

## Kent County Council

# Kent Shared Lives

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

### Care service description

Kent Shared Lives provides a service to adults who need support and who want to live as part of a family. It is an alternative to supported living or residential care for people who want to live or stay in a homely environment, but cannot manage on their own. It provides services for people with learning, physical or sensory disabilities, and people with mental health problems, older people and people with Asperger's and Autism. The service provides long term placements and respite care. Staff at Kent Shared Lives are responsible for recruiting carers who will provide the care and support that people need within the carer's own home. For the purposes of this report we will refer to those who provide the support as 'carers'. Shared lives Officers are staff employed by Kent Shared Lives who support carers and monitor the service. At the time of this inspection there were 84 people receiving support with their personal care.

### Rating at last inspection

At the last inspection, the service was rated Good.

### Rating at this inspection

At this inspection the service remained Good and met all the relevant fundamental standards.

### Why the service is rated Good.

People were protected from abuse, because shared lives officers and carers knew how to recognise and respond to signs of abuse. Risks to individuals' safety and wellbeing were assessed and minimised. People got their medicines when they should and these were handled safely. Accident and incidents were reported, recorded and monitored to reduce the risk of further occurrence.

People and carers were supported with sufficient shared lives officers with the right skills and knowledge to meet their individual needs and promote person centred care. People's care plans contained a good level of detail about their life history, likes and dislikes and preferred activities, which initially helped carers to deliver personalised care. Robust recruitment and assessment procedures ensured shared lives officers and carers were of suitable character to carry out their role.

People were supported and encouraged to make their own decisions and choices and remain as independent as possible. People had access to relevant health and social care professionals and arrangements were in place for them to have regular visits to the GP, dentist and opticians.

People did not have any concerns, but knew how to complain and felt comfortable in doing this if the need should arise. The registered manager and shared lives officers were open and very committed in their approach and looked to drive improvements in the service. Audits and checks were in place and people received a quality service in line with the provider's objectives.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service is Outstanding.	<b>Outstanding</b> ☆

# Kent Shared Lives

## 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 checked 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 was a comprehensive inspection.

The inspection took place on 25, 26 and 27 April 2017 and was announced. The registered manager was given 48 hours' notice to ensure they were available. This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's needs assessments and care plans, contact reports made by shared lives officers, a staff recruitment file and two carers assessments and checks, shared lives officers and carers training records, incident reports and quality assurance survey results, visit reports and other audits.

We spoke with three people who were using the service and their carers, who we visited in their home, the registered manager and two shared lives officers. Later we telephoned and spoke to six carers and contacted and received feedback from five shared lives officers. After the inspection we contacted panel members and social care professionals who had recently had contact with the service and received feedback from four, which was positive.

# Is the service safe?

## Our findings

People told us they felt safe both within their placement and when going out.

People were protected from abuse by shared lives officers and carers who were able to explain the different types of abuse and the procedures for reporting any concerns. Shared lives officers and carers had received training in safeguarding adults. The registered manager told us the service worked to the local authority's multi-agency safeguarding policy, which was available to shared lives officers and carers on the provider's internet and there was also safeguarding information within their handbooks. Where appropriate shared lives officers were fully involved in the safeguarding process and would support with investigations, interviews with individuals (if appropriate) and attended safeguarding meetings. Where the outcome from an investigation has required a change in the carers practice or support for the placement this had been provided in an action plan and this was reviewed by shared lives officers at monitoring visits.

People and carers felt they were supported well by shared lives officers who were available and visited them regularly. People were supported by sufficient numbers of shared lives officers and the registered manager had a monitoring tool to ensure there were enough shared lives officers to support and monitor the one to one work of carers. Shared lives officers worked in geographical areas and told us their caseloads were within levels that enabled them to build relationships with people and carers to enable a good level of support. Kent County Council have an out of hours service, this is accessible to carers should they require assistance when the team are not available. If there are current issues however, that require support out of hours, the shared lives officer or registered manager are often on hand to provide the additional support; although this is not something the team would be required to do.

There were robust recruitment and assessment procedures in place for both shared lives officers and carers to ensure people were supported by shared lives officers and carers who were fit and of suitable character. Part of the carers comprehensive assessment process included health and safety checks of their home, checks on their family and financial checks. Once assessments and training by carers had been completed they were recommended and went to the shared lives panel for approval. Any foster carers wishing to transfer to the shared lives scheme and continue supporting a person also underwent an assessment.

People told us they got their medicines when they should. Shared lives officers and carers received training in medicine management. This training ensured they understood how to support people appropriately. Alongside the training that the carers received their competency to manage medicines safely was also assessed by the shared lives officers annually. People were also assessed regarding their capacity to take/manage their own medication. This considered a person's capacity and safety to manage their medication. Care plans contained information about what type of support, if any, people required with their medicines. The registered manager told us the service worked to the local authority's medicines policy, which was currently being reviewed.

