

Supporting Information - Shared Lives schemes

| | |
|--|----|
| Purpose of this information | 2 |
| 1. What is Shared Lives? | 2 |
| 2. What are the definitions of similar but different service types? | 3 |
| Registration | 4 |
| 3. Are Shared Lives schemes defined in legislation? | 4 |
| 4. Which regulated activity should Shared Lives schemes register for? | 5 |
| Description of the service | 5 |
| 5. How is this type of service usually organised? | 5 |
| 6. How is the service actually delivered? (roles, responsibilities, pathway in/out of it, things the person receiving it may experience) | 6 |
| 7. Where can I find out more about Shared Lives schemes? | 8 |
| 8. Are there services which have similar arrangements but are not Shared Lives? | 8 |
| 9. Can any number of people live in a Shared Lives setting at any one time? | 8 |
| 10. Can Shared Lives carers provide personal care independently of a Shared Lives scheme? | 9 |
| Key features of Shared Lives schemes | 10 |
| 11. Monitoring and safeguarding by the Shared Lives Scheme | 10 |
| 12. Matching a person who uses a Shared Lives Scheme with a Shared Lives carer | 10 |
| 13. Shared Lives schemes approval and monitoring of carers' premises | 11 |
| 14. The Code of Practice on the prevention and control of infection | 12 |
| 15. Management of medicines in Shared Lives schemes | 14 |
| 16. Shared lives schemes and Deprivation of Liberty safeguards | 14 |
| 17. Employment status of Shared Lives carers | 15 |
| 18. Recruitment and approval of Shared lives carers | 15 |
| 19. Support carers | 16 |
| 20. Disclosure and Barring service (DBS) checks | 17 |
| 21. Staffing requirements | 18 |
| 22. Support and monitoring of Shared Lives workers and carers | 18 |
| 23. How do I approach an inspection of a Shared Lives scheme? | 19 |
| Annex 1 | 21 |

Purpose of this information

This document provides background information about Shared Lives, including their key features. It:

- Highlights key issues for staff to consider when registering and inspecting Shared Lives schemes
- Provides definitions and terminology used
- Gives information as to how a number of regulations apply to Shared Lives
- Provides references to further information.

Where the word 'provider' is used in this document, unless stated otherwise, this is a generic term which is being used to refer to the registered persons (Registered Provider and Registered Manager). Registered persons are bound to comply with the regulatory requirements set out in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (as amended) and The Care Quality Commission (Registration) Regulations 2009 (as amended).¹

Summary definitions

1. What is Shared Lives?

Shared Lives is an alternative to supported living, domiciliary care and care homes for disabled adults (aged 16+) and older people. It was previously known as adult placement.

In Shared Lives, a Shared Lives carer and someone who needs support get to know each other and, if they both feel that they will be able to form a long-term bond, they share family and community life. This can mean that the person becomes a regular daytime or overnight visitor to the Shared Lives carer's household, or it means that the person moves in with the Shared Lives carer. Some local schemes restrict the number supported at any one time to two. Shared Lives schemes have to be registered with CQC if they provide the regulated activity of personal care.

Schemes employ Shared Lives workers whose role can include recruitment, vetting, training and support of Shared Lives carers. It is the scheme's provision of personal care that is regulated, not the individual accommodation which is owned or rented by Shared Lives carers.

¹ Some local Shared Lives schemes use the term 'Shared Lives provider' to refer to a 'Shared Lives carer', but the term 'provider' is not used in that sense in this document.

Personal care is defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as—

- (a) physical assistance given to a person in connection with—
 - (i) eating or drinking (including the administration of parenteral nutrition),
 - (ii) toileting (including in relation to the process of menstruation),
 - (iii) washing or bathing,
 - (iv) dressing,
 - (v) oral care, or
 - (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
- (b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

The service type for Shared Lives schemes in the *Guidance about Compliance; Essential standards of quality and care* is: 'SHL – Shared Lives (formerly known as adult placement)'

2. What are the definitions of similar but different service types?

There are three other service types that also provide personal care to people. One main difference from Shared Lives schemes is that in the other three service types the person providing the care does not share their home and family life with the person receiving the care.

