

Bettertogether Limited

# Newham Shared Lives Scheme

## Inspection report

Stratford Advice Arcade  
107-109 The Grove  
London  
E15 1HP

Tel: 02033733514

Date of inspection visit:

26 June 2018

27 June 2018

28 June 2018

Date of publication:

06 August 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place between 26 and 28 June 2018 and was announced. At the last inspection in July 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments were not robust and there was insufficient information about people's medicines. We also made a recommendation about ensuring people were involved in reviewing their care. The provider had taken clear and effective action to address these concerns and followed our recommendation.

Newham Shared Lives Scheme is registered to provide people with personal care. A shared lives scheme facilitates arrangements between people with support needs and shared lives carers who accommodate people in their own homes. Not everyone using Newham Shared Lives received regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This is help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provider. At the time of our inspection 52 people were living in long term shared lives arrangements, 18 of whom received support with personal care. A further 15 families regularly used the service for respite or short breaks.

There was a registered manager in post. 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.

Newham Shared Lives was exceptionally run in a person-centred and innovative manner that focussed on achieving outcomes for people living in shared lives arrangements. The unique governance structure established when the provider became an independent not-for-profit company having previously been an in-house local authority service enabled positive risk taking in strategic development that benefitted people and shared lives carers. As a membership organisation the views of shared lives carers and people who used the service were central and shaped the values and priorities of the organisation. There were clear plans in place to increase participation and ensure sustainable growth in line with best practice guidance for the sector.

Staff and shared lives carers received high levels of support and training to ensure they had excellent skills that met the need of people living in shared lives arrangements. Staff and shared lives carers had been supported to complete externally accredited nationally recognised qualifications. Where people living in shared lives arrangements had specialist needs staff sought additional training for shared lives carers to ensure they could meet their needs. Shared lives carers told us this benefitted their entire families as well as the person they were supporting. Needs assessments for people were holistic and highly personalised ensuring the resulting care plans were outcome focussed and considered all aspects of their lives in addition to their care needs. The process of matching people with shared lives carers was led by people who had the final say on agreements. Peoples dietary needs and preferences were clearly captured and through the matching process the provider ensured dietary needs and preferences were met. Staff supported people

and shared lives carers to meet their healthcare needs and supported them to access specialist support and services where this was needed. Records showed staff facilitated shared lives carers inclusion in people's wider support networks and ensured all organisations involved in providing support to people worked together in a holistic way. The provider ensured shared lives carers understood the Mental Capacity Act 2005 and how it applied to people living in shared lives arrangements. Where people lacked capacity to consent to their care and treatment records showed clear best interests decision making processes had been followed.

People told us they felt safe living in shared lives arrangements. Shared lives carers were knowledgeable about safeguarding adults and knew how to report their concerns. The provider took appropriate action to ensure people were protected from abuse. Risks faced by people were identified with clear risk assessments in place to mitigate risks. The recruitment and assessment of shared lives carers was robust and comprehensive. It ensured shared lives carers were suitable and safe to provide care to people. There was clear information about the support people needed to take their medicines safely and people were supported to increase their independence with taking their medicines. Staff checked the homes of shared lives carers to ensure people were protected by the effective prevention and control of infection. When incidents occurred the provider took action to ensure lessons were learnt and incidents did not recur.

People and shared lives carers emphasised the importance of family and ensuring people felt like valued members of the household. People's emotional needs were supported and they told us they felt valued. People's relationships were supported and facilitated, including parenting responsibilities. People had felt comfortable to disclose their sexual and gender identity and the provider ensured people received the right support to express their identity. People were given privacy and felt they were treated with dignity.

People told us they were involved in reviewing and updating their care plans. People were supported to identify new goals once they achieved their previous ones. If people wished to move on from shared lives arrangements the service facilitated this and provided appropriate support to shared lives carers. People were supported to attend activities of their choice and the provider also hosted activities for people and their shared lives carers. People and shared lives carers knew how to make complaints and there was a robust system for managing complaints. There was a clear policy framework that aligned with best practice principles for supporting people at the end of their lives. Where people had expressed their views about end of life care this was clearly recorded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe. People felt safe in their shared lives arrangements and there were clear systems in place to protect people from abuse and avoidable harm.