Risks associated with people's support were managed effectively and people were encouraged to take positive risks to develop their independence and go out. Risk assessments developed by the person's local

authority care manager were in place for people, which included actions to take to minimise any risks identified. For example, the environment in which they lived, any behaviour that may be a risk to themselves or others and risk associated with moving and handling. Shared lives officers, carers and people were involved in the risk assessment process and these were regularly reviewed at monitoring visits and review meetings. Accidents and incidents were appropriately reported and recorded. Shared lives officers and the registered manager reviewed these reports to identify any areas of concern and steps that could be taken to prevent any reoccurrence, copies were also sent to people's local authority care manager.

## Is the service effective?

### Our findings

People spoke positively about their shared lives officers and carers and felt they were sufficiently skilled and experienced to meet their needs.

People's consent on a day to day basis was achieved through discussions. Care plans contained information about how to best facilitate people making their own choices and decisions where possible.

Shared lives officers and carers were trained in The Mental Capacity Act (MCA) 2005. The registered manager told us no one was subject to a Court of Protection order or had lasting Power of Attorney arrangements in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Where appropriate people's capacity had been assessed in relation to certain decisions and the decision making had included shared lives officers, carers, relatives and health and/or social care professionals. For example, the assessment and best interest decision for one person regarding their need to purchase a new vehicle to accommodate their new wheelchair.

People received effective support from skilled and knowledgeable carers and shared lives officers. Carers and shared lives officers received an appropriate induction that includes shadowing colleagues to learn all the different types of visits and support. New staff do not take on responsibility for carers cases until they have completed their visits with an experienced member of the team. All new carers who do not have a social care qualification relevant to the role were required to complete the Skills for Care Care Certificate, this award has been adapted to meet the needs of the service and the shared lives carers role. Shared lives officers and carers understood their roles and responsibilities and had completed mandatory training in subjects, such as first aid, equality and diversity and health and safety, which were refreshed regularly. Shared lives officers also complete a competency workbook that requires completion of additional training, including domestic abuse and safeguarding against extremism and terrorism. The frequency of training had recently been reviewed and new training subjects had recently also been introduced, such as the Care Act 2014. Some shared lives officers and carers received training based upon the needs of people they were supporting. For example, hoist training, dementia, understanding Autism or epilepsy emergency medicine training. Shared Lives officers and carers felt the training they received enabled them to carry out their role effectively. Many shared lives officers and carers had previously obtained professional qualifications, such as occupational therapy and social work. Thirty one carers and shared lives officers had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

People were supported by carers and shared lives officers that received on-going support from other shared lives officers or their line manager through a range of meetings. For carers this was in the way of at least quarterly monitoring visits and an annual review by shared lives officers. This included discussions on general support, knowledge and skills and training, things to check, updates in relation to people's care and

support needs, health and safety checks, risk assessments, incidents, finance, communication and on-going actions. In addition there were quarterly carers meetings held in three areas of Kent. The meetings included sending out an agenda prior to the day, arranging guest speakers and sometimes providing a training session for the carers. Shared lives officers received regular supervision from their line manager, an annual appraisal and had monthly team meetings.

People's needs in relation to support with eating and drinking had been assessed and recorded. Sometimes people told us they helped with laying the table or clearing away. Some carers told us how they encouraged and worked with relatives to aid a healthy diet wherever possible and some people attended a community slimming club. Where there were risks relating to nutrition, measures were in place to reduce these risks. For example, cutting food into small pieces or having drinks thickened.

People's health care needs were met. Records showed people were supported to attend appointments and check-ups with dentists, hospitals, doctors and opticians.

## Is the service caring?

### Our findings

People told us that they liked the carers and shared lives officers that supported them and said they were kind and caring. Comments included, "I like her (shared lives officer), she nice". People said the best thing about their placements were living with their carers. One said "I love the cat and dog" and another told us, "I like it here. It's the best thing that's ever happened to me".

Carers told us they "liked" or "loved" their role. Comments about what made them good at their role included, the best part is "Making them (people) feel they are wanted". "Ensuring one person has a rewarding life and getting out and about to have a life like others". "Understanding the person and their needs and giving them time to make their own choices, patience and care. I love my job".

People said that they were very happy at their placements and they felt like part of the family. The registered manager told us on average across the whole service carers had known people for 10 years although we found some had supported people a lot longer. Positive caring relationships had developed between people and carers. People were asked about their life history and what was important to them during the assessment process. This information was documented in the care plans and assessments. When we spoke with carers and shared lives officers they were able to describe this information and demonstrate that they knew people very well. There was a calm atmosphere in the service throughout the inspection.

