

# Contents

|   |           |
|---|-----------|
| Contents  | 1-3       |
| Emergency Contacts/Out of hours   | 4         |
| How to use this handbook  | 5         |
| Finding what you need in the handbook   | 6         |
| <b>ABOUT US (Section 1)</b>   | <b>7</b>  |
| Welcome from the CEO  | 8         |
| Our Values  | 9         |
| Our Staff Team  | 10        |
| Our Shared Lives Coordinators   | 11        |
| Our Funding and Benefits Team   | 12        |
| Our Business Support Team and Leadership Team   | 13        |
| Staff Diagram   | 14        |
| Our Trustees  | 15        |
| Our Approval Panel  | 16        |
| <b>WHAT WE DO (Section 2)</b>   | <b>17</b> |
| What services do SLSW provide   | 18        |
| Adult social care/what social services are responsible for  | 19        |
| Did you know?   | 20        |
| Important Legislation   | 21        |
| Care Act  | 22-24     |
| Mental Capacity Act   | 25-26     |
| Equality Act  | 27        |
| Approval Process/Deapproval of a Shared Lives Carer   | 28-29     |
| Your Role as a Shared Lives Carer   | 30-31     |
| Confidentiality/Social media guidance   | 32        |
| Carer Training and Development  | 33        |
| Standards of Accommodation  | 34-37     |
| Key Documents   | 38-40     |
| Feedback, Compliments and Complaints  | 41        |
| You and your Shared Lives Coordinator   | 42-46     |
| Did you know?   | 47        |
| Other sources of support  | 48-52     |
| Shared Lives Plus   | 53        |
| CQC and Safeguarding  | 54-55     |
| When to keep us informed  | 56-59     |
| Keeping Everyone Safe   | 60-61     |
| Matching and Introductions  | 62-63     |
| <b>SHORT BREAKS (Section 3)</b>   | <b>64</b> |
| Short break section -overview/ principles/paperwork   | 65        |
| Short break section-Prior to first stay/what the fee covers/first stay  | 66        |
| Short break section- After the first stay/further stays/if a break is cancelled   | 67        |
| Short break section- Mileage payments/expenses/extended stays/what happen if something happens meaning the person can't stay in your home |           |
| What if the person isn't collected  | 68        |
| Making claims/Payment/Cancellation/Policy   | 69        |
| <b>LONG TERM SECTION (Section 4)</b>  | <b>70</b> |
| Overview  | 71        |
| The responsibility of the local authority   | 72        |
| How your fees are calculated/banding levels   | 73-75     |
| Maximisation of Benefits  | 76        |
| Fairer Charging   | 77        |
| Appointeeship   | 78        |
| Payment Arrangements  | 79        |
| Self Funders and Direct Payments  | 80        |
| Mileage and Transport   | 81-82     |
| Helping the person manage their money- disposable income/other records/paperwork  | 83        |

|  |       |
|--|-------|
| Financial Record Keeping   | 84    |
| Other Finance Issues- Fuel allowance/TV Licence/Council Tax Discounts  | 85    |
| Education/Free Bus Travel/Blue Badges  | 86    |
| Film cards/Help with water bills/Gas and electricity discounts   | 87    |
| Free dental and prescription services/Carer's Credit/Carers Allowance  | 88    |
| Did you know?  | 89    |
| <b>HOLIDAYS AND RESPITE (Section 5)</b>  | 90    |
| Taking holidays and breaks- making arrangements for and planning breaks  | 91    |
| Taking holidays and breaks- paying for breaks, why am I not getting this money directly as part of my monthly payment?/ What If I spend it all then a person using the services leaves | 92    |
| Arrangements for holidays for people using our services  | 93-94 |
| Feedback, compliments and complaints   | 95    |
| <b>POLICIES (Section 6)</b>  | 96    |
| P01 Statement of Purpose   |       |
| P02 Referral and Needs Assessment  |       |
| P03 Mental Capacity Act and Deprivation of Liberty   |       |
| P04 Matching   |       |
| P05 Introductions  |       |
| P06 Emergency Placements   |       |
| P07 Shared Lives Reviews   |       |
| P08 Approval Panel   |       |
| P09 Risk Assessment and Management   |       |
| P11 Entering and Leaving a Service User's Home and Key Holding   |       |
| P12 Safe Friendships and Relationships   |       |
| P13 Personal Care  |       |
| P14 Control of Medication  |       |
| OP22 Ending a Shared Lives Service   |       |
| P18 Safeguarding Adults  |       |
| P19 Working with people who challenge service  |       |
| P21 Harassment   |       |
| P22 Restrictive Physical Intervention: A last resort   |       |
| P23 Management of people's money, valuables and finance  |       |
| OP21 Accidents and incidents to people using our services and carers   |       |
| OP23 Death of an individual who is supported by Shared Lives services  |       |
| P27 Data Protection and Record-keeping   |       |
| P28 Training and Development for Carers  |       |
| P29 Safe Working Practices   |       |
| P30 Violence and aggression to Shared Lives Carers and staff   |       |
| P31 Communicable Diseases and Infection Control  |       |
| P32 Control of Substances Hazardous to Health  |       |
| P33 First Aid  |       |
| P34 Fire Safety  |       |
| P35 Food Hygiene and Safety  |       |
| P36 Safeguarding Children  |       |
| P38 Capacity to manage financial affairs   |       |
| P39 Duty of Candour  |       |
| P40 Emergency support to carers  |       |
| P41 Smoking, alcohol and drugs   |       |
| P42 End of Life  |       |
| P43 Recruitment and Approval of Shared Lives Carers  |       |
| P44 Deapproval of Carers   |       |
| P45 Social Media for Carers  |       |
| HR26 Whistle Blowing   |       |
| D5 Confidentiality   |       |
| FN10 Respite   |       |
| C2 Complaints  |       |

## APPENDICES

196

Devon , Cornwall and Torbay Payment Arrangements  
Tax and National Insurance for Shared Lives Carers  
Just Next Door Qualifying Criteria  
Guidance- Who pays for what?

### FORMS

Accident Form  
Medication Forms  
Body Map  
Mileage Form  
Holiday Form  
Easy Read Complaints procedure

### Notes

# Contacts

## Contact us during office hours...

Devon office on 01626 360170 Cornwall office on 01209 891888 Somerset on 01460 477980

Short breaks direct line: 01626 882568 Funding and Benefits direct line: 01626 882560

## Emergency Contacts

### Out of hours after 5pm...

If there are any issues out of hours Monday to Thursday, leave a voice mail message on the office telephone and someone will call you back the next day.

### At weekends and Bank Holidays ...

We provide an on call service which is available from 9am until 5pm where emergency telephone support is provided by a Shared Lives Coordinator.

If you need support during this time, call **01626 360170** and listen to the recorded message which will contain contact details of who you will need to call.

**It is important to have a pen and paper handy.**

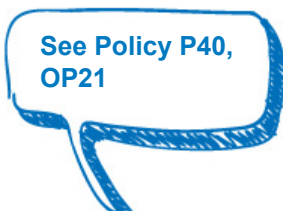
If you have a situation requiring a response after 5pm on Saturday, Sunday or a Bank Holiday, you will need to contact the Emergency Duty Team for your area.

This service only deals with emergencies and may not be able to send someone to visit you. Call them if you need help finding somewhere else for someone to stay:

|          |               |          |               |                 |               |
|----------|---------------|----------|---------------|-----------------|---------------|
| Devon    | 0345 155 1007 | Torbay   | 0300 456 8000 | Somerset        | 0300 123 2327 |
| Cornwall | 0300 1234 131 | Plymouth | 01752 668000  | Somerset direct | 0300 123 2224 |

## Why you might need to call the out of hours service

- Any incident that has to be notified to the CQC – serious injury to or death of a person using the service; incidents reported to or investigated by the police; abuse or allegation of abuse
- Death of or serious injury to a carer or carer's close relative
- Outbreak of any serious infectious disease
- Unexplained absence of a person or persons using the service of more than 12 hours
- Any complaint or allegation of misconduct
- When you need help to talk through a difficult situation



**Our accident and incident form and body map can be found in the forms section of this handbook**

# How to use this handbook

This handbook is for online use and is split into six sections:

1

## About us

Within this section you can read about our values, our staff team, CQC, Shared Lives Plus and other support, the Care Act, Mental Capacity Act.

