

Coventry City Council

Shared Lives Scheme

Inspection report

1a Lamb Street
Coventry
Warwickshire
CV1 4AE

Tel: 02476785339

Website: www.coventry.gov.uk/sharedlives

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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

This inspection took place on 20 June 2017 and was announced.

Coventry Shared Lives is a shared lives placement service, which recruits and supports paid carers to provide family based placements for adults with a range of learning disabilities, mental health, older people, physical and sensory impairments within the carer's home. Placements can be long-term with the adult living with the carer as part of their family, or as respite care. There were 46 shared lives carers employed at the time of the inspection and 66 people placed.

There was a manager in post who was in the process of registering with us to become the registered manager. 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 and associated Regulations about how the service is run.

People told us that they felt safe in living in their shared lives home. Shared lives carers told us about how they kept people safe and looked out for any potential concerns. People had spoken to their shared lives carers and plans showed the steps needed to take to ensure people were at low risk of harm or injury. People who had support with their medicines had them administered when needed, with staff who were trained and competent to do so.

The shared lived carers received training to ensure their skills and knowledge reflected the needs of the people they cared for. The shared lives officers received the same training to enable them to supervise and support them. Where people needed support with their meals they told us they were happy that they had a choice or joined the family meal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they attended healthcare appointments as required and were pleased that their shared lives carer would help arrange and attend with them.

People enjoyed living with their supported living family and were pleased that they had personalised care and support from shared lives carers they knew and trusted. People were involved in their shared lives family and spent time with them both at home and out and about. People's privacy and dignity were maintained and shared lives carers offered support and guidance when needed to the people they cared for.

People had been involved in developing and maintaining their views and decisions about their care and support, which had been recorded and updated regularly. People knew how to make a complaint and information was provided to people who used the service should they wish to raise a complaint.

People and their shared lives carers felt the office team and manager were accessible and could speak with them to provide feedback about the service or obtain support about people in their care. There were regular checks completed to monitor the quality of the care that people received and to action where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Shared Lives Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 20 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a community based care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who used the service and four shared lives carers. We spoke with two shared lives officers and the manager.

We looked at three people's care record, including their medicine records, the meeting minutes of staff and people who used the service and shared lives carers. We looked at an overview of incident forms, activity schedules, three monitoring sheets that review people and their carers views and experiences along with quality audits that the manager and provider had completed.

Is the service safe?

Our findings

People told us they felt safe living in the home as part of the Shared Lives service. The office staff and the shared lives carers understood their responsibility to safeguard people from the risk abuse and how they would report concerns. The manager showed us two examples of how action had been taken to support a person where concerns had been raised. There were clear written policies available to office staff and carers for the provider's vulnerable adult's procedure. Shared Lives carers told us they had raised concerns in the past following conversations with people that had led them to believe a form of abuse had taken place. They said they had felt listened to and supported. The provider helped to keep people safe from abuse by encouraging and supporting people, staff and shared lives carers to report concerns as soon as possible.

Shared lives officers, along with people they supported looked at the areas in their lives that may put them at risk, for example, if people needed support with work or social outings to maintain their safety. These were discussed with the shared lives carers and individual risk assessments were recorded to help to keep them safe by detailing the support need.

Shared Lives carers had been through a recruitment process that involved an assessment of them and their home. The assessment included a full employment history, references from previous employer, and medical and personal references. DBS checks were also carried out. Potential shared lives carers were interviewed by a panel before being approved to provide placements in their home.

People who had been referred to the Shared Lives service for placement were then 'matched' to a shared lives carer. The process was completed over a number of meetings, visits to the potential home and a plan of overnight stays. This was done to ensure the person and the shared lives cares would be a suitable match and the opportunity to say if the placement was not suitable.

People we spoke with told us they able to access their own medicines or their shared lives carers provided them. People's support with their medicines had been individually assessed and documentation was clear to show people were either independent taking their medicines or needed prompting and reminding only. People's medicines were reviewed by shared lives officers and the manager as part of the quality monitoring of the service. This showed people had received their medicines as expected.

Is the service effective?

Our findings

People told us that the shared lives carers understood their support needs and knew how to help them in the right way. Shared Lives carers felt the support and training they were offered was good and frequently reviewed and updated if needed. The manager made the Care Certificate available to new Shared Lives carers and were given the training necessary to carry out their role. An annual review was held, reviewing the previous 12 months achievements and areas for improvement if any. The manager had based these reviews around the CQC five key questions.

