were supported to have relationships that were meaningful and important to them. One person was supported to meet a friend at a local pub during the week. They told us this had not been possible when they had lived in a care home.
- People with protected characteristics as defined in the Equality Act, were well supported. We saw examples of staff and SLCs supporting people from different cultural backgrounds to live fulfilled and active lives. This included placing people with SLCs of similar cultural backgrounds. For one person this included improving their cultural links by supporting them to go to their local temple and enabling them to visit India and remain in contact with their family.

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

- The service recognised it was people's right to have access to an independent advocate and other support networks to protect their wellbeing. Information about their advocate contact was contained in the person's care plan.
- People were supported and empowered to express their views through various forums. People's views and choices were incorporated into person-centred support plans.
- People were only matched with SLCs where staff felt they would be compatible. People were given the opportunity to express their views about the SLCs and if they were happy with the match. We saw good examples where people who were very active were matched with SLCs who were also active and so were able to take part in activities they enjoyed such as basketball, badminton and go on activity holidays.
- People had excellent support to undertake activities, hobbies and interests. Staff and carers used innovative ways to enrich people's lives and make them feel more meaningful through the use of activities

that would enhance their quality of life. For example, a person had expressed a desire to go to America. The SLC had started by taking the person on a short flight first to ensure they would be able to manage the flight. They then arranged to visit Australia. The person told me, "I went to America, Disneyland. I've just come back from Australia as well. [SLC name] took me we had a lovely time."

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect was fundamentally at the centre of what the service stood for and SLCs were encouraged to develop people's self-esteem. They encouraged and enabled people to live the life they desired. People were exceptionally well supported to be independent in all aspects of their life. For example, through independent travel and personal care to shopping for their own clothes.
- We saw many outstanding and proactive ways SLCs had supported people to be as independent as they possibly could be. Some people had jobs with local charity shops. People were actively encouraged to learn new skills around the home and in the community and we saw instances where people had flourished. For example, we saw one person who had told their SLC they would like to try horse riding. This had been arranged and this had increased the person's self-confidence and well-being.
- SLCs and staff were dedicated to offering people opportunities that would increase their independence and have freedom and control over their lives. People told us they could choose what they wanted to do.
- People told us they felt listened to and were able to express their views. One person said, "I have been here for 20 years. If I didn't feel happy I know I could leave. [Name of SLC] is lovely I can tell them anything."
- Staff and SLCs ensured records relating to people were kept confidential.
- The feedback we received from professionals and people who used the service was the service and SLCs were passionate about meeting people's needs, providing a good quality service to people.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was very person-centred and which was embedded in the way the service operated and worked with people and SLCs.
- The PIR told us the service had reviewed the referral form social workers used to make referrals to the Shared Lives service. This meant the information the service received was now more specific to the needs of the individual. This information was shared with the potential SLC to ensure the match was suitable for both parties. Each SLC had a profile which was shared with the person who was looking for a placement.
- The service had developed a feedback questionnaire for people using the service to ensure the matches were correct and people were placed with the most suitable SLC.
- Staff and SLCs had an excellent understanding of people's needs, preferences and wishes. Support plans were holistic. They reflected exactly how the person wanted to be supported and what goals they wanted to achieve.
- One SLC told us about a person they supported. "When [name] first moved in with me they used to have lots of seizures. They don't now."
- The registered manager showed us a promotional video which was created for Shared Lives. It showed how people's lives had been transformed by using the Shared Lives service and being part of SLC's family.
- The service and SLCs were responsive to people's changing needs. We saw people's care plans were regularly updated as their needs changed. Appropriate referrals were made to relevant professionals, when required. For example, one person's mobility needs had changed, the person's care plan reflected this and the SLCs were aware of how the person needed increased support. They ensured they had suitable mobility aids including a wheelchair for longer journeys. We saw the SLC supported the person to continue to lead a full and active life, including going on holiday and day trips.

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.

- Information was available in a variety of formats to meet the communication needs of people. For example, people had access to easy to read information and information printed on different coloured paper where people had sight issues.
- People were supported with their educational needs and wishes. We saw examples of how the service and

SLCs had successfully enabled people to attend college. The service, SLCs and college liaised closely together to ensure the person's goals and aspirations were being met.

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints raised. Records indicated the service had not received any formal complaints since their last inspection in 2016.
- Where they had received concerns these were recorded, investigated and it was clear what the outcome was.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, regular surveys. One person told us, "[Staff] visit me regularly and I can talk to them and tell them anything. It helps me feel safe and listened to."
- The registered manager told us they would also try to see people away from their SLC to ensure the person could speak freely.
- People were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- SLCs told us they had supported people when they were at the end of their life. One SLC had previously supported a person to be able to die at home and felt this had been a great privilege to be involved with the person at this important stage of their life.
- SLCs were provided with end of life training and continued support from the service where people expressed a wish to remain with the SLC.
- Although there was no one currently receiving end of life care the service was supporting people to express their wishes around how they wanted to receive care and funeral plans.

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 remained the same.

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

- The Shared Lives service supported many people who otherwise would require care and support in residential services or who would not be able to cope alone in the community. We heard many stories of how people had developed skills to be more independent and to live as fulfilling a life as possible.
- The registered manager talked about the flexibility of the service to be able to meet people's complex and varied needs. In this way they were able to promote high-quality person-centred care.
- The registered manager told us they had recently introduced an award for outstanding carers. We were shown information about the award, who had received it and the press coverage highlighting the positive work the Shared Lives Service did.
- Staff and SLCs spoke with pride about their achievements with people they supported. They told us about the quality of life people had as a result of living in a family environment. This included being part of the SLCs wider family celebrations such as the birth of a grandchild or birthday celebrations of their children.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff and SLCs. For example, they informed us about incidents and kept us up to date on the outcomes of investigations.
- The staff supporting people and SLCs were experienced and demonstrated a culture of openness and were confident to discuss changes in practice with the registered manager to improve quality within the service.
- SLCs told us they had good communication with the service and felt able to raise issues when they needed.
- The quality of the service was checked through regular monitoring visits carried out by staff. Records showed the visits covered a full range of people's care needs including checks on medicines and finance records. Actions identified for either staff or SLCs to complete were followed up at the next visit to ensure they had been addressed. This was overseen by the registered manager.

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

- There was a positive culture of engaging staff, people using the service, SLCs and relatives in order to help provide excellent care that promoted positive outcomes for people.
- People were supported to use different forums so they could voice their opinion of the service. This enabled the registered manager to monitor, reflect and develop based on people's experiences.

Continuous learning and improving care

- The service, staff and SLCs strived to improve the service through continuous learning.
- The service belonged to a national organisation called Shared Lives Plus. This meant they were able to stay up to date with innovations in practice. Staff were encouraged and supported to attend regional and national meetings to network with other Shared Lives organisations.
- The registered manager told us they ensured all their SLCs had access to this organisation this enabled SLCs to have an external forum to ask questions and check out good practice. SLCs we spoke with told us they did access this and found it useful.

Working in partnership with others

- The service worked closely with the social workers within the local authority, who commission services, as well as healthcare professionals such as occupational therapists, to review and monitor people's well-being and the success of their placements.
- We received positive feedback from social care professionals involved in people's care. We were told the registered manager communicated well with them and there was genuine support to problem solve.