

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Manchester Shared Lives

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Tel: 01619457609

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Manchester City Council
Registered Manager	Miss Helen Traynor
Overview of the service	<p>Manchester Shared Lives provides a service for people who need support to live independently and who can do so in the home of individuals or families who are approved providers. The scheme widens the choice of services open to vulnerable people living in the community, giving them the opportunity of experiencing life within another family setting; or receiving informal support in their own home or the community.</p>
Type of service	Shared Lives
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

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### What people told us and what we found

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People using the services provided by Manchester Shared Lives told us they were well supported by their provider. One person told us "I like doing lots of things and [the person providing their support] comes with me so I can do them". Another person said "if I am not well [the person providing their support] takes me to see the doctor and nurse so I can get better". They appeared to be happy and content and we spoke with them whilst they were being supported to attend a day centre near the scheme.

We spoke with some of the providers who supported people using the service. One person said "The support they [staff from the scheme] provide is really very good, they visit and do reviews regularly and you can always access advice from them very quickly." Another person said "I have every confidence in them. They are very helpful and responded very quickly whenever there have been any urgent issues that I needed help or advice with."

Suitable action had been taken to support people using the service who were not always able to make their own decisions. The arrangements to provide personal care and support and keep people safe were found to be appropriate and effective. Staff were being properly supported and a system was in place to assess and monitor the quality and safety of the service provided.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Our inspection centred on how the scheme was meeting the needs of those people using the service who required some degree of personal care. We were aware that a number of these people experienced difficulties in being able to make their own decisions (sometimes called lacking capacity) in various aspects of their daily lives.

We looked at people's support plans and discussed with scheme staff the issue of appropriately assessing and supporting people with their mental capacity needs. Support plans were very personalised and reflected that great efforts were taken to determine individuals' personal preferences wherever possible. Such information was gained from the person themselves and others who knew them well (particularly their relatives).

Where people using the service were unable to make their own decisions staff explained to us what action they would take to support them. The actions they described were in line with the requirements of the Mental Capacity Act (2005). Support plans also recorded the actions taken to achieve this. For example we saw records of mental capacity assessments and best interest meetings where actions were agreed (and subsequently regularly reviewed).

This meant that that people who were unable to make their own decisions were having their rights and best interests protected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Manchester Shared Lives (formerly known as Adult placement) provides a service for people who require support to live as independently as possible in the homes of individuals or families who are approved providers. The scheme widens the choice of services open to vulnerable people living in the community, giving them the opportunity of experiencing life within another family setting; or receiving informal support in their own home or the community. The scheme approves providers who support people using the services of the scheme. Providers and people using the service are supported by the senior staff and support workers employed by Manchester Shared Lives. Our inspection centred on how the scheme was meeting the needs of those people using the service who required some degree of personal care.

We spoke with four such providers following our visit to the scheme. They spoke very positively about the support they received from the management and staff from Manchester Shared Lives. One person said "The support they provide is really very good, they visit and do reviews regularly and you can always access advice from them very quickly." Another person said "I have every confidence in them. They are very helpful and responded very quickly whenever there have been any urgent issues that I needed help or advice with."

We also spoke with people using the service. They told us they were happy with the way they were being supported. One person told us "I like doing lots of things and [the person providing their support] comes with me so I can do them". Another person said "if I am not well [the person providing their support] takes me to see the doctor and nurse so I can get better". They appeared to be happy and content and we spoke with them whilst they were being supported to attend a day centre near the scheme.

The support needs of people who used the service were appropriately addressed. We looked at four people's support plans. They demonstrated action had been taken to ensure the persons' health and welfare needs were appropriately met (in consultation with the individual provider and the person they supported). This included assessment of any risks that had been identified in the persons' life and how those risks were managed in a way that maximised that person's independence and personal freedom. General and

specialised health needs of individual customers were recorded and detailed how the individual was supported to access appropriate health care services. A documented system of regular review of each placement (and the provider) was in operation. This ensured that the placement of the individual remained suitable and needs continued to be met appropriately.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The Shared Lives Scheme is part of the service provision provided by Manchester City Council and as such follows the corporate safeguarding policies and procedures in place operated by the local authority. This included the Vulnerable Adults Safeguarding Procedure.

During our visit we spoke with five of the placement support workers employed by the placement scheme. Each confirmed they had completed safeguarding vulnerable people training. We asked them to tell us what they would do if an issue or concern arose. What they told us confirmed that they had a good understanding of what action would need to be taken.

We spoke with four people who were directly providing support to the people using the service. They told us that placement support workers conducted regular visits and reviews (including unannounced visits) to ensure people using the service were being supported safely and effectively.

No safeguarding referrals had been raised in relation to the service as there had been no safeguarding incidents or allegations since our last inspection in January 2013.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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At the time of our visit the registered manager was supporting a team of seven placement workers. The placement workers each had a caseload and supported the Providers' approved by Manchester Shared Lives and the people using the service.

Placement workers spoken with told us that they were supported by the registered manager and that their views were valued. They were able to express their views during individual consultations with the registered manager or at the regular team meetings. They also confirmed they were able to access regular and appropriate training to ensure those providing and using the service were being effectively supported. Each placement worker had their own record of training that was checked (audited) on a regular basis by a senior manager of the scheme. We looked at two of these records. They demonstrated that appropriate training had been provided on a regular basis.

Training was also being provided to providers who were approved to support those using the service. They told us that management and placement staff from the scheme were very supportive and communicated effectively with them.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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Suitable arrangements had been made to monitor the quality and safety of the service provided. We looked at records of regular checks (audits) that were conducted in respect of the finances, medicines and support plans of people using the service. Where any issues were identified action had been taken to address them. This means that people using the service could be confident that action had been taken to ensure the quality and service.

Records were maintained that demonstrated each person using the service was subject to regular placement reviews (as was the provider supporting that person). These records documented all aspects of the persons' placement with an individual provider of the scheme and establishing their views was an important feature of the review. Where necessary the person using the service had been supported by an independent advocate.

Regular meetings were held between staff and senior managers of the scheme to discuss pertinent issues relating to employment and support given to the providers/people using the service. Such meetings included seeking the views of staff about the quality of the service being provided. We were shown records of past meetings. Where issues were identified action had been taken to address them.

Regular meetings were held with the scheme providers (appointed to directly support people using the service). This gave the providers the opportunity to raise more general issues with the senior managers of the scheme. We looked at records of recent meetings. Where issues were identified action had been taken to address them.

The quality of the service provided by providers is kept under review (including unannounced visits being made). Any significant concerns would be referred to the independent board that determines the approval status of providers of the scheme.

A complaints procedure was in place. All complaints received were recorded. The

complaints record detailed the nature of the complaint, the investigation process and the response provided to the complainant. Where issues were identified, there was evidence to demonstrate action had been taken to address them. No complaints had been received by the service since our last visit (January 2013). At the time of our visit no complaints had been received by the Care Quality Commission in respect of Manchester Shared Lives.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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