4

## Long term

This will give you information on banding levels, payment breakdowns and a summing up of the responsibility of the local authority.

2

## What we do

A summary of the organisation, roles of the staff team and descriptions of the department.

5

## Holidays and Respite

Guidance on what to do when wanting holidays and respite breaks.

3

## Short break

Read about the values and principles, find out what's expected during the stay and learn more about the fees.

6

## Policies

All of our operational policies can be found in the handbook to help you in your role.

There are also sub sections to help navigate your way through the handbook:

**Important Legislation**

**Approval process**

**Key Documents**

**You and your Shared Lives Coordinator**

**Other sources of support**

**CQC and Safeguarding**

**Matching and Introductions**

**Appendices**



## To help find the relevant information you are looking for...

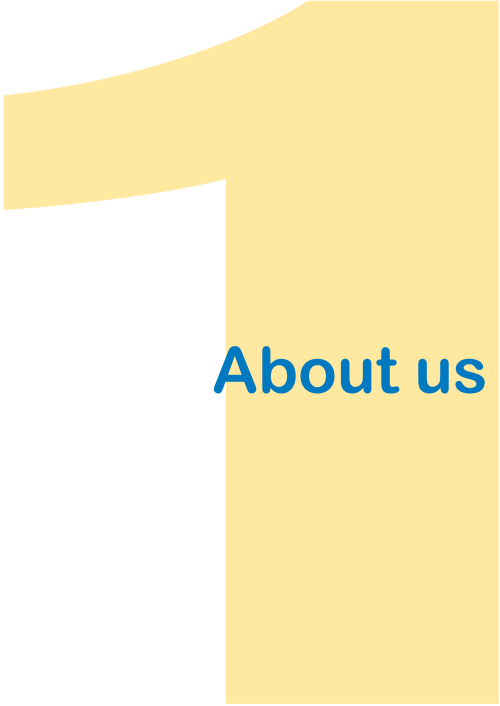


Download the PDF version from our website.

Once open, you can search a word by clicking '**ctrl F**' and it will then find the relevant word you are looking for.

For example if you need to look up 'If there is an accident at home involving the person you support'.

Click '**ctrl F**' on your keyboard then search 'accident' it will then tell you and navigate you to all the times that word is mentioned in that handbook section and you should be able to find exactly what you need.



About us

# Welcome from the CEO

## To all Shared Lives Carers,

We have compiled this handbook to help support, guide and help you do your job.

Using the skills and experience of our staff team, legislation, research and references we've created this handbook with the aim of it being an essential source of information for you.

We hope the handbook will help answer questions you may have about your role and importantly, it also makes sure we all comply with regulations.

All of our policies are also in the appendices of the handbook if you require more information.

The SLSW team are also available and happy to answer any queries you have about being a Shared Lives Carer and are always just a phone call away.

The handbook will be updated regularly with the latest policies, information and guidance to help make you the best carer you can be and help keep the person/people you support safe in your home.



A handwritten signature in blue ink that reads "D Spayne".

**Dominic Spayne**  
CEO at Shared Lives South West

# Our Values

**Our vision:** To be recognised as the leading provider of Shared Lives services in the country.

**Our purpose:** We support people to live meaningful lives, enabling independence through personalised, affordable care, by sharing a home and family life and by supporting involvement in the local community.



We are person-centred in everything we do, respecting and valuing the contribution each person makes



We provide a positive and supportive environment to ensure that people live a full and happy life



We are open to change, challenges and innovation to continue to improve and develop our services and ourselves



We have a culture of fairness, honesty and integrity in everything we do with everyone we work with

# Our staff team

At Shared Lived South West we:

Listen, engage, grow the support we offer, work with other organisations and put the people who we support at the heart of the charity.

## Shared Lives Coordinators

Support, listen, match, resolve complex issues, monitor well-being, signpost and mediate.

## Funding and Benefits team

Funding arrangements, appointeeship and benefits, contributions and personal allowances.

## Communication

Events, newsletter, website, social media, inspirational stories, networking, news.

## Carers &

## People

## who use our services

## Leadership Team & Trustees

Planning, governance, continuity, compliance, contract management, recruitment.

## Business Support

Offer support to the staff teams in IT, finance and the Leadership team.

**Admin team**  
Disclosures & Barring Service, insurance, training, communication.

## Finance team

Payments to carers, suppliers and staff, invoicing local authorities, budgeting, monthly reporting, banking, respite, short-breaks



# Our staff team

## Our Shared Lives Coordinator team:

- Provides support to an allocated case load of carers
- Monitor placements
- Renegotiate band levels and additional services
- Calculate band levels
- Recruit and assess new carers
- Match those wanting a Shared Lives services
- Promote Shared Lives services
- Conduct annual reviews of carers and the people who use our services
- Carer training



Hayley Nicholls



Fiona Glanvill



Sally Smith



Amy Pamphilon (SBF)



Rachel Moore



Holly Anderson



Jenny Butt



Chrissy Goodridge



Holli Youster



Claire Bettinson



Sarah Casey



Bill Drysdale-Wood



Charlotte Williams



Mary Stewart (SBF)



Anne-Marie Carmichael



Angela Rowe



Laura Clements (Project Manager)



Jean Harper



Claire Connor



Sharon Button (SLA)



Joanna Small

SBF- Short Break Facilitator SLA- Shared Lives Assistant

# Our staff team

## Our Funding and Benefits team:

- Provide benefit advice to those using our services
- Provide a money management service- appointeeship
- Provide benefit application support
- Provide Signposting (or other queries such as tax and discount advice for carers)
- Securing long term funding
- Calculating carer payments



Alison  
Langmead



Sarah  
Thompson



Samantha  
Chalk

## Our Admin team:

- Provides admin support to the organisation
- Arrange carer training days, carer meetings and events
- Oversee carer compliance e.g.insurance, DBS etc
- Arrange on call cover



Sam  
Baxter



Catherine  
Morgan



Chloe  
Boyd



Nicholas  
Jessup



Penny  
Smith



Sarah  
Robinson



Betsi  
Filbey

## Our People and Culture team:

- Recruitment
- Provide support to the Leadership Team
- Promote Shared Lives South West
- Carry out marketing and communications



Dawn  
Gillingwater  
Communications  
Officer



Claire  
Waring  
Leadership  
Team  
Assistant

# Our staff team

## Our Finance and Business support team:

- Provide IT support to the scheme
- Arrange payment of salaries and carer payments
- Carry out accounting for the scheme
- Manage the invoicing for the scheme.
- Mange creditors and debtors
- Short break bookings and payments
- Respite bookings and payments



Mariana  
Wilson  
ICT Support  
Officer



Alison  
Kingdon  
Finance  
Manager



Jessica  
Parkes  
Short Break  
Officer



Amanda  
Greig  
Finance  
Officer

## Our Leadership team:

Each Team Leader together with the CEO makes up the leadership team, with the support of the Leadership Assistant and Communication Officer. The team:

- Works with the Board of Trustees on strategical development
- Ensures that the organisation is compliant with the Care Quality Commission
- Liaises with Commissioners and renegotiate contracts
- Manages staff welfare and development
- Promotes Shared Lives