Risks to people had been identified with clear guidance for shared lives carers about how to mitigate risk.

There were robust systems in place to ensure shared lives carers and staff were suitable to support people to stay safe.

The systems to support people to take their medicines ensured this was done safely.

Staff checked that people were protected by the prevention and control of infection.

Staff took action and sought additional support when incidents happened.

### Is the service effective?

Outstanding 

The service was exceptionally effective. The training and support for staff and shared lives carers was extremely high quality and ensured shared lives carers and staff were highly skilled in meeting people's diverse needs.

Needs assessments were holistic, personalised and comprehensive. The provider's matching process was user-led and driven by people living in shared lives arrangements. The goals of support ensured people achieved outcomes in line with best practice.

People were supported to eat a varied and nutritious diet that reflected their needs and preferences. Where people needed specialist support with eating and drinking there was clear guidance in place.

People were supported to access healthcare services and shared lives carers were supported to build their confidence in interacting with healthcare professionals.

The service worked within the principles of the Mental Capacity Act 2005 and ensured people were given the best opportunities to make their own decisions.

### Is the service caring?

Good ●

The service was caring. People were supported to be part of the family in the shared lives arrangements. This included ensuring they received emotional support and were treated with compassion and kindness.

The importance of supporting people to develop and maintain friendships and relationships was included as part of people's support plans. People had felt comfortable to disclose their sexual and gender identity and were receiving support to explore this.

People's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care which was reviewed regularly. People were supported to develop and change their goals as they achieved them.

People and shared lives carers knew how to make complaints. There was a clear system in place to respond to issues raised.

There was a framework in place to ensure people were supported to explore their end of life wishes and receive appropriate end of life care when they needed it.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led. There was a clear vision and values base for the organisation that had been developed in partnership with people, shared lives carers and staff.

The governance structures ensured the registered manager was held to account, but also gave them flexibility to introduce changes for the benefit of people and shared lives carers.

There were clear plans in place to increase participation in the running of the organisation, as well as grow the organisation in line with its core principles.

The registered manager was highly respected and worked well with other organisations and networks to ensure the service

continued to work in line with and develop best practice in the shared lives sector.

---

# Newham 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 26 and 28 June 2018 and was announced. The provider was given 48 hours' notice of the inspection as the staff team are often out during the day and we needed to be sure someone would be in.

Before the inspection we reviewed the information we already held about the service. This included registration information, the previous inspection report and information from notifications the provider had submitted to us. Notifications are information about incidents and events that providers are required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who lived in shared lives arrangements and five shared lives carers. We spoke with three shared lives officers and the registered manager. After the inspection we spoke with a representative of Shared Lives Plus. Shared Lives Plus is a membership organisation supporting shared lives schemes, carers and people living in shared lives arrangements. During the inspection we reviewed the care and support files for three people living in shared lives arrangements and three sets of shared lives carer records. We reviewed staff and shared lives carers training, support and supervision records. We reviewed various meeting minutes, records, policies and other documents relevant to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in July 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks faced by people had not always been identified or addressed and there was insufficient information on medicines to ensure they were managed in a safe way. The provider had taken effective action to address these issues and was now meeting this regulation.

People's care files contained information about their medicines and the support they needed to take them as prescribed. This included where shared lives carers were supporting people to increase their independence with their medicines. For example, one person's file showed shared lives carers were teaching them to use the alarms on their phone to remind them when to take their medicines. Where people required support to take their medicines shared lives carers received training to ensure they had the knowledge and skills to support people in a safe way. This included enabling them to access specialist training where people required medicines administered through specialist techniques such as injection of insulin for people with diabetes. A shared lives carer told us, "When I started I struggled. They [shared lives officers] linked me with the specialists who showed me what to do, how to use the machine and do it properly. I'm confident with it now."

Shared lives carers told us they were given detailed information about the risks people faced before they entered into a shared lives agreement. One shared lives carer said, "We had full information about [person's] needs. The support from the office was very good. They informed us very well. They make sure we have the information we need." Records showed shared lives staff completed comprehensive assessments of people's needs which included details of the risks they faced in their day to day lives. There were details of the measures in place to mitigate these risks. For example, one person had significant moving and handling needs and used specialist equipment for their mobility. Their care plan showed how to support them to use equipment safely and records showed occupational therapists and physiotherapists had provided additional guidance and training to the shared lives carers.