During the inspection we visited carers and people at their homes and saw it was a comfortable environment and people were moving around freely. People were very much part of the family and interacted well with their carer's. We observed positive and caring interactions between carers and people and they were treated with kindness and compassion. Carers understood what privacy and dignity meant when assisting people and the importance of ensuring people had choice. People were encouraged to continue and build meaningful relationships with their families and friends and we heard about two people who went to stay with their family each weekend.

Shared lives officers and carers promoted people's independence and encouraged people to do as much for themselves as possible. Records showed that people were involved in some household tasks or going out and about. Carers talked about how people had developed their social skills and independence since being a part of their family. Several carers talked about how people had "Blossomed". One carer said, "They (the person) has blossomed and Life skills have also said how much happier they are and they are doing more there too". Another carer told us, "They are more confident and less anxious and their behaviours have improved". Carers and shared lives officers were very committed to ensuring people they supported succeeded in reaching their goals and any life's ambitions.

People had access to advocacy when they required further support from an independent person. The registered manager told us that a people were generally supported by their care manager, but if the need arose they would be able to access an advocacy service if they had to make a decision and needed support.

People were cared for by carers and shared lives officers who respected confidentiality and discretion.

People told us their privacy was respected and they were supported in a way that promoted their dignity. People's records were stored securely. Shared lives officers and carers were careful and discussed people's personal information to ensure confidentiality. People told us they could or did see their shared lives officer in private as part of the monitoring visit. A social care professional told us staff always spoke about people with dignity and respect.

The registered manager talked about how one person had recently decided they wanted to put in place a living will and were being supported to do this by their shared lives officer and an occupational therapist.

## Is the service responsive?

### Our findings

People were involved in the initial assessment of their support needs and then planning their support. The local authority undertook these comprehensive assessments and relatives and/or health professionals involved in people's care and support had also been involved in these discussions before people began to use the service. Care plans were then developed by the local authority, which included information about people's wishes and what people could do for themselves and what support they would require. These assessments and care plans were then used to help judge that the service could meet the person's needs and ensure that they were matched with a suitable carer. Later people helped develop, if they chose, their own support plan 'My Life Plan' in a suitable format.

Placement officers ensured during the assessment of new carers that the carers were clear on their preferences, which were recorded, when looking to match a person to the family.

A meeting was held every two weeks to match people with carers. Once a match had been identified people and carers were sent information about each other, which may be in an easy read format and include photographs of carers, their family and pets. If both parties wished to proceed people and carers were able to 'test drive' the placement by spending time, such as for meals and overnight stays, with people getting to know who they may live with to ensure they were compatible. This process was individual and went at a pace suitable to those involved until everyone was happy. The scheme also worked with foster carers who wished to become shared lives carers, as the young people they cared for reached adulthood. This was done when it was the choice, and in the best interests, of the young person to stay with the family and in consultation with health and social care professionals.

People were informed about the service and their rights and responsibilities. Information for people was available in a variety of formats. There was also information for relatives and friends.

People's care plans were reviewed annually by the care management teams at the local authority. Care managers, people, carers and shared lives officers reviewed care plans at a review meeting. This was in addition to regular reviews, which were part of the monitoring meetings, where any changes were agreed with people at the time and shared lives officers kept care managers up to date. The registered manager also told us that some people often texted shared lives officers to stay in touch and keep up to date.

People were not socially isolated as they were supported or attended groups and clubs and went out and about into the local community. People were supported to engage in a range of activities which reflected their likes and interests, such as the gym and swimming. Some people attended day centres, others were involved in voluntary work and others attended college.

People told us if they were unhappy they would speak to their carers or shared lives staff. Carers also told us they would speak to shared lives staff, but had never had the need to complain. There had been no complaints in the last 12 months. Information on how to complain was contained in the handbooks. The registered manager told us any complaints would be used to learn from and improve the service.

People, relatives, carers and professionals had opportunities to provide feedback about the service

provided. Quality assurance questionnaires were last sent out in October 2016. These showed that people and carers were happy with the support they received. Any negative issues were discussed at team meetings to help drive improvements. Carers had received feedback on the results of the surveys.

## Is the service well-led?

### Our findings

Carers told us they felt the service was well run and well organised. Comments about the management of the service included, "(Shared lives officer) is on the ball". "(Shared lives officer) is excellent and in tune, she gives us a lot of time. She is very supportive particularly when we had a family crisis. She listens to us and a real advocate for us". "Very supportive". "They keep me up to date". "Anytime I can phone them and someone will be here straightaway, couldn't do the job without this support". "They (shared lives officer) look after us. They help me a lot". "I know all the shared lives officers and they all support you, you get feedback and they answer any of my questions. I would recommend them".

Panel members also felt the service was well-organised and well-led with good communication. One told us, "I have always found that the team communicate well with me and feel that they are well led and organised. (The registered manager) is always open to any queries I have and I think that this service is an excellent alternative to residential care. Any questions I have regarding contracts and data are answered promptly and accurately". Another added, "All the service users living in shared lives that we have reviewed have been very happy and well supported".