Dominic  
Spayne  
CEO



Laura  
Maker  
People & Culture  
Leader



Edward  
Bunce-Phillips  
Team Leader



Amanda  
Maggs  
Team Leader



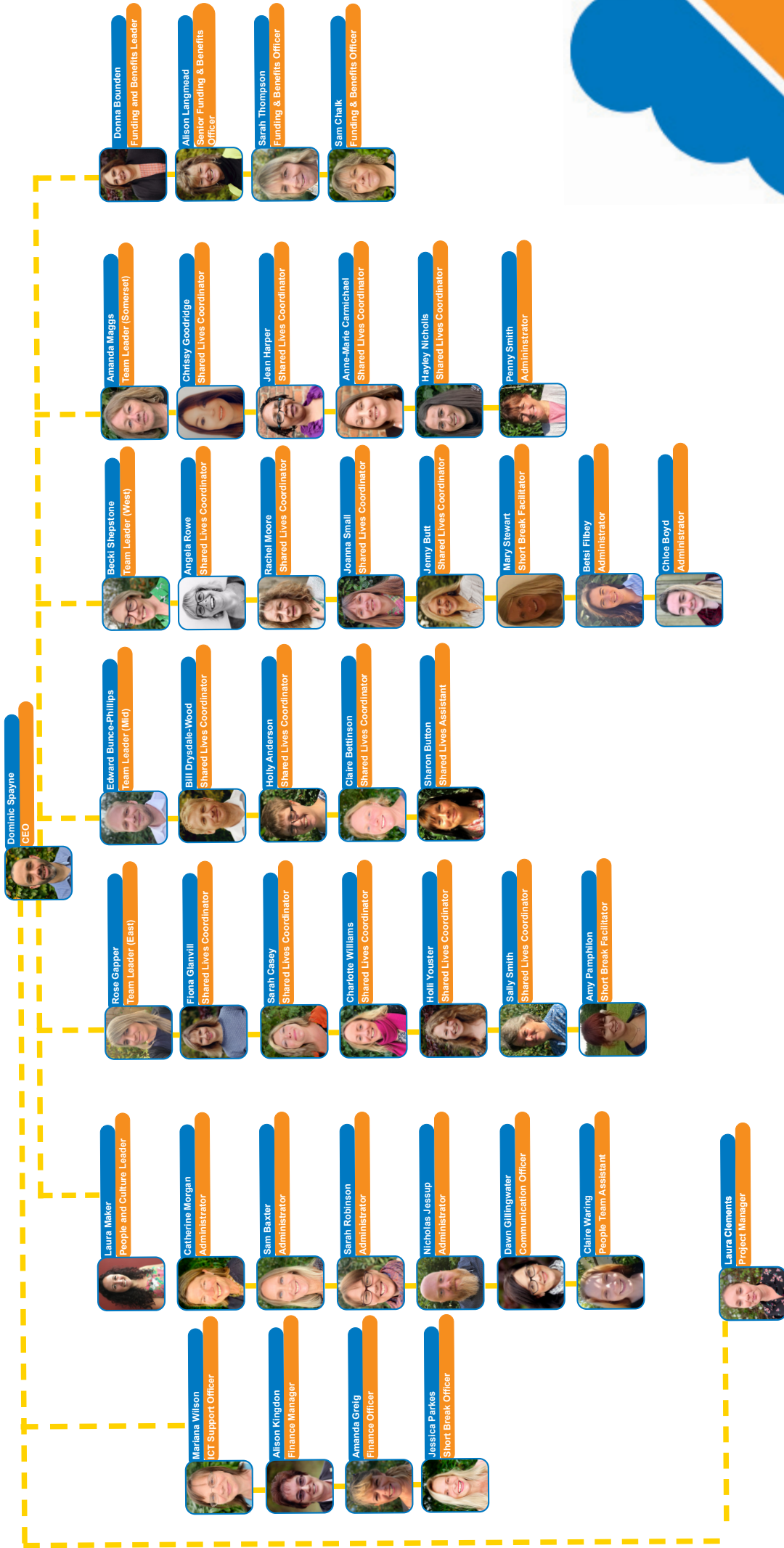
Donna  
Bounden  
Funding &  
Benefits  
Leader



Becki  
Shepstone  
Team Leader



Rose Gapper  
Team Leader



# Shared Lives South West Staff team

# Trustees



**Christian Jenkins  
(Chair)**



**Francis Bourke**



**Julie Longton**



**Maureen Read**



**Tim Southern**



**Nick Jones**

As a registered charity Shared Lives South West has a board of trustees. They oversee the organisation, setting the strategic direction and ensuring that we are working within our charitable objects. Shared Lives South West trustees are all volunteers and work very hard giving their time freely to the charity. We are actively seeking new trustees to join the board.



# Approval Panel



Ruth Proctor



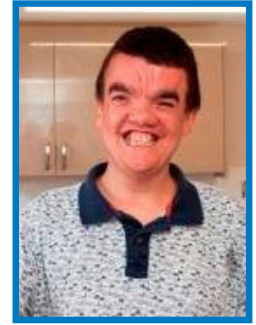
Linda Mogford



Kathryn Lean



Lesley Saunders



Stuart Ralphson



Jane Bell



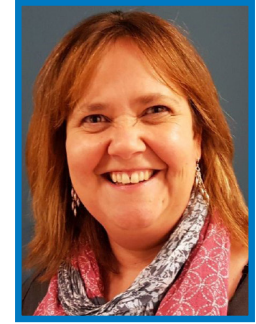
Andrea de Berker



Pauline Harrison



Philip O'Hara



Jayne Wilson



It is recommended by Shared Lives Plus and the CQC that every scheme has an independent approval panel. The role of the panel is to consider recommendations by the scheme to approve prospective Shared Lives carers and check that there is sufficient and appropriate evidence that someone would make a safe and competent Shared Lives carer and would support people in a person centred way. Our panel members are recruited through advertising and word of mouth and are all completely independent of the scheme. They are all volunteers and do not get paid for the role, except for their expenses. Panel members are given training on their role. Panel members are normally appointed for a period of three years.

We currently have a pool of about 15 volunteer panel members, from which any panel is drawn. Each panel is made up of three people as well as a panel advisor, an SLC and a note taker.



# What services does Shared Lives South West provide?

Shared Lives South West specialises in the provision of Shared Lives services for people aged 16+. We offer:

- Long term services, where the service user lives permanently with one of our Shared Lives Carers; The expectation is that the service will last at least six months in order to allow for the benefit maximisation process to be completed.
- Short breaks, where the person stays with a Shared Lives carer for regular breaks.
- Day time services, where the Shared Lives Carer supports someone in the carer's home and the community during the day.
- Parent & child services which offer accommodation and specialist support in the Shared Lives carer's home, with a dual focus on supporting the parent and offering a stable and family based environment for the child. We do not offer assessment services in relation to parents and children.
- Home from hospital- where a carer offers reablement following discharge from hospital for a short period of time.
- Emergency short breaks, where deemed safe.



All of the above services are deemed to fit into the ethos of Shared Lives.

We also offer the following services which we provide but do not fit the ethos of shared lives. These services are not subject to the qualifying carer relief.

- Flexible support, where the primary purpose is to support the person in a community based activity.
- "Just next door" support, where the person using our services can move on to a more independent living arrangement within or very near to the Shared Lives carers home.

**See the appendices for more information**



# Adult Social Care

Shared Lives South West provides Shared Lives services under contract with each purchasing authority.

Each contract is negotiated separately with each authority setting its own terms and conditions together with fees and payments.

Each purchaser has a slightly different name for the teams that support adults. Since the Care Act 2014 there have been some changes in the way social services support people - you can read more about their duties in the Care Act Briefing on the next page.

Your allocated Shared Lives Coordinator is generally your first point of contact for any advice regarding the people you support and will probably make contact with the local authority on your behalf regarding any matters you may raise.