Another person's care file contained information about the risks they could pose to themselves and others through their behaviour. The care plan contained clear guidance for shared lives carers about how to communicate with the person to reduce the risk of such incidents occurring and how to respond in the event they did. This meant the service had taken action to ensure that risks were appropriately identified with clear measures in place to mitigate them.

People told us they felt safe living in their shared lives arrangements. One person said, "I trust [shared lives carer] completely. I feel safe at home." The service had a clear safeguarding adults policy and procedure which was explained to shared lives carers as part of their assessment and induction. Shared lives carers were supported to attend training on safeguarding adults. Shared lives carers told us they would report any concerns that people may be being abused to their shared lives officer who would take any actions required. One shared lives carer told us, "One time [person] came home and was very upset. We talked it through and something had happened at [other service the person accessed]. I told my shared lives officer who sorted it



all out." Records showed the service took appropriate action to escalate safeguarding concerns to the local authority for investigation.

The staffing structure was unchanged since our inspection in July 2017, with four shared lives project workers and the registered manager. Over the course of the last year the registered manager had handed over the direct work with shared lives carers and people living in shared lives arrangements to the project workers. This was possible due to adjustments in the contracts held by the service. This had increased the management capacity of the service while ensuring all shared lives carers and people had a named project officer who was available to support them.

Shared lives carers told us their shared lives officers were available to them and were always responsive to any requests for support or help they had. One shared lives carer said, "My officer is amazing. Any questions they'll get back to me straight away. There's the on-call as well so I can get support any time I need it." All the shared lives carers we spoke with spoke highly of their officers and confirmed they were always available to them when needed.

Records showed the service had continued to operate a safe and robust system for recruiting shared lives carers. Records showed staff completed robust assessments of applicant's motivation and skills in relation to supporting people to ensure it aligned with the organisation's values. Records showed shared lives officers explored applicant's value base and experience, as well as ensuring they had appropriate support from their local community and wider families. The views and support of the entire household were considered when assessing suitability for a shared lives arrangement.

The service carried out background checks on shared lives carers, including a health questionnaire, character references and a disclosure and barring service (DBS) check. This is a check of a person's criminal record to ensure applicants are suitable to work in caring setting. Records showed that where DBS checks revealed an offending history the service completed robust risk assessments to evaluate if the history posed a current risk to people living in shared lives arrangements.

Shared lives officers completed checks of shared lives carers homes to ensure the environment was suitable for shared lives arrangements. This included checks of cleanliness of the home to ensure effective prevention and control of infection. Records showed staff continued to monitor the environment on regular visits to shared lives arrangements to ensure infection prevention and control remained effective.

Following the assessment by shared lives officers, potential shared lives carers were presented to a management panel made up of board members from the organisation who had to approve shared lives carers. Records of the panel meetings showed the panel would scrutinise the assessment and recommendation reports of shared lives officers before approving applicants as suitable. In addition, where they felt it was appropriate they would approve shared lives carers with recommendations. For example, requiring shared lives carers to attend training, or specifying the type of person who would be suitable for an agreement. This meant the service had robust systems to ensure staff and shared lives carers were suitable to support people in a safe way that met people's needs.

The service had a clear policy regarding incidents and accidents. Shared lives carers told us they would not hesitate to inform shared lives officers if any incident occurred and they would complete incident forms when requested. Records showed the service took action in response to incidents and where appropriate updated people's care plans and risk assessments. We saw that where incidents recurred, or were more serious in nature the service would request the involvement of additional professional support to reduce the risks of further recurrence. For example, one person had not returned to their shared lives arrangement as

expected and had been reported missing. Records showed the service worked with the person and the shared lives carer to come to an agreement about communicating their whereabouts to the shared lives carer. Records showed this was monitored by shared lives officers to see if this had been effective.

## Is the service effective?

### Our findings

The provider had an innovative, person centred and holistic approach to assessing people's needs. People told us they were involved in having their needs assessed before they moved into shared lives arrangements. One person told us, "It [shared lives arrangement] has changed my life. I was struggling so much before. I met with [shared lives officer] and my social worker and talked about what I wanted. I'm getting better and better each day." Assessments completed ensured that shared lives carers were given clear information about people's current needs and support requirements, as well as information about their goals for the future. One shared lives carer explained, "[Person] is ambitious for her future. She loves her music and going out. So we knew that, we are learning all different music and going out all the time."