Shared lives officers, were supported in their role by receiving regular one to one supervision with their manager. This was an opportunity to discuss their role, how they were performing and any further support or training they may require. Shared lives officers told us they had access to all the training required to be able to carry out their role well and the same training as the shared lives carers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People told us they had provided their consent for decisions about their care, day to day routines and preferences. Shared lives carers understood people's right to choice and told us they respected people's decisions. Where people were unable to make decisions themselves, they were supported by family and advocates to make decisions that were in their best interests. People were supported by the manager and other professionals when a best interest decision had been made, for example medical treatment.

People told us they chose when and what they wanted to eat and where they wished to go shopping with their shared lives carer. People were supported with healthier eating depending on their needs and one person told us they were particularly pleased with how this had improved their quality of life. People also had meals with their shared lives families.

People we spoke with told us they were able to access support from medical and social support within their local area. The shared lives carers worked closely with people and their GP if people need support with appointments. People who needed additional support with visiting community professional were supported if needed.

Is the service caring?

Our findings

People we spoke with told us the Shared Lives service was good and they were very happy to be living with their shared lives carers. Some people had been living with their shared lives carer's for many years so they knew each other very well. One person told us, "I get on well with everyone in the house".

People told us how shared lives carers got to know them and included them as part of the family. They also told us about where they had been invited to family holidays and important family events. People told us their own family and friends had been welcomed and involved with their home and shared lives carers. Shared Lives carers and officers told us for some people it was important to encourage and support people to stay in touch or make visits to their own families on a regular basis.

The shared lives carers we spoke with told us they cared for people as part of their family. People we spoke with told us they were encouraged to take part in their personal care, where they were able to do this, so that their independence was maintained. People told us they were respected and their rights to privacy upheld. People had their own bedrooms and were able to spend time on their own if they had wanted.

Shared lives carers spoke respectfully about people when they were talking and having discussions with them and were inclusive in their conversations. Shared lives carers had an in-depth knowledge of the people they cared for. This included their routines, preferences and how they spent their days. People were supported in personal relationships and were provided with advice and guidance about how to maintain their privacy in and out of the home.

People had met regularly with their shared lives officer to talk about how they were getting on in their Shared Lives home. The shared lives officer's told us they got to know each person well and formed good working relationships with the people and shared lives carers.

Is the service responsive?

Our findings

People we spoke with told us they got the care they wanted and were involved in planning their care and support. One person told us, "I love to read my plan, it's all about me". People told us they reviewed their care plan with their shared lives officer and were happy they were able to choose how much involvement they had.

Shared lives officers worked with people following their successful match with a shared lives carer. The information was gathered from talking to people, friends and family or other health and social care professionals. The care plan detailed how to support people as an individual and included such areas as health, communication, emotional and financial support. Steps were recorded in the care plan to make sure people got the support they required while developing their independence.

Shared Lives carers told us they followed the care plan, alongside people's day to day requests and kept a record, for example, when people had attended health appointments, why they had attended and what advice or treatment had been given.

When people had been living with a Shared Lives carer for three months a review was held with all people involved. The review checked if the plan was going well and people were happy where they were living and with the support they had. People could ask for their care plan to be changed at anytime.

People told us they were satisfied overall with the service. Information on how to complain was made available to people in a format that was suitable for them. Where a complaint had been received they had been logged and investigated appropriately and the manager had reviewed to ensure there were not recurrent themes or trends.

Is the service well-led?

Our findings

People and their shared lives carers were confident in the way the overall scheme was run and managed. People and their shared lives carers told us they had provided their views about the scheme in annual questionnaires and at care reviews. The results from the last questionnaires were positive and where a comment had been made these had been followed up by the manager. For example, providing more information to shared lives carers about the Mental Capacity Act and how to contact other professional agencies.

The manager had spent time working alongside the shared lives officers and shared lives carers. Their values were based on respect for each other and putting people at the heart of the scheme. People and their carers told us that the manager and shared lives officers were approachable and provided guidance needed to provide good care to people.

Staff meetings were held regularly to discuss people's care and potential matches. Shared lives carers had the opportunity to get together at regular support meetings to discuss their role and the scheme.

The provider and manager carried out quality checks on how the service was managed. These included checks on personal care plans, medicines, and health and safety. Where concerns with quality were identified the registered manager recorded how improvements were to be made. The manager was currently updating an electronic system that would store all the information they required about the Shared Lives service. Paper copies of the important information about people were held within the Shared Lives carer's home for completion and daily updating. These were collected regularly for monitoring purposes and to update the electronic system.

The manager knew which incidents needed to be reported to CQC. The management team worked with specialist within the local area to promote positive working relationships. For example, people's social workers and local GP surgeries and pharmacies to ensure people had additional support to meet their needs.