## Social Services are responsible for:

- Funding.
- An annual review and/or reassessment of needs for the people you support.
- Support with making a Best Interest decision for someone who lacks capacity to make a specific decision themselves as and when required.
- Support if a person using Shared Lives South West services has complex issues. e.g. safeguarding, unwelcome attention from relatives, behavioural issues, significant health issues which may require a reassessment.
- Support if you give notice or the person chooses to leave.
- Arranging access to day services when needed.
- Arranging additional respite payments when needed.

# Did you know...



If you have a disability that may not be immediately obvious but would appreciate support from staff in UK airports, certain railways, supermarkets or visitor attractions, then you may be interested to know there is a lanyard you can wear to signal this.

The lanyard, which is entirely voluntary for people with hidden disabilities and their families, acts as a discreet sign for staff that additional support or help may be required.

The hidden disabilities lanyard is also called the “sunflower lanyard” because of its appearance – a strip of green with a pattern of yellow sunflowers.

Once you get one, it is yours to keep and use for future travels, shopping trips and outings where the scheme is recognised.

# Important Legislation

# Care Act

The Care Act is a key piece of legislation which is very important to Shared Lives and to the care and support that you provide.

This briefing gives an introduction to the Act but if you have any further questions please speak to your Shared Lives Coordinator.

## Overview

The Care Act 2014, which came into effect in 2015, represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support.

The Act combines various existing pieces of legislation which previously shaped how social care was arranged in Britain. The intention is that the Care Act will make it easier for the public to understand why things happen in a particular way.

Importantly the Care Act also changes many aspects of how support is arranged, and aims to give greater control and influence to those in need of support.

## The Care Act

- Gives safeguarding a legal framework for the first time in law. The Act states that “Adult Safeguarding is the process of protecting adults with care and support needs from abuse or neglect”. The term ‘vulnerable adult’ has been replaced with, “any adult who has needs for care & support (whether or not the local authority is meeting any of those needs).” An Adult is anyone over 18 years of age – but remember the Mental Capacity Act (MCA) covers 16 years +.
- Is Person Centred: it encourages workers to get to know someone in order to complete a good quality, holistic assessment of their needs.
- Focuses on Prevention.
- Focuses on well-being and recognises that is different for different people so needs to be individually assessed.
- Provides a welcome emphasis on the person who needs support being involved in what is happening to them and the provision of independent advocacy.

# Care Act

## Eligibility for services

New national eligibility criteria for care assessments should make things more consistent. These start with a three stage test:

1. The 'need' must arise from, or be related to, physical or mental impairment or illness.
2. The person must be unable to achieve two or more of the 'specified outcomes'.
3. As a result of this, there is a significant impact on well-being.

## The 'specified outcomes' are

- a. managing and maintaining nutrition;
- b. maintaining personal hygiene;
- c. managing toilet needs;
- d. being appropriately clothed;
- e. being able to make use of the adult's home safely;
- f. maintaining a habitable home environment;
- g. developing and maintaining family or other personal relationships;
- h. accessing and engaging in work, training, education or volunteering;
- i. making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- j. carrying out any caring responsibilities the adult has for a child.

To be eligible for services the person must be unable to achieve two or more of these. After the worker who is assessing the person has considered this they then need to think about whether, as a result of not being able to achieve two or more outcomes, there is a significant impact on the person's well-being.

## Well-being is defined as

- a. personal dignity (including treatment of the individual with respect);
- b. physical and mental health and emotional well-being;
- c. protection from abuse and neglect;
- d. control by the individual over day-to-day life (including over care and support, or support, provided to the individual, and the way in which it is provided);
- e. participation in work, education, training or recreation;
- f. social and economic well-being;
- g. domestic, family and personal relationships;
- h. suitability of living accommodation;
- i. the individual's contribution to society.

In order to be eligible - as a result of not being able to achieve two or more outcomes (the first list) this must then have a significant consequential impact on the person's well-being (the second list).

# Care Act

## Carer Neutral Assessments

Assessment should be undertaken in a 'carer neutral' way and should ignore the help someone gets. The idea of this is that the person's **WHOLE** needs are recorded as part of the assessment, which should make it easier for the person to see which service is being put in to meet each need. During the assessment, local authorities must consider all of the adult's care and support needs, regardless of any support being provided by a carer. Where the adult has a carer, information on the care that they are providing can be captured during assessment, but it must not influence the eligibility determination.

## Advocacy and having a say in what's happening

Another welcome area of change is that if a person has significant difficulty in being involved in either their assessment, their review, their care planning, or in a safeguarding, they are entitled to an independent Care Act advocate.

This cannot be a Shared Lives carer, even if you were being used 'informally' as an advocate too. However, this doesn't mean you are ignored or aren't able to be included in what is happening, as any good advocate is going to want to use your knowledge and experience.

This is likely to mean that in the future you will be working with independent Care Act advocates on a regular basis.

## If someone has difficulty:

- a. understanding relevant information;
- b. retaining that information;
- c. using or weighing that information as part of the process of being involved;
- d. communicating the individual's views, wishes or feelings (whether by talking, using sign language or any other means).

They are entitled to an advocate if they don't have anyone else appropriate to support them. An appropriate person must be someone who is not engaged in providing care or treatment for the individual in a professional capacity or for remuneration.

# Mental Capacity Act

## The Mental Capacity Act: another key piece of legislation

The Mental Capacity Act is very important to Shared Lives and to the care and support that you provide. Here is a short briefing to help you find your way around it - if you have any questions or would like to know more please speak to your Shared Lives Coordinator.

## How does the Mental Capacity Act affect Shared Lives?

Helping people to lead the life they choose is at the very heart of Shared Lives, but it's not always easy to know when to 'step in' and when to 'step back'.

When should you make a decision for someone? What should you do if someone wants to make an 'unwise choice'? How do you know whose decision it is?

This is what the Mental Capacity Act deals with - it safeguards people's rights and protects you as carers, which is why it's important you understand the law.

As well as this section in the handbook there are some Shared Lives South West policies you might want to read, and we will require you to attend the training we provide. But don't forget, your Shared Lives Coordinator is there to help too, so if you're not sure about something please just ask.

Remember: we assume everyone has the mental capacity to make decisions unless there is good reason to suspect they don't, when the following applies:

The Mental Capacity Act 2005 (MCA) gives carers protection when they make day to day decisions on behalf of an adult who lacks the mental capacity to make those decisions for themselves. These will be decisions such as what to wear, what to eat, where to go, whether to have a haircut and so on. It also gives adults who may lack the capacity to make a significant decision a supportive framework in which this can happen.

## Fundamental to the Act are the five principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

If we are not sure someone has the capacity to make a decision a capacity test is necessary, bearing in mind principle 2 above.

# Mental Capacity Act

To have the capacity to make a decision the person needs to be able to:

**H**ead – does the person have a impairment of or disturbance to the mind or brain

**U**nderstand the information given to them

**R**etain that information long enough to be able to make the decision

**B**alance/weigh up the information available to make the decision

**E**xpress/communicate their decision (could be sign language or even simple muscle movement such as blinking an eye or squeezing a hand).

Shared Lives South West provides training on the Mental Capacity Act which all carers must attend. Carers must update this training every 3 years.

## Lack of financial capacity

We support people who lack capacity to manage all or parts of their financial affairs.

To establish what financial capacity the person has we undertake a financial capacity assessment.

From the outcome of this we can then work out the support they require.

If a person is deemed to lack capacity then we will involve other people to help make a Best Interest Decision regarding spending.

A Best Interest Decision should be discussed with your allocated Shared Lives Coordinator and documented prior to any spending outside the regular spending as set out within the person's plan.

## Deprivation of Liberty

Liberty means being free to do the things you want to do and live where you want to live. Deprivation of Liberty means to take someone's freedom away.