Supported living services (service type SLS)

In supported living services, people live in their own home usually under a tenancy or licence agreement. They often receive personal care and/or social support in order to promote their independence. The personal care they receive (as defined in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) is regulated by CQC, but the accommodation and other support is not. The care or support that people receive is continuous, and is tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible. Supported living services are only regulated by CQC when the regulated activity of personal care (as defined above) is provided. For a service to be supported living rather than a care home, there must be clear and sufficient separation between the provision of the accommodation and the provision of the care.

Domiciliary care services (service type DCC)

These services provide personal care in the place where people are living at the time the care is provided. This is often

their own home. The needs of people using the services may vary greatly, but packages of care are designed to meet individual circumstances. The person is visited at various times of the day usually by staff from a domiciliary care agency or, in some cases, care is provided over a full 24-hour period. Where care is provided intermittently throughout the day, the person may live independently of any continuous support or care between the visits. Where personal care (as defined above) is provided, it is regulated by CQC.

Care Homes without nursing (service type CHS)

A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home although they do not legally own or rent it. Both the care that people receive and the premises are regulated. The provision of the accommodation and personal care are regulated together and the activity regulated by CQC is 'accommodation for persons who require nursing or personal care'.

For further information about the differences see question 9 below.

Registration

3. Are Shared Lives schemes defined in legislation?

Shared Lives schemes were formerly known as adult placement schemes. That term continues to be used in the Health and Social Care Act 2008 and associated regulations.

In the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Part 1 s2 adult placement schemes are defined as follows:

“adult placement scheme” means a scheme carried on (whether or not for profit) by a local authority or other person for the purposes of—

- (a) recruiting and training adult placement carers;
- (b) making arrangements for the placing of service users with adult placement carers; **and**
- (c) supporting and monitoring placements²;

Schemes of this type are now referred to as Shared Lives schemes and this document uses the 'Shared Lives' terminology. Shared Lives schemes must meet the above definition and provide a regulated activity in order to be

² Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Part 1 Section 2

registered.

4. Which regulated activity should Shared Lives schemes register for?

Shared Lives schemes are regulated in respect of the regulated activity of 'personal care' as defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012. See 1 above for definition.

Schemes should register **only** for the regulated activity of 'Personal care' and not the regulated activity 'Accommodation for persons who require nursing or personal care'. This is because:

- The provider of the **scheme** is registered and not the owners or providers of the individual homes (the accommodation).
- The accommodation aspect of the service supplied by the shared lives carer is out of the scope of the regulations, and the homes where service users live are not 'regulated premises' that we can inspect.

Shared Lives schemes should **only** be registered for 'personal care' where they are meeting people's personal care needs. If they do not provide this type of activity, they will be out of the scope of registration.

Schemes which provide a mixture of regulated and unregulated activities must be registered with CQC in relation to the regulated activity of personal care. CQC can only make judgements in relation to their provision of personal care.

Description of the service

5. How is this type of service usually organised?

Shared Lives provision is always arranged and monitored by a Shared Lives Scheme. Shared Lives Schemes that provide the regulated activity of personal care are required to have a registered manager.

The care that Shared Lives schemes provide is for people aged 18+ and, in some cases, 16+ when people meet the eligibility for adult services.

Shared Lives care may include:

- Personal care delivered through the scheme within a long term accommodation arrangement or
 - Short breaks or other time limited live-in support, such
-

- as intermediate care or
- Day time support, based at the home of the Shared Lives carer.

Enduring relationships may form in Shared Lives which may also extend support by a Shared Lives carer to individuals who have moved on.

Shared Lives carers are assessed, approved, trained and monitored by a Shared Lives scheme.

Another feature of Shared Lives schemes is that no more than three people normally live or stay with a Shared Lives carer at any one time. There is no requirement in the HSCA 2008 or associated regulations regarding maximum numbers although other regulations are based upon a maximum of three people. [See section 9](#) below for more detail.

6. How is the service actually delivered? (roles, responsibilities, pathway in/out of it, things the person receiving it may experience)

Providers of Shared Lives are often, but not always, local councils. Other providers are NHS Trusts or Independent (profit-making or non-profit-making) bodies. They are responsible for recruiting and training Shared Lives carers, matching people with suitable carers, making arrangements and providing on-going support and monitoring those arrangements³.

