West Sussex County Council

Shared Lives Scheme

Inspection report

Burnside, Victoria Road
Burgess Hill, West Sussex RH15 9LH
Tel:01444 254463
Website: westsussex.gov.uk/living/shared_lives_scheme

Date of inspection visit: 15 August 2014
Date of publication: 30/01/2015

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place on 15 August 2014 and was an announced inspection. 48 hours' notice of the inspection was given because we needed to be sure that the office was open and staff were available to speak with us.

In **Shared Lives**, an adult aged over 18 years who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered Shared Lives carer. Together, they share family and community life. In many cases the individual becomes a settled part of a supportive family, although Shared Lives is also used as day support, as breaks for unpaid family carers, as home from hospital care and as a stepping stone for someone to get their own place. Shared Lives carers and people they care for are matched for compatibility and then develop real relationships, with the carer acting as 'extended family', so that someone can live at the heart of their community in a supportive family setting. In excess

Summary of findings

of 130 people were supported by registered carers in the scheme. Shared Lives carers are supported and managed by staff employed by the Scheme. There was a registered manager for the Scheme . A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were able to make day-to-day decisions, with support if they needed. They were protected from the risk of abuse because staff and carers were appropriately trained and knew what action to take. Risks were managed in a way that promoted people's independence. The staff undertook appropriate checks on carers and staff before they were recruited. Carers, who have adults to live with them in their family homes, were supported by staff through regular monitoring visits and reviews. Medicines were ordered, administered, stored and disposed of safely. There were appropriate checks in place to ensure that medicines were handled in line with legal requirements. One carer told us, "We administer their medication as they can't read or write, so would struggle and there has to be accountability".

People had annual health checks from health care professionals and had health action plans and hospital passports were in place. Food and nutrition was managed in a way that took account of people's food choices, likes and dislikes. Staff received essential training and were also encouraged to study for additional qualifications or training that was specific to people's needs, for example, autism or epilepsy training. Carers also received regular training and said that support and training was readily available. New carers underwent rigorous assessment and checks before being 'matched' with people who needed support.

People told us how they enjoyed their lives and loved the carers who looked after them. Their cultural needs were taken account when they were matched with potential carers. They felt able to express their views and were involved in decisions affecting them. One person said that they enjoyed shopping, buying clothes and cooking with their carers. Some people were looked after by their carers as they came to the end of their lives and were supported to receive treatment and be cared for in their carer's home.

When people had complaints, these were dealt with in a sensitive way. They had the right to change their agreement with shared lives and move on to become more independent. Carers were carefully vetted before providing support to people and the referral process was managed sympathetically and at a pace that people felt comfortable with. People had contact with their relatives and were supported to stay in touch.

People were involved in the development of the Scheme and their views were sought. They were able to feed back their views on their carers and were supported to do this by shared lives staff. Carers were encouraged to meet together informally to share their views and formal meetings were also organised that included shared lives' staff. Staff felt supported by management and were positive and enthusiastic about their roles. The registered manager linked with other shared lives managers across the south east region and worked in partnership with statutory agencies. The Scheme had received a runner's up award in the Council's 'Making a Difference' award. A carer said, "I can always get hold of someone, there's always someone on duty and, if needs be, they'll get a message to your keyworker. I can't fault them".

Summary of findings

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.

Good

People were supported by carers who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected. Carers were vetted and checks undertaken to ensure they were safe to support adults.

People's care records included support plans and risk assessments were in place as needed.

Medicines were managed, stored and administered and safely by carers and audits were undertaken by the pharmacy and the scheme.

The service met the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions was routinely assessed and reviewed. Where people were assessed as not having capacity, decisions were made in their best interest and protected their rights.

Is the service effective?
The service was effective.

Good

People were supported to maintain good health and had access to a range of healthcare professionals.

Food and nutrition was monitored by carers and people's likes and dislikes were taken into account.