What are the Deprivation of Liberty Safeguards?

The Deprivation of Liberty Safeguards (DoLS) came into force in England and Wales in April 2009 under amendments to the Mental Capacity Act 2005.

They were introduced following a decision in the European Court of Human Rights (ECHR). The ECHR found that our law did not give adequate protection to people who lacked mental capacity to consent to care or treatment, and who needed limits put on their liberty to keep them safe.

Article 5 of the Human Rights Act 1988 requires that no one should be deprived of their liberty except in certain, pre-defined circumstances. There must also be an appropriate, legally based, procedure in place to protect the individual's rights.

When someone lacks mental capacity to consent to care or treatment, it is sometimes necessary to deprive them of their liberty in their best interests, to protect them from harm.

# The Equality Act 2010

The Act simplifies and has replaced the large number of Acts and Regulations and consolidates previous legislation into one Act.

The Act defines the various kinds of discrimination by reference to characteristics which are protected under the Act.

It seeks to prevent discrimination on the grounds of the following nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; race; religion or belief; sex; or sexual orientation, pregnancy and maternity.

## What is direct discrimination?

Direct discrimination takes place where a person treats another person who has a protected characteristic less favourably than he/she treats or would treat others not possessing the protected characteristic.

## What is indirect discrimination?

Indirect discrimination is where a provision, criterion or practice is applied which is discriminatory in relation to protected characteristic. This includes conduct which is applied or would apply to persons who do not share the characteristic in question and conduct which puts or would put a person possessing a protected characteristic at a particular disadvantage.

Conduct which can be shown to be a proportionate means of achieving a legitimate aim is, however, permitted.

The provisions contained in the Act relating to indirect discrimination do not apply to the protected characteristics of pregnancy and maternity.

## In what circumstances will the Act apply?

The Act covers a wide range of circumstances and contained detailed provisions prohibiting discrimination, harassment and victimisation in the following situations:

- where services are provided to the public
- in relation to the disposal, occupation and management of premises
- in the workplace
- in schools and further and higher education institutions
- in relation to associations.

The Act also places obligations on the public sector to advance equality, contains detailed provisions relating to transport for disabled persons and places obligations on employers and service providers to make reasonable adjustments to cater for disabled persons.

## How are the provisions of the Act enforced?

Where a provision of the Act is contravened proceedings can be brought through the Civil Courts. If the claim arises out of the employment of a person a claim can be brought in an Employment Tribunal.

A wide range of remedies are available to the Civil Courts and Employment Tribunals including the power to award compensation for injured feelings and to make recommendations to reduce discrimination in the workplace.

Normally claims brought in the Civil Courts will have to be brought within six years of the date of the act to which the claim relates and within three months in the case of claims brought in an Employment Tribunal.

# Approval Process

# Approval Process and Status

## Your approval by Shared Lives South West

All Shared Lives carers have to go through an assessment and approval process to belong to a scheme and have a person who uses our services placed with them. It is a good practice requirement of a scheme to have an independent approval panel who considers applications and the information collected during an assessment, as part of the decision making process.

All application and assessment documentation is reviewed by the approval panel, and applicants are requested to meet the panel to discuss their application. The panel will then decide whether to recommend to Shared Lives South West whether you should be approved as a Shared Lives Carer.

Your approval may come with some restrictions, set by the scheme. These will be discussed with you as part of the assessment and approval process and may include:

- Type of service : Long term services/ short break services /flexible community services/ day services/ all types of service/ any combination.
- Type of person who uses our service: people with learning disabilities/people with mental health needs/ older people/people with dementia/ parents with a learning disability/ all types of people using our services/any combination.
- The level of need of the person using our services that it would be appropriate for you to support.
- The number of people it would be appropriate for you to support: one, two or three.

Once you are approved your vacancies are added to our website so social workers or those working for a service can see what is available.

## Changes to your approval status

You cannot provide any service for which you do not have scheme approval. Changes to your approval status have to be made following a specific process, with evidence to support the changes.

## Deapproval of a Shared Lives Carer

Situations that might warrant de-approval of a Shared Lives Carer will be presented to a Registered Manager for consideration, who in turn will discuss this with the other Registered Managers before reaching a decision to seek de-approval. Reasons for de-approval include:

- A proven allegation of mistreatment or abuse by a Shared Lives Carer.
- A conclusion that a Shared Lives Carer has not adopted/cannot adopt fit or safe care practices in line with the standards.
- There has been a serious breach of any of the agreements under which Shared Lives Carers and placements operate.

This list is not exhaustive and other situations may arise outside of this list where the organisation feels de-approval is warranted.

The de-approval process is detailed in the de-approval policy of Shared Lives South West which can be found within your carer handbook.

This policy also outlines the Carers right of appeal.



See Policy 08, 43  
44.

# Your Role as a Shared Lives Carer

As a Shared Lives Carer, you are not employed by Shared Lives South West but are self-employed. You may have additional paid employment or you may, depending on the number of and needs of the people placed with you, be full time carers. If you have other working commitments, you will need to consider how your new caring role may impact on these commitments.

The person / people placed with you should have access to your family's communal living space and be given full opportunity and choice to share in all aspects of family life.

As a Shared Lives Carer, you are expected to balance the needs of your own family with those of the person / people placed with you and give all members of the household equal choice, rights, privacy and dignity.

## Employment Status of Shared Lives Carers

In terms of tax and employment, you are regarded as self employed. This means that you are responsible for your own tax and National Insurance.

You need to consider registering as self employed with HMRC (Her Majesty's Revenue and Customs), who would deem this to be the best course of action as a Shared Lives South West Shared Lives carer.

There is an e-learning facility for Shared Lives carers available on the HMRC website which takes you through how to register as self employed and how the tax arrangements for Shared Lives works. We recommend that you go through this e-learning in full. Look on the web here:

[http://www.hmrc.gov.uk/courses/syob/s\\_l/HTML/s\\_l\\_menu.html](http://www.hmrc.gov.uk/courses/syob/s_l/HTML/s_l_menu.html)

The HMRC produces written guidance which explains how the tax arrangements for Shared Lives Carers operate. If you have any queries about the tax arrangements, please contact your local HMRC office or ask the Funding and Benefits Team of Shared Lives South West at Zealley House.

Further information can be found in the appendices.

# Roles and responsibilities of Shared Lives Carers

## Your Responsibilities

The specific requirements that Shared Lives South West expects from its Shared Lives carers are set out in the handbook and in the carer agreement which forms the formal “contract” between the carer and the organisation.

This applies to all carers whether they offer long term services or short breaks or both. In summary Shared Lives South West carers have two main roles:

1. You are a professional care worker working from your own home to support someone who lives with you, visits you or lives in the community
2. You act as a landlord (for long term services) offering accommodation and household services such as meals, heat and light, maintenance, transport, sundries and so on

## What you have to do

The list given below is a summary of the responsibilities of a Shared Lives carer whether offering long term or short break services:

- To share your life and home with the person/ people using our services(s) who live or stay with you.
- To include the person using our services in all aspects of your family life.
- To work positively and cooperatively with the scheme, professionals and other people involved in the life of the person using our services.
- To help the person using our services to stay well and keep safe.
- To treat the person using our services with respect and dignity and support them to express their views and make choices and decisions in line with the requirements of the Mental Capacity Act 2005.
- To respect the right to confidentiality of the person using our services.
- To make time for yourself and other members of your household including taking breaks from your caring role.
- Comply with the Carer Agreement and follow the Code of Conduct for healthcare support workers and adult social care workers:  
<https://www.skillsforhealth.org.uk/standards/item/217-code-of-conduct>
- To maintain open and honest communication with Shared Lives South West
- To support the person using our services as set out in their “My Plan” document
- To identify any change in the needs of the person using our services and bring these to the notice of the scheme at an early stage
- To notify Shared Lives South West of any planned absences with sufficient notice and discuss and obtain approval from the scheme for any arrangement with your agreed support carers keeping any records as required by the scheme
- To engage positively in our regular support and monitoring visits and any reviews undertaken by Shared Lives South West, allowing access to your home at all reasonable times
- Retain responsibility for compliance and attend carer training and Health and Safety.