Shared Lives schemes provide services for a range of people. For example, adults with disabilities, older people with dementia, people with mental health problems, care leavers, disabled young people (16+) in transition to adulthood, parents who have learning disabilities.

Care may be commissioned by the council or NHS or funded using Personal Budgets, Housing Benefit (for the accommodation element) or people's own money. In the case of independently run schemes and most council run schemes the registered provider receives payment for the care provided and pays the Shared Lives carer. However payments are managed, there is always a Shared Lives carer agreement between the Shared Lives carer and the scheme, and a Shared Lives agreement between the scheme and the individual using Shared Lives.

³ Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Part 1 Section 2

Fairer Charging⁴ is normally applied to people using Shared Lives for the care element of longer term arrangements and for the full cost of short breaks and day time support.

Long term arrangements are provided under a licence agreement rather than a tenancy. Payments for food, utilities and so on are paid for by people living with the carer from their benefits or other income.

A **Shared Lives carer** is a person who, under the terms of a Shared Lives carer agreement provides, or intends to provide, personal care together with, where necessary, accommodation in their own home.⁵ They work within the carer's agreement and Shared Lives arrangement agreement to meet the identified needs of people they are providing care for. They are recruited, trained, approved and monitored by Shared Lives schemes but are self-employed.

Shared Lives workers are individuals employed by a Shared Lives Scheme. Their role varies from scheme to scheme but includes elements of recruitment, approval and training of carers, matching and arranging, supporting, monitoring and reviewing placements. They are office based usually with the Shared Lives Scheme's registered manager at the scheme's registered location. Their role is not defined in legislation.

A **Shared Lives carer agreement** is an agreement entered into between a registered person carrying on a Shared Lives Scheme and a Shared Lives carer for the provision, by that carer, of personal care to a person using the service together with, where necessary, accommodation in the carer's home⁶. This agreement is the contract between the Shared Lives carer and the registered person carrying on the Shared Lives Scheme.

A **Shared Lives arrangement agreement** is made in relation to each individual arrangement. It is an agreement between the person using the service, the Shared Lives carer, the registered person carrying on the scheme and any other person involved in commissioning the service (care manager, social worker, family member). The agreement incorporates the responsibilities and expectations of all those involved and includes details of the plan of care of the person using the

⁴ Fairer charging is a central government policy designed to ensure that people over the age of 18 are charged for services in a fair and reasonable way.

⁵ Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Part 1 Section 2

⁶ Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Part 1 Section 2

service. It is not defined in legislation.

A Shared Lives scheme is in effect a working partnership between a provider organisation and self-employed Shared Lives carers.

7. Where can I find out more about Shared Lives schemes?

Shared Lives Plus is the UK network for small community services, including Shared Lives carers and schemes, Homeshare and Microenterprises. For more information see their [website](#).

8. Are there services which have similar arrangements but are not Shared Lives?

Where an arrangement has some or all the features of a Shared Lives, but does not involve any personal care, this would fall outside of regulation.

Arrangements which have some of the features of Shared Lives, such as outreach or community support, but which do not involve the Shared Lives carer sharing their home and family life with the person using the scheme, should not be described as Shared Lives. Similarly, care which is arranged or purchased directly with a care worker, without the involvement of a scheme in recruitment, approval, matching and on-going monitoring, is not Shared Lives. In such arrangements, the care worker is likely to be the employee of the person receiving the care, or of the organisation purchasing care on their behalf.

Where daytime care is being undertaken but the person using the scheme is not actively sharing the Shared Lives carer's home and family life, it is likely that any personal care involved is provided by a domiciliary care service or a supported living arrangement. The regulatory requirements for Shared Lives, domiciliary care and supported living are very similar. They all fall within the regulated activity of Personal Care and in the group of service types called 'Community Social Care'. So, where organisations are providing Shared Lives alongside other forms of regulated personal care, this should not add significantly to their regulatory burden.

9. Can any number of people live in a Shared Lives setting at any one time?

Previous regulations in relation to Shared Lives schemes (formally adult placement schemes) limited the number of people who could live in a Shared Lives setting at any one time to no more than three.