Staff received a comprehensive induction when they joined the scheme and received training in a wide number of areas. They organised training for carers.

The scheme had a rigorous assessment process before carers were 'matched' with people who needed support.

Is the service caring?
The service was caring.

Good

People were very positive about the families they lived with and were encouraged to participate in the community.

People were able to express their views and participate in decisions that affected them, with support if required.

People receiving end of life care were able to stay with their carers and receive treatment and care in the home.

People were supported to express their views and make decisions. One person had been supported by an advocate to make a decision about moving house.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received personalised care. They were carefully assessed and matched with carers to ensure the family and home were a good match.

People felt that their complaints were dealt with appropriately. Carers also felt that complaints or issues they had were dealt with swiftly.

People were encouraged to maintain contact with their birth families.

Carers felt supported by shared lives staff and said there was always someone available when they needed help or support.

Is the service well-led?

Good

The service was well-led.

People felt they were involved in developing the service and at every stage of the referral process. They were encouraged to feed back their views about their carers.

Carers gave feedback through questionnaires and carers' groups were also set up, both formal and informal, where people could get together and share ideas or concerns.

Staff knew about the whistle blowing policies and procedures and who to contact if they had any concerns.

The scheme worked in partnership with other agencies and had received an award from the Council.

Shared Lives Scheme

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question, 'Is the service safe?' to 'Is the service effective?'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

At this inspection, we visited the Shared Lives office, Burnside day centre and the family home of a shared lives carer. We looked at how the Scheme was managed.

The inspection was carried out by two inspectors. Telephone interviews of carers or people were undertaken by an expert by experience in learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and highlight what the service does well.

On the day of our inspection we met and had brief conversations with five people who used the service. People were unenthusiastic about talking at length with us as they were involved with activities at the day centre. We also talked with three members of staff including the assistant manager and visited the home of one shared lives carer. We also conducted telephone interviews with a further ten shared lives carers after the inspection. We received feedback from health and social care professionals at Sussex Community NHS Trust and West Sussex County Council. We read records related to the running of the service and ten records related to people's individual care and support.

Shared Lives (West Sussex) was last inspected on 4 December 2013 and there were no concerns.

Good

Is the service safe?

Our findings

Capacity assessments were undertaken for people as part of the admission into the Shared Lives Scheme. The assessments evaluated whether people had the ability to make decisions. The assistant manager told us that reviews were currently underway to update the initial assessments..

Where people had capacity, they were able to make day-to-day decisions, either independently or with support. If people lacked capacity, then a formal meeting was held to ensure a decision was made in the person's best interest. This 'best interest' meeting included professionals, relatives and carers to make a decision on someone's behalf. People were also referred to an Independent Mental Capacity Advocate (IMCA) for more significant health decisions.

We saw information about capacity for one person which explained how they could be supported to make decisions about their care and what should be done if they were unable to make an important decision. This included having a 'best interest' meeting. For example, one assessment that had been completed for a person who wanted to go on a holiday, but did not want to fly. As there were financial implications, the Financial Adults Safeguarding Team (FAST) at West Sussex County Council had been involved in the decision making process. One carer told us, "His finances are managed by FAST, but we manage his day to day spending money. If he's doing a specific activity, he's given the money for it and it's all recorded." This meant that decisions made with and for people protected their rights and sought positive outcomes.

Risks were managed in a way that promoted people's independence, whilst minimising restrictions on their freedom, choice and control. For example, one risk assessment referred to, 'safe handling of bank card and money'. The identified risk was that the person did not have capacity to manage their own finances and that they had an appointee to take charge of their financial affairs. A carer said, "Risk assessments are looked at and if something crops up, we let the scheme know and we work out how to deal with it. We have action plans, so have goals to aim for with the guys."