There was a full time established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by shared lives officers, assistant shared lives officers, recruitment and advertising officer and an administration assistant. The registered manager told us all shared lives officers were qualified social workers, occupational therapist or learning disability nurses and were registered with the Health and Care Professionals Council. The registered manager and shared lives officers demonstrated a good understanding of the service and spoke with enthusiasm when talking to us about supporting people. During the inspection there was a very open and positive culture, which focused on people. The registered manager told us it was a team approach and they adopted an open door policy regarding communication. Shared lives officers enjoyed their work and told us "We are very lucky that our manager is very open and approachable, she is very supportive". One said, "I can honestly say this has been the best team I have worked in and a unique team that I feel passionate about". To aid communication carers received a quarterly newsletter informing them about changes and good news stories. One carer said of the registered manager, "They are very nice, always finds the time to listen to what I have to say. Does a good job".

The registered manager was creative and innovative when looking at ways of driving improvements and empowering people they supported. They had recently written an article on 'the use of assisted technology for people who live with a care giver', which was shared with other shared lives schemes, showing the scheme to be a role model to others. The findings suggested that telecare could be considered as a creative solution to support carers and enable people to remain in their shared lives home for longer. The registered manager had used this knowledge to enhance people's independence and privacy that they supported.

Door sensors, bed sensors, exit sensors and light switches had been used to allow people privacy and allow the person to gain the carers attention to their needs more quickly. One sensor had been used, which triggered a voice activated message (recorded by their carer) to remind the person it was not time to get up yet to help ensure they got a good night's sleep and keep them safe. In practice, this provided a familiar voice, which the person recognised, offering them reassurance and guidance about when to get up. Their sleeping pattern had improved and this had enabled the service to sustain the shared lives placement. One carer also talked about a shared lives officer who had given them information on a specialised product that they thought might help them when supporting an individual.

The registered manager and shared lives officers were also enthusiastic about promoting the service to ensure people had another choice about how they were supported. They set up information events around the county to look to recruit new carers. This provided prospective carers with the opportunity to speak with the registered manager, shared lives officers or existing carers and people who used the service about shared lives. Carers told us how they enjoyed participating in these events and talking about their role. The registered manager and shared lives officers also attended team meetings of local authority care managers to raise awareness of their service.

The registered manager and shared lives officers organised social events each year for people, carers and their families to attend, network and gain support. We heard these were well attended, thoroughly enjoyed and had included a picnic at a wild life centre and another in an orchard.

The registered manager spoke highly of the shared lives officers and carers working within shared lives and was committed about the continuous improvement and achieving best practice. The service was a member of Shared Lives Plus, which is a national organisation who promotes best practice and information sharing through internet groups. The service had also recently worked in partnership with an efficiencies company to review processes and look at ways to grow the service and better quality monitoring systems were in place as a result.

Shared lives officers and carers said they understood their role and responsibilities and felt they were well supported. One carer told us, "Yes I feel supported 100%, it's brilliant". There were arrangements in place to monitor that shared lives officers and carers received support and up to date training. Carers told us they found their meetings helpful because they could "Share experiences and knowledge and network with other hosts (carers) locally". Many of the carers had worked in health and social care roles, such as occupational therapy before joining the team and becoming carers, therefore their experience and knowledge was seen as a great contribution. Carers felt they were encouraged to raise ideas and the registered manager actively sought the views and feedback from carers and embraced their ideas to drive improvements to the service. One example of this was suggestions to improve the payment scheme to carers and as a result the payment system changed and information about the systems was made clearer in carer's information.

There were audits and monitoring of the service to help ensure the service ran effectively and people remained safe. These included audits on reviews of care plans and risk assessments and review meetings and monitoring visits. The regular monitoring visits also contributed to assessing the overall quality of the service including checking people's finances, medicines, daily records made by carers, reviewing health and safety checks and action plans and goals.

The provider had a person-centred aim and set of objectives, which were included in the handbooks. Carers told us the purpose of their role was to enable people to be themselves and to encourage their independence. They felt the organisation tried to assist people to be part of the community as independently as possible and access services, always put the person first and they were client led. People

lived as good a lifestyle as possible in a happy family environment. Shared lives officers felt the "Core values were the care and support of an individual within a family type atmosphere thus enabling the adult more freedom and control over their own lives and is person centred/tailor made around them". It was evident during this inspection that people definitely received care and support in line with the provider's aim and objectives.

People had access to easy read information, such as information about the service in the way of an introduction pack and welcome letter and how to complain. Shared lives officers and carers had access via the internet to policies and procedures. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that shared lives officers and carers would be aware of up to date issues within the service.