There is no such requirement in the current regulatory

framework but it is considered good practice to limit the number of people living in a Shared Lives setting at any one time to three. This maintains the principle that Shared Lives care is provided in a domestic setting, not in a setting which feels more like a small residential care home.

There are limits set by other bodies and regulations regarding the maximum number of people who may live with one carer at any one time. But breaches of these would not necessarily on their own constitute a breach of regulations under HSCA. They are included here only as an indicator of the general acceptance that no more than three people should be supported in a Shared Lives arrangement at any one time:

- The Fire Safety Code prepared specifically for Shared Lives carers is based on the assumption that carers provide care for no more than three people.
- Public Liability insurance products arranged specifically for Shared Lives carers are limited to three people.
- The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006 do not apply to scheme carers providing accommodation for three or less people ⁷
- There are simplified tax arrangements and tax concessions for Shared Lives carers who provide care for between one and three adults⁸

10. Can Shared Lives carers provide personal care independently of a Shared Lives scheme?

Shared Lives carers cannot provide personal care independently of their Shared Lives scheme unless they are registered themselves with:

- CQC for the regulated activity of personal care
- CQC for the regulated activity of accommodation for persons who require nursing or personal care
- Ofsted, if they are providing care for children.

Doing so without being appropriately registered may leave them open to prosecution.

⁷ Where a person receiving care and his carer occupy living accommodation in the same building or part of a building they are to be regarded as forming a single household for the purposes of section 254 of the Act if (a) the carer is an adult placement carer approved under the Adult Placement Schemes (England) Regulations 2004(a) and (b) the carer provides care in that living accommodation for not more than three service users under the terms of a scheme permitted by those regulations. (The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006)

⁸ See HMRC hs 236 2012hs at <http://www.hmrc.gov.uk/helpsheets/hs236.pdf>

The only possible exception is where a person makes an entirely private arrangement for their care using a direct payment or their own resources to employ someone as their personal assistant. This then falls outside of the definition of Shared Lives. It may also fall outside of the scope of regulation although this will depend upon the extent of the role of the personal assistant

Key features of Shared Lives schemes

It is a regulatory requirement that registered providers plan and deliver care in a way that reflects good practice guidance. Regulation 9 (1) (b) (iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requires that:

“The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of -the planning and delivery of care and, where appropriate, treatment in such a way as to..... reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.”

In this section, reference is made to current established good practice. This good practice is embedded in and underpinned by Shared Lives Plus Guidance. There is a list of the guidance in [Annex 1](#) of this document.

Shared Lives arrangements always involve the following processes.

| | |
|---|--|
| 11. Monitoring and safeguarding by the Shared Lives Scheme | The registered provider(s) of the Shared Lives scheme are legally responsible for the quality and safety of care in every Shared Lives arrangement. It is their duty to monitor care and safeguard those receiving care. |
|---|--|

| | |
|---|---|
| 12. Matching a person who uses a Shared Lives Scheme with a Shared Lives carer | <p>Shared Lives arrangements are formed using a matching process. The process involves participants getting to know each other at their own pace, before making any long term commitment to sharing a home.</p> <p>Shared Lives arrangements only succeed where the Shared Lives carer is able to meet the identified needs of the person placed with them and the person gets on well with the carer and other people living in the house, and vice-versa.</p> |
|---|---|

Thorough matching processes take account of:

- The person's assessed needs and wishes.
- The skills, knowledge and experience of the Shared Lives carer.
- The personal interests of the person and the Shared Lives carer.
- The location of the Shared Lives carer's home.
- The facilities and accommodation the Shared Lives carer can offer.
- The cultures and/or faiths that are important to the person and the Shared Lives carer.

The matching processes should include a guarantee to, Shared Lives carers and people using the scheme that there will not be a problem if either of them does not wish to go ahead with more introductory visits or with making a longer-term arrangement. Shared Lives carers are under no obligation to agree to any care arrangement offered by the registered person.

13. Shared Lives schemes approval and monitoring of carers' premises

As Shared Lives schemes are not regulated in respect of accommodation, registered providers cannot be held responsible for the accommodation provided. But good practice expects providers to only approve placements in suitable premises and monitor them at regular intervals.