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The scheme operated a 'traffic light system' for DoLS, where people's needs were assessed as 'no need', 'priority need', 'medium' or 'low need'. This determined whether people needed to be re-assessed following DoLS guidelines within the code of practice. One person's care record stated, 'I want to keep as much independence as I can. I want to be able to say where I want to live and I want to be involved in any changes in my life where possible.'

Shared lives carers received training on safeguarding adults which was delivered by shared lives staff. Carers knew what action to take if they suspected abuse was occurring or if the people they cared for reported abuse. Staff who supervised carers also confirmed that they had a good understanding of the different types of abuse and what action they needed to take. Safeguarding concerns were investigated by the local authority and fed back to an independent Shared Lives Panel. A member of West Sussex County Council's Learning Disability Service provided feedback and stated, 'Matching takes into accounts carers' skills and compatibility with other customers [people]. Carers are trained and know what to do in relation to any safeguarding concerns . . . The scheme has taken action in the past when there has been concern about the conduct or capability of carers.' People who used the scheme were protected from the risk of abuse because their carers understood how to identify and report safeguarding concerns.

A carer said, "The scheme is spot on. They train you and give you back-up whenever you need them. We have access to out of hour's telephone numbers, there is lots of liaison and proper planning to ensure a good match." Carers underwent a robust assessment process prior to being matched with people. References and were obtained and all necessary checks, including criminal checks, undertaken in line with safe working practices. Carers received continuous and ongoing support from shared lives staff with regular visits and reviews.

Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in carers' homes. However, medicines were locked in cupboards in carers' homes and carers were trained in medicines administration. A database was kept by the Scheme which showed who had been prescribed controlled drugs and how these were administered and monitored. One carer

Good

Is the service safe?

said that the people they supported were able to self-administer their own medicines safely and that they collected their prescriptions from the pharmacy. They described how the scheme checked Medication Administration Records (MAR) and that the pharmacy also undertook audits in people's homes. They said, "One of them takes epilepsy drugs, but they take them independently. We just have to organise the prescription for them". Another told us, "The medication is stored and locked in a medicine cupboard and everything is recorded together with the person". The Scheme had a medicines policy in place which was read and understood by staff and carers.

Good

Is the service effective?

Our findings

People were supported to maintain their health and received annual health checks from their own GP. They had access to other healthcare professionals such as community liaison nurses and hospital staff. Staff and carers supported people through health action plans and hospital passports. Health action plans provided information on what people needed to stay healthy and any help and support they might need. Hospital passports provided hospital staff with important information about the person and their health should they be admitted to hospital. People were involved in monitoring their own health and, with their permission, had their weight recorded and checked. Care records confirmed this, for example, we saw that one person had visited their GP, seen a diabetic nurse and had a blood test.

Food and nutrition formed part of people's support plans and risk assessments. People's food preferences, likes and dislikes were recorded in the care records. Carers provided people with a well-balanced, nutritional diet. Some people required special diets, for example, gluten free or diabetic, and advice was sought from the dietician, speech and language therapist or other healthcare professional. Carers told us that people with special dietary needs had their needs met. One person's support plan stated, 'I absolutely love cheesecake and will always choose this if the menu is read out to me'. People were able to choose what they wanted to eat and were supported to eat sufficient quantities. One carer told us, "We now know that if he's only eating little mouthfuls of food, it's because he doesn't like it, but he wouldn't say". This carer knew the person well and was able to adjust food choices in line with the person's preferences.

Staff told us about their induction which comprised essential training such as safeguarding, medicines, moving and handling, food hygiene, risk assessments, dementia and learning disability. Staff shadowed their colleagues on visits to families to provide support. They were familiar with the policies and procedures of the scheme. Staff were encouraged to study for further qualifications if they were needed, for example, one was in the process of completing a National Vocational Qualification Level 5 Diploma in Health and Social Care. Supervisions were undertaken with staff every four weeks; they felt supported by their managers and discussed their work caseload and targets.