# Confidentiality

The people who live with you have the right to expect that their personal information which is available to you and to Shared Lives South West, will be treated confidentially and not released inappropriately.

Shared Lives South West Carers assimilate considerable information about people who live with them.

- All personal information about people who use our services must only be used for legitimate work purposes.
- No information about people who use our services can be shared with a third person without their consent or if considered in their best interests.
- Explain to the person using our service when it maybe necessary to pass on information without their consent, for example to protect themselves or others from harm.
- Seek the consent of the person using our services before using their personal information, following the principles of the Mental Capacity Act (MCA)
- It is important that information gained about people using our service and other aspects of their service is not discussed outside of the placement.
- There is sometimes a need to disclose confidential information to a Shared Lives worker, however, we should ensure that the disclosure is of overall benefit to the individual and is given in strict professional confidence for a specific purpose and where possible with the knowledge of the person using our services.
- All information about people using our services should be held in secure and private storage, with clear arrangements for access.
- Breaches of confidentiality will be dealt with by Shared Lives South West.

## Social media guidance to Carers and the people who use our services.

Shared Lives South West offers advice and internet safety training to raise awareness of how to use social media safely and the potential and risks.

The scheme also works with Shared Lives carers to protect people who use our services from posting and viewing inappropriate or pornographic material or having harmful contacts which may put them at risk or subject them to bullying or abuse.

When using social media to comment on an issue related to Shared Lives South West, the Shared Lives model, or social care in general, Shared Lives Carers should consider the effect of their comments on their reputation and that of the organisation.

When posting images on social media of people who use our services, Carers should seek guidance from their Shared Lives Coordinator.



# Carer Training and Development

Prior to approval you would have completed our pre approval training. Some of the training will need to be repeated in order for you to remain compliant, e.g.: Mental Capacity Act, Safeguarding, Equality and Diversity training as well as First Aid training.

## Updating skills and knowledge

Shared Lives South West actively encourage all carers to take a positive approach to training and development and to continually seek ways to update and enhance your knowledge and skills. Shared Lives South West will make every effort to direct you to good quality and affordable training.

## Development needs

Training and development does not necessarily mean going on a course. This is not always the best way to learn and is not always convenient when you have a full time caring role. The important thing is that we identify the learning that is required, identify how this can best be acquired and can document that this has taken place. This meets the requirements of the regulations.

Training and development will be discussed and documented with you as part of your carer review each year and during the year if the need arises. If you attend any training or acquire new learning or skills through another means, please make sure you make your Shared Lives Coordinator is aware of it. If there is any certificate, let us have a copy.

This way we can update your training and development record on your Shared Lives South West file and this helps us demonstrate to CQC that we have a highly skilled and professional network of carers.



# Standards of Accommodation

Although there is a general expectation that Shared Lives Carer's homes are dealt with as "ordinary" homes, there are some general expectations about the standards of accommodation and some specific Health and Safety requirements of Shared Lives Carers.

These should be large enough to accommodate all the people living in the home and to entertain guests. All areas should be free from clutter and all areas should be well maintained e.g. repairs carried out as promptly as possible, doors and windows should open and close properly, any plasterwork and wallpaper must be intact etc. The general decorative state is a personal matter for the Carer(s) but there are some general principles to adhere to, such as furniture must be fit for purpose and not broken.

There must be a designated sitting area, which includes enough comfortable seating for all existing household members, proposed person who uses our services and provision for guests. The home must, in its entirety, be kept clean, hygienic and free from stale odours.

Access to the communal areas must be available at all times – restrictions must be in specified cases only and noted in the Support Plan.

Outside areas should be maintained adequately to be safe e.g. there should be adequate lighting to access the property safely, paths and steps should be in good repair.



See Policy P41

## Heating

Those parts of the home available to the user should be comfortably warm. As a guide this would usually mean that they are maintained at the following minimum temperatures when the rooms are in use unless the person who uses our services has requested otherwise: -

- Bedrooms 15.5 degrees Centigrade (60 degrees F);
- Communal Areas 18 degrees Centigrade (65 degrees F).

No free-standing gas, oil or liquid petroleum heaters must be used. Electric blankets should preferably not be used. Depending on the person's needs, constant heating may need to be provided during the daytime.

## Bedrooms

It is a requirement of the scheme that persons placed must have their own room, the rare exception being where two persons want to share e.g. a couple. Beds must be at least full-sized single beds (3ft wide). Other than in an emergency, and by agreement with the Scheme, person who uses our services should not be accommodated on pull-out sofas, camp beds etc. and should only be accommodated in rooms which are usually used as bedrooms and are vacant. Except in an emergency, and by agreement, the use of other household members rooms is not acceptable –e.g. moving children for a weekend to accommodate a short break placement.

Single rooms must be of a good size- this means large enough to accommodate furniture and to allow adequate space for dressing, storage of clothing etc. If the person who uses our service wishes to use their room to watch TV or entertain guests then the room should be large enough to accommodate an armchair.

There must be a window which can be opened to a safe degree and allow in natural light. Any room used must comply with our policy, a summary of this is in the Shared Lives Handbook.



See Policy P34

There must be an adequate supply of bedding and this should be adjusted to take account of changing weather conditions. The bed and bedding provided should be in good condition. The mattress should be without broken springs, stains, soil marks, threadbare patches or tears. Beds and bedding must be maintained in good order and replaced where necessary.

Ideally bedrooms should be carpeted, but where there is polished flooring a slip-proof bedside rug should be provided. Carpets must not be threadbare or loose. Curtains must be clean, in good repair, preferably lined, and large enough to cover the window .

There must be adequate hanging and drawer space for the person's clothing. This would normally comprise at least one chest of drawers or dressing table and one wardrobe each. There should be a shelf or bedside cabinet by the bed. Each person should have a bedside lamp. Lampshades should be provided for all lights. There should be a minimum of two electric points per room. A small portable TV would be an optional extra. A waste paper bin should be provided. Additional bedroom furniture required due to the person who uses our service needing more storage will need to be purchased by them.

All furniture must be clean, safe and in good repair. (Ideally it should match but at least it should be complimentary). There should ideally be a mirror in each room. The room must be clean and in good decorative order. There should be a radiator or other safe form of heating in the room.

People using our services should be allowed and encouraged to personalise their room with pictures and ornaments, etc. They may wish to provide their own furniture if in a long term placement and this should be facilitated wherever possible unless it would not meet fire safety standards or there is another good reason why this can't happen.

## Kitchen

Cupboards and worktops should be kept clean and hygienic. Pets should not be allowed onto worktops or housed near food preparation areas. The kitchen must contain a refrigerator set at the correct temperature, cooker and adequate utensils and cutlery. There should be adequate storage space for food. The kitchen area must be clean, free from clutter, and there must be adequate, suitable space for food preparation. A Fire Blanket should be easily accessible from this room.



See Policy P34,  
P32, P35

## Bathroom

Floor covering should be of the non-slip variety and firmly stuck down. Toilet paper, hand/bath towels and soap must be provided. The door must have a lock and one that could preferably be opened from the outside in emergencies. Fitments and sanitary ware must be kept clean. There should be an opening window or an extractor fan.

If the toilet is separate, then the above similarly applies and there must be facilities for hand washing.

Thermostats should be set so that hot water is stored and dispensed at safe temperatures.

## Access to the home

The person placed should be encouraged to consider the accommodation provided as their home and access must be available at all times. If the person usually attends daytime activities or employment, they may sometimes need to stay at home during the daytime.