People's needs assessments were holistic and took into account their needs across their entire lived experience, including relationships, education, hobbies and interests as well as their care needs. For example, one person's assessment recognised the importance of their parenting responsibilities and ensured they were supported to maintain parental responsibility for their child. The latest feedback from services was that the support arrangements in place meant there were no longer concerns about their parenting skills.

Shared lives carers confirmed to us the assessments had led to care plans that enabled them to meet people's needs. One shared lives carer explained, "We had full information about [person] before the arrangement started. That was only part of it though, we took about a year to get to know each other first. They called it the matching and it meant we were both sure, on both sides, that it was a good move." People told us they knew about their shared lives carers before deciding to live with them. One person said, "We met and I got to choose if I liked them."

The provider's approach to matching people and shared lives carers was personalised and thorough. Records showed they considered the skills required by shared lives carers and drew up a shortlist for people to consider. People were then able to visit and get to know the different shared lives carers before making a decision about where they wished to live. The records were clear this process was decided by the person rather than the provider or the shared lives carers. Records showed the service had challenged one funding authority who had not wanted to offer people a choice of placements in this way to ensure people were offered a genuine choice.

One person had identified possible shared lives carer through their own support network, and the service had completed the assessments to ensure they were able to live in an arrangement of their choosing. Shared lives carers told us they were made fully aware that the final decision about arrangements was the person's. One shared lives carer said, "It can be really tough if the person decides they'd rather go somewhere else, but that's where we have to remember we are professional. The officers are always really supportive and explain how the person made the choice."

Staff and shared lives carers received exceptional levels of support and development opportunities to ensure they had the skills to meet people's needs. Shared lives carers told us they found the training they

received extremely useful and effective. One shared lives carer told us, "There are lots of opportunities for training. [Registered manager] always lets us know when there's a training we can go on." Another shared lives carer said, "They [staff] have given me much support and this has given me courage. There have been lots of trainings and I am learning so much." A third shared lives carer explained, "The training is top notch. They have the Wednesday workshops where we can talk things through. It gives us confidence to manage situations and know we are providing the best care." The 'Wednesday Workshops' were regular bespoke training sessions on specific areas such as the mental capacity act, safeguarding, or health conditions provided to shared lives carers. We saw the training given to shared lives carers had given them to confidence to support people to try new activities and take risks in the community.

The service had offered shared lives carers the opportunity to complete a recognised qualification called the Shared Lives Award. This was a level three qualification composing of two units about preparing for and having a shared lives arrangement. The independent assessor for this qualification had provided excellent feedback about the shared lives carers and their knowledge and skills. They had said, "The practice that I observed by the Better Together Carers was truly excellent and their dedication to their service users was inspiring. The communication practice that I observed was to a very good standard and the person centred practice put in to operation by them with their service users was a pleasure to see. It was very clear that the carers were well trained and well prepared for their roles and had an excellent understanding of how to offer their service users empowerment and choice in their lives. The way that they included their service users in their own family life was a testament to the way that the scheme has been set up and managed and the matching process has obviously been heavily incorporated and thought about for all service users and carers."

We also received feedback from Shared Lives Plus, the support organisation for shared lives schemes, confirming the provider took a personalised approach to training and offered shared lives carers training that would strengthen their skills for supporting the individuals they were in agreements with. This was clearly demonstrated by the provider. For example, one shared lives carer had attended training and awareness session regarding supporting people with visual impairment to ensure they were meeting the needs of the person they supported. Likewise, shared lives officers sought training opportunities that would increase the skills of the shared lives carers. One shared lives carer explained the benefits of this training, "The person who lives with us has diabetes, so I went on training with the dietician. We all eat so well now, and it's helped [another family member] as they also have diabetes. They count their carbs together and both have better control now."