People who used the Scheme were supported by staff and carers who understood their needs and could support them effectively. Staff had ongoing and refresher training and also delivered training to carers in areas such as safeguarding adults, infection prevention and control, fire safety awareness, food hygiene and safety, nutrition and hydration, mental health awareness, first aid and mental capacity. Training was also available through the Learning and Development Gateway, a portal provided on line by West Sussex County Council. Carers confirmed to us that they had received regular training. They were required to sign up to a training agreement. Training was also arranged for carers about people's individual needs, for example, in positive behaviour support, autism and epilepsy. For example, staff told us, "Carers are encouraged to take dementia training, even if the person is not at risk, as awareness is good for the wider community." A carer said, "I did all the mandatory training and every six weeks my support worker is on the ball making sure I'm ok" and added, "I do get everything I need for the job".

Carers supported between one and three people. One told us, "This is a very unique job and I couldn't calculate the hours we put in and you have to really enjoy it. We take the rough with the smooth, overall it's very fulfilling."

Potential new carers were assessed by the scheme and, once accepted, were 'matched' with people who needed short or long-term support. The assessment process through to acceptance could be a lengthy process as the scheme took account of people's needs, wishes and preferences and the lifestyle of the families who applied. A pictorial guide was put together by families so that people could see where they might stay, photos of family members and pets. Meetings were set up and trial visits arranged so that people and families felt comfortable with each other and got to know each other better. This helped ensure a good match was made and people were placed with carers who could meet their needs and support them effectively.

Good

Is the service caring?

Our findings

People were carefully matched with potential carers and their cultural needs were taken into account. For example, one person wanted to go to church every week and was matched with a family who were church goers too. Staff said, "The best thing is …when you're matching people to placement and seeing their lives change and their independence growing, with such loving and professional people." One person described to us how they spent a typical day, that they had enjoyed playing cards at the day centre and had lots of friends. They talked about a holiday they spent on the Isle of Wight and talked about their carer very positively. They liked to help with housework like washing-up and cleaning their own bedroom. They felt that they were involved as part of the family.

People were overwhelmingly positive about the carers they lived with. They were visibly enthusiastic as they talked of their holidays, their social outings and family pets they loved. A carer told us about the person who lived with them, "We love him, he's one of the family". It was clear that caring and loving relationships had been established and we saw that one long-term placement had existed for over 20 years. Other people moved on to college, for example, but many stayed in touch with the families they had lived with. A care record included the future plans of one person and stated, 'I want to continue to live in my home as long as possible. I find meetings very distressing nowadays as I always think that I am going to have to move on'.

People were supported to express their views and to be involved in decisions that affected them. For example, one person was supported by an advocate when the carers were moving out of the area, to decide whether they wanted to move with them. Staff told us, "It's providing personalised care to the customer. They are living such fulfilling lives and able to make their own decisions. They flourish because they can take risks and be supported". In the PIR the registered manager stated, 'The service user is at the centre of the service, we promote personalisation, ensure service users personalise their own private space, support service users to maintain safe relationships and include service users with the service's recruitment process'. People's records were kept confidentially at the Scheme and held on a dedicated drive on the computer so only staff had access to people's personal details. We were told that no personal information was shared in emails or other insecure way.

Some people who were coming to the end of their lives continued to stay with their carers and were treated as part of the family. Carers had been supported by specialist staff from St Barnabas, a local hospice. The Scheme had a policy which stated, 'The scheme will ensure the customer is able to receive treatment and care and to die in the home, unless there is a medical reason for an alternative setting or agreed otherwise in advance of the placement agreement. We will ensure that shared lives workers and shared lives carers deal with ageing, illness and the death of a customer with sensitivity and respect'.

Good

Is the service responsive?

Our findings

People told us that they had lots to do, for example, one said that they were helping out at a disco to be held at the day centre that night and were looking forward to signing people in at the door. A carer said, "They have things they do most days, the Gateway Club, working at the garage, bowling, going out to the pub and we support them to work towards things". Another person had a gardening job and enjoyed DIY. Some people were able to have travel training which enabled them to travel independently.