As Shared Lives carers' premises are not regulated, providers of the schemes should hold evidence of their initial checks and ongoing monitoring of the suitability of premises. This may include:

- Health and safety checklists which include security and fire safety.
- Public liability insurance.
- Household insurance.
- Evidence that the scheme has taken reasonable steps to make sure the person using the scheme will not be at risk of being left without accommodation (for example, in relation to tenancies and mortgages).
- Suitability of accommodation to the individual needs of the person receiving the care. For example, suitable access, a reasonably sized bedroom, suitable bathroom facilities, shared use of the family home, opportunities for privacy and personalisation of their private space.

Although schemes cannot be responsible for the maintenance of premises, monitoring should be sufficiently regular to ensure that accommodation remains safe, secure and

continues to meet the individual needs of people using the service.

They should also have evidence that carers have agreed to:

- Act as responsible householders
- Provide safe, secure and suitable premises

This could form part of the carer's agreement.

The Shared Lives approval panel plays an important part in ensuring the quality of new Shared Lives carers. They play the role of critical friend, helping to ensure that the evidence presented in the assessment report of the capability, safety and values of the applicant is rigorous and convincing.

14. The Code of Practice on the prevention and control of infection

It is the registered providers of Shared Lives **schemes** that are regulated, not individual Shared Lives carers' homes. So the Code of Practice applies to the schemes in their work with Shared lives carers. The registered providers of schemes need to ensure that Regulation 12 is met, having regard to the Code of Practice.

The introduction to the Code of Practice makes clear that the Code should be applied proportionately, particularly with regard to people's own homes. It says:

'For example, in an acute hospital setting there is a greater risk to patients of infection and therefore the registered provider will need to comply with most aspects of the compliance criteria. However, in a service provided in someone's own home or a care home where people are supported to be independent in a domestic setting, the registered provider will not need to have the same facilities and approach as an acute hospital.'

Appendix A of the Code of Practice gives examples of how it can be applied proportionately to adult social care settings. It illustrates how care provided in someone's own home or a small care setting will not need to have the same facilities and approach as larger organisations. Registered scheme providers should be mindful of this advice when fulfilling their obligations under Regulation 12 and outcome 8, particularly in relation to criteria 2, 3, 4, and 9.:

Criteria 2 – Provide and maintain a clean and appropriate environment

These criteria apply to 'managed premises' and are generally not applicable to Shared lives carers' homes. However, there

is a section in 2.2 that says: 'Where care is delivered in the service users' home, the suitability of the environment for that level of care should be considered.'

Criteria 3 – Provide suitable accurate information on infections for people using the service and their visitors.

Because Shared lives schemes provide care in a domestic setting to people who are generally well, they do not need to have the full range of information suggested to meet this criteria. However, they should provide information about their approach to prevention and control of infection, staff roles and responsibilities, and whom people should contact with concerns about prevention and control of infection.

Criteria 4 – Provide suitable accurate information on infections to other care professionals concerned with providing further support or nursing/medical care.

This would be applicable where the Shared lives carer takes an active role in liaising with or contacting healthcare professionals on behalf of people using the service.

Criteria 9 – Provide policies that will help to prevent and control infections.

A number of policies are not necessary (b, m, u, x) and for others there are reduced requirements (c, d, n, p). But Shared Lives schemes should always check the list of policies in Criteria 9 to ensure their policies adequately cover situations relevant to the people using their scheme. .

Part 4 of the Code of Practice also provides a helpful table (Table 1) showing the application of the Code of Practice to regulated activities.

The Code of Practice is available on the Department of Health [website](#).

15. Management of medicines in Shared Lives schemes

Shared Lives carers provide normal household arrangements for the management of medicines but Shared Lives schemes should still have a formal written policy or procedure. This is to make sure that people who need support to take their medicines are helped in a manner that is safe and suits them best. It is important for schemes to consider:

- Storing medicines in a suitable secure place that is not affected by extreme heat and moisture.
- Supporting the person to look after his/her own medicines if appropriate.
- If the person cannot self-administer, making sure that the Shared Lives carer has full information about when and how to give medicines. This is particularly important for non-prescribed medicines (homely remedies) which shouldn't be administered without the guidance of a healthcare professional. This is because there may be interactions between prescribed medicines and homely remedies⁹.
- Providing record sheets for Shared Lives carers on which to record medicines stored for people using the service and the date returned to them. And, if carers are providing people with assistance to take medication, sheets to record the details of medicines taken, time and dosage. More information about established and accepted practice is included in Shared Lives Plus' guidance on medication and medication records.
- Providing training appropriate to the role of the Shared Lives carer with regard to the handling of medicines used by people they care for.