Records showed the shared lives officers also completed training relevant to their role. One of the officers was completing a level 5 qualification in adult social care. Two of the officers were completing an assessor's qualification for health and social care. It supported the officers in their assessment of new shared lives carers, and in assessing the care certificate and internal quality standards. The registered manager told us this had clearly had an impact on how they performed their role. They said, "It's been a transformation in how they approach their work. They're both so much more confident in completing their work and supporting the shared lives carers. They can take things forward now which before they might not have had the confidence to do." Supervision records showed staff were encouraged to reflect on their learning and received positive feedback about the impact it had on their work. In addition, supervision records showed staff were offered support and development as well as practical problem solving on their caseloads.

People told us, and records confirmed they were involved in family life in terms of cooking and preparing their meals. One person said, "I help with the cooking, we take it in turns." A shared lives carer explained how they had learnt new recipes to ensure they could make meals the person who lived with them would like. Where people had specific needs in relation to eating and drinking, this was clearly recorded in their care

plans, and shared lives carers were provided with information and guidance from dieticians and speech and language therapists where this was appropriate. One shared lives carer explained, "The person we support doesn't always eat well. We have special build up foods to use if they won't eat, but those are as a back-up rather than the first thing to try. They eat better when we eat together, with our children as well."

Records showed the service had supported people and shared lives carers to develop strong and supportive relationships with other services involved in providing support to people. During the inspection we saw shared lives officers liaised with one person, their shared lives carer and a day service about the timing and appropriateness of a session. Other records showed shared lives carers were supported and encouraged to be actively involved with schools and colleges that people attended. Some of the people living in shared lives arrangements continued to attend school after they were 18 years old due to the nature of their educational needs. One shared lives carer told us, "At first I wasn't so sure about phoning up the school, but [shared lives officer] helped and now I'll ring them up myself and feedback to my officer. Sometimes [person] will tell me something happened at school and I need to check it out, and make sure we are all on the same page." This ensured that all services involved in supporting people were working together to achieve the best outcomes.

People told us their shared lives carers helped them to attend health appointments and manage their healthcare conditions. One person said, "They help me with the hospital. I have a lot of appointments and they help me keep track." Records showed shared lives carers were given detailed information about people's healthcare needs. Where shared lives carers supported people at appointments they provided detailed feedback to the scheme to ensure staff had up to date information about people's support needs. Feedback from a diabetes nurse captured in the care file showed the person's level of control of their diabetes had improved since moving into a shared lives arrangement. For people who had learning disabilities, the service facilitated liaison with learning disability nurses and ensured people had hospital passports and health action plans. These are documents that are considered best practice for adults with learning disabilities as they ensure all relevant health information is accessible in one place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in the community are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

Where people's needs assessments included information that suggested they may lack capacity to consent to their shared lives arrangement the provider sought appropriate assessments of capacity from qualified professionals. Where people were found to lack capacity to consent to their shared lives arrangements records showed the service applied best interests decision making principles and involved people's relatives, social workers and advocacy services to consider the best decision for the person. Care plans contained detailed information on how to ensure people were given the best opportunity to make their own decisions, including ensuring they were provided with information in the best format for them, at the right time of day and in the best environment. We saw where interpreters were required for complex information this was clearly captured.

The registered manager explained and records confirmed staff spent time explaining the operation of the MCA and its impact on supporting adults with shared lives carers. This was particularly important when shared lives carers were moving from being foster parents who had parental responsibility and decision making authority for the people they supported. The registered manager said, "It can be tricky, as the shared lives carers can be used to being a decision maker, and feel they should be giving consent, particularly around health matters. But we take our time, and go through it with them. Now I'm confident they understand it. We've even had shared lives carer phone us up and ask us to explain to a hospital consultant why they should be signing consent forms. That felt like real progress." Shared lives carers demonstrated they understood they could and should not consent to things on people's behalf. One shared lives carer said, "That [consenting] is not something we can do. Either the person understands well enough and does it themselves, or we ask the officers to involve social services and follow the process."

## Is the service caring?

### Our findings

People told us they found their shared lives arrangements caring and supportive. One person said, "I'm so happy here, I feel like part of the family." Shared lives carers demonstrated they understood the importance of providing a supportive, family environment to people and the difference it could make to people's emotional wellbeing. One shared lives carer explained, "We spent time getting to know [person] as a family. The whole family were involved and you can see the connection between us. She's got the emotional connections with each of us. My children have a bond with her that's really come out. They will make sure I'm doing things right. They love her."