People's complaints were dealt with in a sensitive way. For example, one member of staff said they might, "Meet customers [people] for coffee and talk through situations". They told us how they had supported one person who had made an allegation against a volunteer. This allegation was resolved effectively and sensitively. Whilst there were not regular face-to-face meetings between staff and people, staff told us that there were always opportunities to meet up if the need arose. People had the right to end their shared lives agreement and the scheme would support them to move on to where they wanted to be, for example, to develop their independent living skills. A carer could not think of any complaints they had needed to make, but said that if they did, "I would ring [Shared Lives] and it would be sorted". There was a complaints policy and procedures in place and complaints were recorded, together with the outcomes.

Complaints from carers and people they supported were investigated and dealt with in a timely fashion. A carer told us, "We get lots of support and [name] is our shared lives link worker, who we can contact any time and checks in with us regularly. The shared lives office is based at the day centre so people can access and speak to workers there regularly. We have the telephone number up on the wall here for the guys if they need it at any time too". An Independent Shared Lives Panel also considered complaints or concerns.

Social workers provided the initial assessment of people needs , and worked closely with the Learning Disability Service, before they were referred to the Scheme. Discussions would take place about the suitability of the carer and their home and were personalised to the person being assessed. Initial risk assessments were carried out prior to referral and referrals were discussed at team meetings. A member of shared lives staff would make an informal visit to the family and undertake a 'provider assessment'. Potential carers would meet with the person in a place that was comfortable for both to make arrangements for a trial visit if appropriate. There was a six week introductory period which could be terminated by the carers, person or the Scheme. Staff told us, "Everyone's listened to, not just the person, but also the shared lives carer's family. We're good at working through issues in the first six weeks". Expectations on both sides were explored and discussed, for example, house agreements and rules. A rule might be a communication to a person, for example, 'Don't pull the dog's tail'.

A carer told us, "To start with you get a profile of the person and their care plan. All the ins and outs about their needs. Then they come over for dinner and an overnight stay. There are meetings in between to see that we could support the person properly and we have to make sure we can accommodate their interests and that we all got on".

Equality and diversity was integral to the scheme and played a large part in the assessment process. The scheme recruits a diverse range of carers, valuing people from all walks of life. People were communicated with in an accessible way and this would depend on their needs and preferred method of communication. If needed, the scheme could consult a speech and language therapist to create a communication passbook that people could use on a daily basis. One person we met showed us an example of this which detailed their hobbies, what they liked to do and their favourite television programmes. A carer told us, "Every six weeks the shared lives link worker comes to visit to check out all is well and to give us any updates like training, paperwork, so if we have any issues we can raise that at the time. There's also an annual review where all care plans and other paperwork is checked. X isn't really involved in any of this as he's not really interested, but he does have a review at the day centre". We saw records of one person's care plan review which showed that the person, carers, relative, community learning disability team nurse and staff had attended. The review confirmed that the learning disability psychologist had also been seen and the person was asked what they thought was good about living with their family who said 'I love it here'.

Carers told us that people had contact with their birth families. One said, "They all have lots of contacts with their families and are now able to catch trains and meet up with

Good

Is the service responsive?

them too. They are all able to use their mobiles and house telephone". Another carer said, "Where they live the neighbours are friendly, so they feel as though they are part of the community … it all just ticks over well".

Good

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought throughout the referral process. People were encouraged to be as independent as possible and had developed strong links with their local community. They were supported in this by their carers and by staff at the scheme.

People were encouraged to feed back their views about their carers and a pictorial feedback form had been recently launched. One form stated, 'They [carers] always ask me what I want' and another, 'They always ask me how I feel'. The registered manager had plans to build in more visits to observe interactions between people and their carers, to ask more people what they thought about the care and support they received. They would also enlist the support of speech and language therapists in this process and had asked a member of staff to be the 'communication champion' to improve communication with people who had a learning disability.