If there are any concerns with regard to the handling of controlled drugs, then the registered manager should [contact CQC](#) and the local CCG Accountable Officer who is responsible for monitoring information about controlled drugs in their locality.

16. Shared lives schemes and Deprivation of Liberty safeguards

Unlike care homes and hospitals, Shared Lives schemes cannot apply to deprive someone of their liberty under the Mental Capacity Act 2005.

To do so, the Shared Lives provider would need to approach

⁹ Homely remedies are defined by the Royal Pharmaceutical Society of Great Britain as 'medicines for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies.' (RPSGB 2007 The handling of medicines in social care guidance)

the Court of Protection for an order on a 'best interests' welfare matter. The Court of Protection order would provide a legal basis for the deprivation of liberty.

17. Employment status of Shared Lives carers

Shared Lives carers are recognised by HMRC as being self-employed. However, for the purpose of care regulation they are considered to be employees under the definition of employment¹⁰ contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to Shared Lives carers working under a carer agreement¹¹.

Shared Lives carers are generally not paid by the hour and do not work to a fixed schedule, but are paid in line with the expectations set out in the Shared Lives agreement.

Shared Lives carers do not employ staff to help them provide personal care.

18. Recruitment and approval of Shared lives carers

There is established and accepted practice identified and included in guidance from Shared Lives Plus. This includes

- A pre-arrangement assessment process that includes:
 - o Demonstration of carers' skills
 - o Knowledge and abilities to support people using the scheme
 - o Assessment of provision of a safe and suitable homely environment
 - o Completion of pre-placement learning and assessment programmes.
 - The use of a Shared Lives Panel that reviews evidence of capability, values and safety and makes recommendations that are taken into account when making decisions to approve carers.
 - Carers' handbook that includes some of the scheme's policies and procedures relevant to Shared Lives carers and the general role and responsibilities of carers and others. .
 - Carers' agreements that are contractual agreements between the Shared Lives carer and the scheme. The
-

¹⁰ Employment" means under a contract of service, an apprenticeship, a contract for services or otherwise than under a contract (including under a carer agreement) [The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Part 1 paragraph 2 – Interpretation]

¹¹ An agreement entered into between a person carrying on an adult placement scheme and an individual for the provision, by that individual, of personal care to a service user together with, where necessary, accommodation in the individual's home. [The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Part 1 paragraph 2 – Interpretation]

agreements identify the carer's responsibilities, what services are to be provided and how.

Regulation 21 and Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2010 applies to both Shared Lives carers and Shared Lives workers.

19. Support carers

A support carer is an individual who is approved by a person carrying on a Shared Lives scheme to be a support carer in relation to a person using the scheme.

A support carer is someone the Shared Lives carer relies on to help them meet the person's identified and agreed needs as recorded in the Shared Lives arrangement agreement either by:

- Providing additional care alongside the carer, or
- Substituting for the carer when they are not available.

Support carers have regular and unsupervised contact with people using the scheme and provide support using the approved carer's home as a base. In the absence of a Shared Lives carer they would provide the personal care that the Shared Lives carer would provide if they were there. For example, this may be during the Shared Lives carer's holidays or when they go out for the evening. The support carer may or may not live at the same house as the Shared Lives carer and person using the scheme.

Sometimes both members of a couple are approved as Shared Lives carers and share the role of providing care. In this instance, both partners are regarded as Shared Lives carers, rather than one being regarded as a support carer.

A support carer is not:

- A friend of the person using the Shared lives scheme who they choose to spend time with.
 - A family member of the person using the Shared lives scheme unless they also have a formal support role and have been approved to carry it out by the local scheme as a support carer.
 - Someone who accommodates the person using the Shared lives scheme in their own home.
 - A family member or friend of the carer who is also well known to the person using the Shared lives scheme but who only provides occasional support.
 - A member of the household who has no formal/informal support role other than as a family member.
-

A balanced and proportionate decision should be made as to who is a support carer. Guidance from Shared Lives Plus on support carers provides more detail and also includes advice about recruitment, assessment, learning, approval, support, monitoring and review of carers.