Other shared lives carers told us they recognised that people moving into shared lives arrangements had not always had a positive experience of family relationships and part of their role was to support people to feel able to trust people trying to help them. This was reflected in the measured approach the provider took to matching people with shared lives carers before arrangements were confirmed. One shared lives carer said, "They [shared lives officers] make sure you've got the skills, not just that you've got room. We go and spend time with the person, in their spaces like the day centre. We join in sessions and really get to know each other. It means it really becomes a family thing. That can be a mixed blessing, I won't pretend I haven't had sleepless nights when [person] has really put us through it. But that's what happens with families."

We saw assessments and care plans included detailed information about people's emotional and relationship needs. This included where people needed support to maintain, and in some cases distance themselves from, relationships with their families. Shared lives carers were confident in supporting people with their relationships and recognised this was a key part of their role. A shared lives carer explained, "It's like with my other children, sometimes [person] needs support with their friendships. They are young and it can be difficult for them. We talk things through, sometimes it'll be issues with a boyfriend, sometimes a friendship group. It's part of becoming a young adult."

There was an open environment where people had felt confident to disclose their sexual and gender identity. The provider ensured people felt comfortable to disclose this to their shared lives carers and that shared lives carers were confident in providing the support people needed to feel confident in their identity. The registered manager told us one person they supported was currently accessing specialist services with the support of their shared lives carer to explore options regarding their gender identity.

Records showed shared lives officers met with people regularly to ensure their views were considered as equal members of the households where they lived. Shared lives carers told us they took time to ensure that all members of their households were involved in making decisions about shared lives arrangements and the care they provided. A shared lives carer said, "We decide on things to do together. For example, [person] wanted to get some new clothes so we went with my child. [Person] insisted it was only fair if my child also got clothes as well. Sometimes it feels like they conspire to make sure they both get their way."

People told us they had their own rooms and were given privacy when they wished. Shared lives carers demonstrated they understood the importance of respecting people's privacy. One shared lives carer said,

"Everyone wants time separately sometimes. [Person] particularly likes [television programme] that the rest of the household isn't so keen on. They asked if they could have a TV in their room so they could watch it in peace. We've got that sorted now and it means they can have time on their own, which is important for all of us."



## Is the service responsive?

### Our findings

In July 2017 we made a recommendation about ensuring reviews of shared lives arrangements included both people and shared lives carers. The provider had taken on board our feedback that care plans and reviews had focussed on the shared lives carers rather than people and had made changes to their systems to ensure people's experiences were also captured. People confirmed they were involved in reviews and this was now clearly captured in the records.

One person said, "We make plans. My plan is to help me move me on, we are thinking about moving on. I've got better. They've helped me get better." We saw people's care plans included details of their goals and the outcomes they hoped to achieve with the support of shared lives carers. These were personalised for each individual and varied. For example, one person's outcomes focussed on increasing their independence with dressing and referred to guidance from a specialist organisation that supported people with a particular diagnosis. Another person's plan focussed on developing their confidence, independence and English speaking ability with a clear focus on the impact this would have of their ability to perform their parenting responsibilities.

Records showed shared lives officers met with people and their shared lives carers regularly to review how arrangements were working and completed annual reviews where care plans and risk assessments were updated. These records showed staff monitored people's progress towards their goals and helped them to develop new goals. A shared lives carer told us staff communicated people's wishes to them in a kind and sensitive manner. They said, "One person decided they were ready to move on and they told the officer. It was difficult for me, but the officer supported us both. Now time has passed I can see they were ready and when we see each other I can see how far he's come."

Care plans contained detailed information about people's activities and routines. We saw people were supported to attend education and employment opportunities as well as go on holidays and trips with their shared lives carers. We saw photographs of people visiting the seaside, going to the zoo and on holiday with their shared lives carers. People and shared lives carers told us the provider also had opportunities for activities for them. The provider had recently hosted a picnic and people told us they had had fun. Shared lives carers also told us about Christmas events which they found enjoyable. They told us it was important to have shared activities with other people in shared lives arrangements to make sure they did not feel isolated. A shared lives carer said, "There's a social side to it as well, oh yes! It's a very nice vibrant time where we have Christmas dinners together, they also have picnic and lots of get togethers through the year which is quite nice. We get to come together and it's a nice social living. It's really really good and also arranging other events we can do together. That's quite nice."