Carers were also asked for their views via questionnaires and these evidenced that carers felt well supported. One response was, 'Very good, open, honest, friendly and caring. I trust her and I know I need to be honest with her to have her support. I find her very helpful'. The questionnaires also provided feedback from relatives about the person who received care and support. 23 completed questionnaires were returned. One response was, 'They have done a very good job and I don't think they can improve their service'. Another said, 'We have waited for a long time for the 'right move' for her and it has been well worth the long wait – long may it continue'. Shared Lives was put forward for the Council's 'Making a Difference Award' and was a runner up. Local authority staff voted in favour of the scheme because of the way it was managed and run.

Carers' groups were set up so that they could meet together informally without shared lives staff being present. Any issues could be flagged up with the registered manager of the scheme who would respond. Some carers had formed their own separate networking group and this had been supported by the registered manager. Carers could also attend formal meetings organised by the scheme which were held either quarterly or bi-monthly. This provided an opportunity for carers to share positive experiences and concerns in order to improve the service for people.

The Scheme recorded accidents and incidents on a database and this identified any patterns which the management could then take action on to prevent future occurrence. A duty system was operated by staff by the Scheme, so that carers could raise any issues promptly, even at weekends. Carers were monitored by staff and monitoring visits were undertaken every six to eight weeks. The Scheme undertook an annual care review which contained feedback from families, social and health care professionals. As part of the review, the Scheme looked at demonstrating the ethos of the shared lives model. There was a quality assurance policy in place. Quality assurance was undertaken using a variety of methods, including monitoring and visits to carers' homes, direct observation, internal and external audits. Auditing visits were organised with carers and checks undertaken on medication records, risk assessments, support plans and finances.

Staff knew who to contact if they had any concerns and they were aware of whistleblowing procedures; all staff felt supported to do their jobs well. One felt that "Working within social care and the high demand, prioritising the work", was a challenge and another said, "Paperwork, time to do things". The registered manager stated in the PIR that they, 'Support the Shared Lives staff and carers through times of change and the financial pressures upon the Council, building upon resilience and finding creative ways to work'. Staff demonstrated that they had a very positive attitude and it was obvious to us that they cared about the people and carers they supported. One staff member told us that the manager was always available and felt that staff "could be themselves". Team meetings were held every two weeks and we saw the minutes of these. New social workers were also invited occasionally, as were nurses, to share information about the scheme. This meant that people would receive consistent and appropriate support.

The scheme followed the values set out in the government's 2006 White Paper, 'Our health, our care, our say'. This was the government's plan for improving the lives of people with a learning disability, their families and carers. To achieve its aims, the scheme encouraged and enabled people to choose where and with whom they lived.

Good

Is the service well-led?

The assistant manager told us that the scheme wanted to develop their short break and respite services, for example, reciprocal arrangements between carers, "Staying at a friend's house rather than go to an institution". The scheme had identified an area for development with mothers and babies and links with fostering.

The registered manager linked with other Shared Lives scheme managers across the region, attended meetings and carers also sent representatives. This encouraged learning across different Schemes to ensure the best possible service for people.

The Scheme worked in partnership with other agencies, for example, with Sussex Community NHS Trust. One healthcare professional wrote, 'As a team we have supported people from Shared Lives with their medical appointments in hospital and help to plan for any in-patient stays. We have always found the carers to be very responsive and caring towards the person they are supporting'. A carer told us, "You couldn't improve it really. We also have lots of liaison with other professionals too. Reviews are held regularly which everyone gets involved in, but they do them a bit separately too, so we as carers have our own too. They also review the reviews and it's all working much easier now". Another said, "This is an excellent service and they are an excellent team. They have made a big difference to people's lives to keep them safe and independent