A key should be provided and, within reason, no time restrictions enforced on entering and leaving the home. In the unlikely circumstances of a key either not being given or withdrawn, this must be recorded together with the reasons for this.

Visitors should be encouraged and made welcome at reasonable times.



See Policy P11

## Health & Safety

Shared Lives Carers are responsible for the maintenance of their own homes and could be held liable under the “Health and Safety at work” act for any accidents or injuries which occur within their home or within the surrounds of their home such as the garden. Shared Lives Carers are required to complete a risk assessment of their home and take action to minimize the risks to the person using our services regarding any hazards identified.

All electrical and gas appliances should be safe and regularly serviced. A gas safety certificate must be provided annually by all Shared Lives Carers.

The scheme will not meet the cost of repairs and maintenance as these are the responsibility of the householder. Electrical appliances must be fitted with a correctly fused three-pin plug and maintained in good condition. Sockets should not be overloaded. There should be no trailing leads. The fuse box should be fitted with RCD switches.

Ideally there should be a carbon monoxide detector near any gas appliances. This is likely to become a requirement in the near future. There should be an accessible first aid box and fire blanket in the home.

Cleaning fluids and other substances should be kept in their original containers and stored safely. Tools and garden equipment should be stored safely.

The summary on Fire Safety must be adhered to (a summary is in the Shared Lives handbook

and a full copy is available upon request from the scheme). If you would like any advice about fire safety within your home this is available from the Devon and Somerset Fire Service as well as Cornwall Fire Service – contact details can be provided by the scheme



See Policy P32, P29,  
P31, P14, P33

## Meals

The payment to Shared Lives Carers includes the provision of all meals within the home. Meals should be served in a dining room or area that has sufficient seating and table space and should, wherever possible, be eaten together.

Meals should be of good quality and of a size that meets the requirements of the individual. A varied and balanced diet should be offered, taking into account the individual's cultural requirements and personal tastes. Where appropriate, the person placed should be encouraged to help cook meals or provide a meal for themselves.

When dining out, the person who pays will be dependent upon the circumstances and on who has chosen this activity, if in doubt seek advice from the scheme or the "who pays" document.

## Other Facilities

Shared Lives Carers should provide an adequate laundry service or offer washing machine and drying facilities for the person to use themselves. Supervision and training may be needed for this.

The home must contain a telephone and the individual should have use of this within reason (arrangements should be made between the carer and person placed regarding payment for calls).

## Houses in multi occupation

Some carers have received correspondence from their local authorities to check to see if they are running a 'house in multiple occupation' i.e. a larger house split into bed sits or rooms to rent. Shared Lives carers do not fall into this category as your accommodation is considered a 'family home', even though you are subletting a bedroom. If you get such an enquiry, please let us know.

# Key Documents

# Key documents and what they are for

Shared Lives South West puts in place several key documents which broadly outline the important aspects of our service and our relationship with our carers and the person using our services. These are a requirement of the good practice guidance agreed by the CQC and Shared Lives Plus.

These key documents are:

## The Shared Lives Carer agreement

This is the agreement that sets out the relationship between you as a Shared Lives Carer and Shared Lives South West. It states what services you have been approved to provide, how many places you can offer, what client groups you can support, and so on.

It also describes what we expect from our Shared Lives Carers and what you can expect from us. It forms the contract between Shared Lives South West and our carers. The Carer Agreement is discussed with carers during the assessment process and should be completed as soon as a carer has been approved by the approval panel. It is signed by the carers and by Shared Lives South West.

## Individual service agreements

At the outset of each individual Shared Lives service we will send you a letter which sets out the terms for that service. You will be asked to sign a copy of the letter as acceptance of its terms. The person using our services will also be sent a letter of agreement, explaining how their service has been set up, what their responsibilities are and how to contact Shared Lives.

## “My Plan”

There are two “My Plan” documents – one for long term and one for short break services. This document sets out what is important to the person using our services and it is developed with them. It outlines the outcomes they hope to achieve and the tasks that the carer should undertake to meet these outcomes. This can be done using photos, pictures and symbols so that the person using our services has as much ownership as possible of this document.

It is an important document as it sets out the care and support that is expected from the Shared Lives carer and is an important tool in measuring how successful the service has been from the person using our services’ point of view.

The plan draws its information from a variety of sources and is usually completed by the Shared Lives Coordinator with lots of input from the person using our services and you as the Shared Lives carer.

It would also draw on the views of the care manager or social worker and any assessment that they have already done.

For long term placements the plan is completed 15 weeks after the person using our services moves in when everyone has got to know each other better. It is then reviewed on at least an annual basis, and more frequently if needed.

# Key documents and what they are for

## Licence Agreement

At the outset, each person you support will be required to have a licence agreement in place. This licence agreement sets out the rules and expectations for both the carer and the person using the service.

Under a licence agreement the person who is placed with you has no rights of occupancy. A licence agreement is merely a 'licence to stay' in your home and actually protects you as a carer. The person placed with you can be asked to leave with a notice period and has no legal means of challenging this.

## Identity Cards

All carers should have a current Shared Lives South West identity card.

- In all our dealings with the public, we should have an identity card available to show.
- ID cards should be kept on the carer's person and not worn when supporting people who use our services in the community.
- One passport photograph is required and should be returned with the completed and signed application form to your Shared Lives Coordinator. Where possible, applications for identity cards will have been completed on panel day.
- Whilst supporting people who use our services, carers may be asked to present this card to confirm their identity. For example, when supporting them at a bank, at medical appointments or at benefit appointments.
- You should report lost or stolen identity cards to your Shared Lives Coordinator immediately.
- On leaving the Shared Lives scheme, the identity card must be returned to your Shared Lives Coordinator on your last day.
- Your identity card will be checked by your Shared Lives Coordinator on an annual basis to ensure it is current and to confirm that the photograph is a true likeness.

# Feedback, compliments and complaints

If things aren't working well for you or if you are worried about any aspect of your work then please do talk to your Shared Lives Coordinator. It might be that you don't feel you are getting on with the person you support or that there are difficulties with professionals involved.

If for any reason you would prefer to speak with someone other than your Shared Lives Coordinator you can contact the Team Leader for your area.

We can support you best when we know what's going on - so don't worry about 'bothering' us that's what we're here for! We also like to hear if we've got something right - a compliment goes a long way!

## If you don't tell us something is wrong we cannot try to put it right.

It is very important to everyone at Shared Lives that we have an open culture in which you can tell us what is working well and what isn't.

We work hard at listening to our carers, people who use our services and our staff because we want to keep improving what we do.

- We send out questionnaires.
- We have meetings and consultation groups.
- We phone people and we visit people at home.
- These are all opportunities for you to tell us what you think.

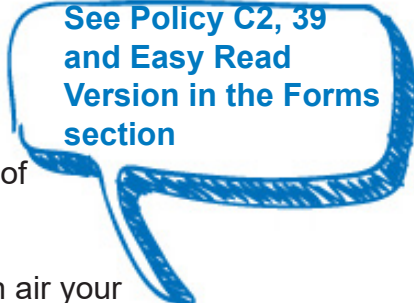
## Complaints

If things have really gone awry we have a complaints procedure which you are welcome to use. There is an easy read version as well.

Complaints can be anonymous, informal or formal. They will be logged but only the formal written complaints follow a set process. The outcome of a formal complaint can be appealed.

You may also like to consider either speaking to a member of the Carer's Consultation Group or arranging to attend a CCG meeting where you can air your concerns and seek the views of other carers.

When something occurs, which has caused harmed by the provision of a service, Shared Lives South West shares this with the individual and their circle of support (if appropriate) and offers an appropriate remedy, regardless of whether a complaint has been made. This is covered by our Duty of Candour Policy P39. Additionally, if there is a learning from experience opportunity, this will always undertake to identify any training needs so that were possible a similar situation does not occur again. Use the Easy Read complaints form to help the person you support to make a complaint and make them aware this form exists.