People and shared lives carers told us they would raise any concerns or complaints with their shared lives officers, or directly with the registered manager if they felt they needed to. The provider had a clear complaints policy with details of the investigation process, timescales for response and how to escalate concerns if people were not happy with the resolution offered. The service had not received any complaints since our last inspection.

When we completed our inspection no one living in a shared lives arrangement was identified as approaching the last stages of their life. However, the registered manager told us they had supported people at the end of their lives within the last year, and one person had recently been seriously unwell and they had prepared the shared lives carers for the possibility of the person's death. The registered manager said, "It's important we think about it. It's a combination of supporting people to have a good death, but also making sure the shared lives carers and their families are supported too."

The provider had a comprehensive policy and procedure about supporting people at the end of their lives. This was based on the best practice guidance identified by the National End of Life Programme and provided clear guidance and structure for staff on how to explore people's preferences and ensure they were supported to live their last stages of life as they wished to. The registered manager recognised people found it difficult to talk about their end of life wishes, particularly in a formal meeting with officers and social workers present. They explained, "People are much more likely to tell their shared lives carers about things in a more informal way. We tell the shared lives carers to take the opportunities to talk about it when they present themselves. Often soap operas are a good starting point. People watch the soaps and their shared lives carers can chat about the storylines." They explained they ensure this feedback is captured and available for when it is needed. We saw one person had started to tell their shared lives officers what they wanted to happen in the event of their death and this had been captured clearly.

## Is the service well-led?

### Our findings

People and shared lives carers spoke very highly of the service and the registered manager. A person said, "I like to chat with [registered manager], she knows what is going on." A shared lives carer said, "[Registered manager] is good. We respect her. She listens to us as makes changes."

The service had become an independent not for profit company during the year prior to our last inspection in July 2017. The company board consisted of representatives of the local authority, a staff representative, a shared lives carer and other people with relevant business experience. Board meeting minutes showed the registered manager promoted the experience of people and shared lives carers to the board and ensured a person centred approach to service development which was unique

For example, the registered manager had proposed and championed changing the articles of the company to allow a bonus payment and pay rise for shared lives carers. Their commitment to equality shone through the outline proposal and meeting records. They had completed a consultation about how to structure a pay rise for shared lives carers. This had considered the impact of a percentage or set banding increase. They had explored that a percentage increase would increase the discrepancy between shared lives carers who supported people with lower physical support needs and those who had higher physical support needs. The registered manager told us, "It's important we show we value all the shared lives carers; just because they don't have such high physical support needs doesn't mean the shared lives carers aren't providing support. The emotional impact of supporting someone through a mental health crisis has to be considered too. The current funding structures didn't do that, and I think it's important we move to a system that does."

The traditional model of shared lives arrangements views them as aimed at supporting adults with learning disabilities. Although the majority of people in the service were adults with learning disabilities, the registered manager and staff team had worked with a range of referring teams to ensure shared lives arrangements were offered to anyone for whom they would be suitable. This is in line with Shared Lives Plus' aim of broadening the scope of shared lives schemes. As a result of this outreach and engagement work the service supported people with a wide range of needs, including older adults, people with physical disabilities, survivors of domestic violence and people who had previously been homeless. One person told us, "I was truly struggling before [I moved to shared lives]. I'd been trapped in a hotel. It has worked out very well." The registered manager told us they had been asked by other shared lives providers, and local authorities they had contact with to support them in developing their referral pathways to broaden the accessibility of their services.

The registered manager explained expanding the different types of people who lived in shared lives arrangements was not without challenges, particularly when referring agencies had not yet fully understood the nature of arrangements. They said, "It can be tricky when they [referring agencies] start to see you [Newham Shared Lives Scheme] as somewhere that can deal with all their 'difficult to place' people. We've had to push back. The way to phrase it is to ask the referrer if they'd be happy to have the person in their home. If they [referrer] aren't then the person probably isn't ready for a shared lives arrangement. People have to be in a place where they can respect the home environment."

The values base of the organisation was clearly understood by all the staff, people and shared lives carers and was seen as being driven by the motivation of the registered manager. A member of staff said, "We're person centred. It sounds so easy to say but it really means something here. It's not just making it look nice but actually making sure it's right. It's the phone calls, visits, when things actually change for people. That's driven by [registered manager]. She wants it to be right for people, and you can see that influences the shared lives carers."