20. Disclosure and Barring service (DBS) checks

The legislative basis for obtaining criminal records checks has been subject to recent changes and secondary legislation currently before parliament will make further changes to the detail of the scheme. We understand the information included here is accurate now, and will remain accurate following the changes. This document will be updated when appropriate, but in the interim providers of Shared Lives schemes are advised to consider the information below alongside their own legal advice.

As with any other registered provider we expect schemes to comply with regulations and operate effective recruitment procedures. Where Shared Lives carers, support carers or Shared Lives workers are eligible for DBS checks we expect schemes to undertake the checks at the appropriate level. A risk assessment based on the role, responsibilities and activities should be undertaken to determine which level of check the person is eligible for. And the registered scheme manager should be able to show they have undertaken this risk assessment, especially if they have decided not to undertake a check.

Shared Lives carers

If Shared lives carers provide a regulated activity as defined in the Safeguarding Vulnerable Groups Act 2006 (SVGA) as amended by the Protection of Freedoms Act 2012 (PoFA) then the registered manager can request an enhanced DBS check with barred list information. SVGA regulated activity includes personal care, assistance with cash, bills, and shopping.

Support carers

If support carers provide SVGA regulated activity then the registered manager can request an enhanced DBS check with barred list information. This will be the case whether the support carer lives at the Shared Lives carer's home or not.

Members of the Shared Lives carer's household

Members of the Shared Lives carer's household are not eligible for DBS checks. However if the registered manager ticks the 'home based occupation' box on the carer's DBS

application form the police will disclose on the Shared Lives carer's certificate any relevant information about members of the household who the police know live at that address.

Shared Lives workers

As outlined above, registered managers should complete a risk assessment of the roles, responsibilities and activities that the Shared Lives workers undertake. If Shared Lives workers provide SVGA regulated activity then the registered manager can request an enhanced DBS check with barred list information. If not, they may be able to request an enhanced DBS check without barred list information.

More information to advise the risk assessment can be found in our DBS guidance on the CQC [website](#) and on the [DBS website](#).

21. Staffing requirements

Shared Lives schemes must provide sufficient staff to recruit and facilitate carer learning; make arrangements for matching people with carers; and support and monitor shared lives arrangements.

Schemes will need to have evidence that they maintain sufficient staffing when carer numbers fluctuate. Shared Lives Plus provide a workforce analysis tool which can be used to support needs analysis and risk assessment.

22. Support and monitoring of Shared Lives workers and carers

Shared Lives workers receive regular supervision and appraisals in a similar way that a social worker would. Shared Lives carers have regular support and monitoring. Elements that may contribute to this support and monitoring include:

1. Ongoing learning which ensures that carers further their development in order to meet the individual needs of the people they support and care for.
2. Monitoring which ensures that people are being cared for in a safe and secure environment where their identified needs are met and there is progress towards meeting their individual desired outcomes.
3. Support and review which ensures that:
 - The ongoing development needs of carers are met
 - Carers are clear about their lines of accountability
 - Carers receive support in carrying out their responsibilities and can talk through with their Shared Lives scheme worker any issues about their role or about the people they care for and support including

any additional, specialist advice and support required to meet the assessed needs of the person using the scheme

4. In addition to individual support, most scheme workers facilitate regular carer group meetings and enable informal groups for carer peer support.

5. Shared Lives carers' work is regularly reviewed by the scheme and an annual review report is written. While the frequency of care reviews is not prescribed by regulation, reviews should be regular enough to ensure that the carer has the resources, skills and knowledge to fulfill their responsibilities.

6. Shared Lives carers have regular opportunities to take breaks from their caring responsibilities. This is in the same way that care workers have weekend breaks and annual leave, with a recommended 4 weeks minimum per year.

7. If a Shared Lives carer and the person living with them wish to move out of the scheme's operational area their scheme can continue to support the provision of Shared Lives providing they can ensure that they have systems in place to continue to fulfill their statutory responsibilities. Sometimes the original scheme will work with a scheme in the new local area to do this effectively.