The service had taken a user-led approach to developing and refining the values and goals of the organisation. The four main priorities had been agreed in 2017 to be building the business, person centeredness, delivering excellence and being innovative. These four priorities formed the basis of each staff member's appraisal and development plan. There were organisational and personal development milestones in place, with key measurements and indicators of success.

In March 2018 the service had held a planning day with shared lives carers, staff and people to review progress and further develop the organisation. The day had focussed on the different aspects of the service and what being a good organisation meant for people, staff and shared lives carers. The day had been well attended and continued with the use of person-centred planning tools used for service development which we had seen on our last inspection. The day resulted in a list of things to celebrate that they were doing well as well as a list of priorities for things to address.

One of the main issues was the lack of representation of people who lived in shared lives arrangements on the board of the company. The registered manager had set up a people's board, and we saw people had been invited to attend its first meeting. One person said, "I've been invited to be on the people's board. I'm looking forward to being involved." The registered manager said, "It will be a slow process getting the people's board working well. It's a very mixed group and we need to make sure everyone understands what is going on. I strongly believe it's better to do it slowly and well, than quickly and it end up being tokenistic." There was a clear strategic plan to develop the organisation, building on its membership structure to ensure the organisation worked for the benefit of shared lives carers and people in shared lives arrangements and that they were genuinely involved in steering the direction of the organisation.

Another issue that was raised from the shared lives carers was the issue of their leave entitlement. Under the previous governance structures there had been limited flexibility in how shared lives carers could take this leave. The registered manager consulted with shared lives carers and agreed changes to the leave policy which increased flexibility. A shared lives carer said, "They asked us what we thought and we said, at first they made an offer and we asked for a bit more, it was reasonable and they accepted it. That's the real difference, [registered manager] listens and then does something about it."

Shared lives carers and staff told us the provider was organised. Systems had been introduced to make it easier for shared lives carers to receive payments. Previously they had had to submit individual invoices but now the registered manager coordinated this. The registered manager explained, "Now we are independent of the local authority we can take on the risk with late payments. As a company we can arrange funds regardless of whether or not we have been paid by the local authority. I've switched it around so the shared lives carers just had to check I've got my sums right through remittance rather than them having to do an invoice." Shared lives carers confirmed this was better for them and made them feel the organisation was well run.

The registered manager completed audits of files and records to ensure the quality of the service. They produced regular reports both to the funding authorities and to their board. Board meeting minutes showed the board held the registered manager to account and ensured decisions made were in the best interests of

the service. Performance reports were closely scrutinised and variation from targets and projections was explored in detail. There was clear scrutiny of decisions about budget allocations and future developments of the service to ensure the business was sustainable. For example, we saw the registered manager had to explore various options and present them to the board before investment in information technology systems was agreed. Likewise, the board had recognised the previous challenges to the registered manager's work capacity and had agreed re-deployment of a member of staff following the end of a contracted piece of work. The board had previously commissioned Shared Lives Plus to complete an organisational review called a 'health check.' Records showed the board had monitored progress on completion of the related action plan.

Shared lives officers completed regular home visits where they checked the quality of support and records in place within the shared lives arrangements. People told us they could tell shared lives officers if they had any concerns. One person said, "[Shared lives officer] from the office comes and checks it's going OK. I can trust her absolutely and I would tell them if I wasn't happy and we would talk about it." The registered manager monitored the performance of shared lives officers to ensure checks were carried out regularly and any actions required were completed.

The registered manager was chair of the London branch of the Shared Lives Plus network. The service also paid the membership costs of all shared lives carers so they could access the independent support of shared lives plus should they need it. Shared lives carers told us they valued this. One said, "It's really reassuring to know we can go to them if we need to." The registered manager also attended the local registered manager's network facilitated by Skills for Care. They said, "I really value the networks I attend, there's the shared lives focussed ones, and the local area ones and registered manager specific ones. It's really important to make the time to go to them. It keeps you up to date." We saw information from these network meetings was shared with the staff team during regular staff meetings. The registered manager explained they had been able to see different information technology systems in use through the networks and this had helped them decide which system to recommend.