Inspecting Shared Lives schemes

23. How do I approach an inspection of a Shared Lives scheme?

Shared Lives schemes are community based services. You should therefore use the home visit and community based services methods of inspection.

Additional references for further information

[CQC 2013 Guidance - Disclosure and barring service checks – \(formerly Criminal record \(CRB\) and barring checks\)](#)

[DH \(Dec 2010\) The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance](#)

[RSPGB \(2007\) The handling of medicines in social care guidance](#)

[Shared Lives Plus](#)

Annex 1

Shared Lives Plus Guidance Index

Available to [Shared Lives Plus](#) members

| No. | Processes for Shared Lives arrangements |
|-----|--|
| 1 | Referrals |
| 2 | Assessment of needs |
| 3 | Matching and introductions |
| 4 | Emergency Shared Lives arrangements |
| 5 | Shared Lives arrangement agreements |
| 5a | Shared Lives arrangement agreement - form |
| 5b | Shared Lives Licence agreement |
| 6 | Service user plans monitoring and review |
| 6a | Service user plan - form |
| | <i>Supporting people in their daily lives</i> |
| 7 | Communication choices and decisions |
| 8 | Family friends culture and community |
| 9 | Safe friendships and relationships |
| 10 | Personal care |
| 11 | Intermediate and enablement care |
| 12 | Staying healthy and making use of health resources |
| 13 | Working with people who challenge services and physical intervention |
| 14 | Restriction or deprivation of liberty |
| 15 | Dealing with emergencies and crises |
| 16 | Key holding |
| 17 | Being missing from a Shared Lives arrangement |
| 18 | Palliative care, death and dying |
| | <i>Health and safety</i> |
| 19 | Health and safety and checklist |
| 20 | Risk assessment and risk management |
| 21 | Safe working practices (including moving and handling) |
| 22 | Accidents dangerous occurrences and first aid |
| 23 | Fire safety |
| 24 | Fire safety Code of Practice |
| 25 | Fire Safety Code of Practice Scotland |
| 26 | Control of substances hazardous to health (COSHH) |
| 27 | Cleanliness and infection control |
| 28 | Handling medication |
| 29 | Medicine administration record 1 |
| 30 | Medicine administration record 2 |
| 31 | Food safety and nutrition |
| 32 | Lone workers |

| | |
|-----|--|
| | <i>Safeguarding</i> |
| 33 | Safeguarding against abuse and neglect |
| 34 | Allegations of abuse against Shared Lives carers |
| 35 | Management of people's money, valuables and financial affairs |
| 36 | Harassment and bullying |
| | <i>Good practice throughout the service</i> |
| 37 | Equality |
| 38 | Standards of conduct and practice |
| 39 | Complaints and concerns |
| | |
| 40 | Confidentiality |
| 41 | Quality Assurance |
| 42 | Participation in running the service |
| 43 | Record keeping access to files and information sharing |
| 44 | Smoking alcohol and drugs |
| | Recruiting, employing or assessing, reviewing, and developing workers and SL Carers |
| 45 | Recruitment and employment of scheme workers and managers |
| 46 | Grievance procedure (for workers and managers in the service) |
| 47 | Disciplinary procedure (for workers and managers in the service) |
| 48 | Working with volunteers |
| 49 | Training and development |
| 50 | The Shared Lives Panel |
| 51 | Assessment of Shared Lives Carers |
| 51a | Carer Agreement - form |
| 51b | Support Carers |
| 52 | Supporting and reviewing Shared Lives carers |
| 52a | Shared Lives carer review - form |
| | <i>Further Guidance</i> |
| 53 | Statement of Purpose |
| 54 | Service Guide |
| 55 | Workload analysis Shared Lives workers |
| 56 | Guidance on mixed placements |
| 56a | Intergenerational practice statement |
| 57 | Payment model for long term carers |
| 57a | Calculating the basic payment |
| 57b | Support profile |
| 57c | Score sheet |
| 58 | Who should pay for what |
| 59 | Managing transport costs |
| 60 | Sharing Shared Lives carers between schemes |