See Policy C2, 39  
and Easy Read  
Version in the Forms  
section

## Carer's survey and other ways you can give feedback

Each year we send out separate surveys to carers and those that use our services to help us to understand the issues that you face. You can also raise issues of concern with your Shared Lives Coordinator at any time. If for any reason you'd prefer to speak with someone other than your own Shared Lives Coordinator you are welcome to contact a Team Leader.

Alternatively, you might prefer to discuss things with another carer - that's why we encourage everyone to come along to the carer meetings we organise. Increasingly carers are organising their own local, informal meetings too and these can be a great source of support and advice.

# You and your Shared Lives Coordinator

# You and your Shared Lives Coordinator

**Your Shared Lives Coordinator is your key contact and main source of support**

**You can talk to them about any aspect of care and support, any issues arising surrounding your placements but there are certain things that they need to know.**

## **Raising Concerns / Whistleblowing**

Shared Lives has a Whistleblowing Policy which is useful for all carers to read. Our philosophy is to ensure that all employees, Shared Lives Carers and people who use the service feel confident that they can raise concerns regarding any aspect of the scheme and the services that it provides without fear of negative consequences.

If you are worried about any aspect of the organisation or our support to you and/or the people you support, then please talk this through with your Shared Lives Coordinator. We value an open and honest working relationship and strive for this to be collaborative on both sides.

We do recognise that sometimes it can be difficult to talk to someone if you have concerns about them. If this is the case, then please contact one of the team leaders who would be more than happy to talk to you about any worries you might have.

If you still feel your concern hasn't been dealt with properly after this, we would encourage you to write down your concerns and use the 'formal' route. This entails sending the CEO a letter with as many specific details about your concern as possible. We will then deal with this as a formal complaint.



## **Reassessment of needs**

Perhaps over time, you might notice that the person you support is less able to do things than they used to be. It might be that they have become unwell or something has changed meaning you are needing to support them a lot more. If this is the case, they may need a reassessment of need undertaken by the Local Authority. Your Shared Lives Coordinator can help you with this.

It might be that you feel the person's needs outweigh the banding level they were originally assessed at. If this is the case, you can obtain a copy of the banding level table from your Shared Lives Coordinator to make some notes as to where you feel their needs have changed or increased. This helps your Shared Lives Coordinator to approach the local authority and request a review or a reassessment. This process takes time and we cannot always guarantee that increased funding will be given.

# You and your Shared Lives Coordinator

## If the person you support is reassessed and as a result loses all or some of their day support

This decision should not be implemented without notice. Speak to your Shared Lives Coordinator as soon as you find out that this is being considered. If you believe it is the wrong decision they will, in consultation with the person concerned, help you to challenge it. If the decision stands then your Shared Lives Coordinator will help you and the person you support to find alternative meaningful activities so they are not left with a big gap in their daily routine.

## Medication

You need to talk to your Shared Lives Coordinator if there are any changes in the medication of the person you support. This is because we need to keep up to date records of the current medication taken by the person in case we need to provide emergency respite for you.

## Changing the support you offer

You might decide that you would like to increase the number of people you support, or to support people with different needs. Anything that differs from your original approval needs to be talked through with your Shared Lives Coordinator as they will need to complete a change of status form, taking into consideration whether you and they both feel you are able to change your current approval status. This 'Change of Status' needs to be undertaken to make sure we are providing safe care for people, and to consider any matching issues for new people and people who already live with you.



See Policy P14,  
P14A, P14B

# You and your Shared Lives Coordinator

## Risks

You may notice that the people you support are putting themselves or you at some level of risk, either knowingly or by accident. In these instances your Shared Lives Coordinator can help you complete a risk assessment. The aim of a risk assessment is for everyone to identify potential areas of risk and think about strategies to reduce them. It will also give guidance as to who needs to do what, if the risk arises.

This doesn't always stop the risky behaviour from happening but it can be a way of everyone taking a similar approach in order to minimise the risk where possible.

We want to encourage people to take managed risks within their lives as this is what makes our lives interesting and also how we all learn. The balance between risk and rights can be a grey and confusing area but your Shared Lives Coordinator is there to help you work your way through these issues.



See Policy P9

## The person you support comes home with someone you have concerns about and/or at a bad time (e.g. very late)

If this is at an inappropriate time, and/or you have concerns about the safety of the person you support or others in your household; or you just do not know the other person you are perfectly within your rights to refuse them access at that time.

However, it might be worth considering negotiating a mutually acceptable time for the guest to return in order to respect the persons' wishes and preserve the safety of others.

Speaking with the person privately as soon as possible and calmly explain your concerns ensures that they are informed about why you have refused someone access. Failing that, contact us at Shared Lives as soon as reasonably possible. Should the situation become difficult to manage you may need to seek support from the police.

## Concerns around boundaries e.g. hugging and physical contact

Generally this would not be appropriate unless invited by the person. As a Carer you should be aware that the people you support are adults, and as such should be treated the same way as any other adult. Cultural and religious differences must always be respected.

Where personal contact is concerned, this should only be at the person's request, providing this is not shown to be inappropriate within their care plan.

In certain situations this would be deemed appropriate, but you should be aware at all times of the context.



See Policy  
P09, P19

# You and your Shared Lives Coordinator

## Dealing with family members of the people you support

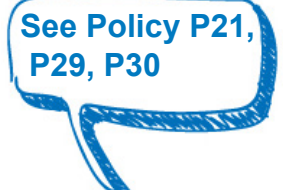
What if a family member turns up and wants to take the person you support away?  
In the main, if the person is deemed to have capacity and this is their wish, then you should support them in their decision.

However, as a carer you should be mindful of any safeguarding issues outlined in the persons care plan; you can use this to inform your actions when dealing with surprise visits from family members.

Explain to the family that, barring family emergencies, visits should be pre planned for the person's well-being and peace of mind, and to fit in with other household arrangements.

If the person is not deemed to have the capacity to make this choice, but seems happy with the arrangement, then they should also be supported in this and Shared Lives informed as soon as possible after the fact.

If there have been safeguarding concerns or if it is noted within any plans or agreements with the local authority that contact should not happen because the family member presents a potential risk – firstly try and explain to the family member that the person can't go today but you will contact the appropriate people and get back to them. If they persist, contact the police for support and inform Shared Lives as soon as possible. If this is out of hours please inform the duty social work team as well.



See Policy P21,  
P29, P30

## Drink and drugs

Provided the person is deemed to have capacity, and it is their conscious decision, you should support them in their choice to enjoy social drinking.

However, if there are concerns, please contact Shared Lives in the first instance.

Excessive, regular alcohol and/ or illegal drug use won't be supported, and the first point of call in this case would be to contact your Shared Lives Coordinator.



See Policy  
P41

Did you know....



**Shared Lives South West has won national awards for its care work and collaborated with many other providers, charities and dignitaries both in England and abroad to showcase its innovative work.**

## Other sources of support

# Other sources of support

## Seeking support

You can only do your job well if you are also well supported, so it would be worth trying to make time to catch up with other Shared Lives Carers and access the available support when you need it.

## Other Shared Lives Carers

They can be a great source of support, which is often mutual.

We offer you a carer buddy when you join us, and encourage you to attend care meetings and social events where you will meet other like-minded people. You can share lifts, experiences, ideas and have fun. Some carers organise local social events where families get together to do group activities. Other carers meet regularly and have lunch or coffee and a catch up.

## Support carers

### What is a support carer?

Shared Lives Carers are not allowed to employ staff (i.e. people on your payroll) to do the job of supporting the person using our services instead of themselves as that is not within the ethos and concept of Shared Lives services and would detract from the family based nature of the service.

However, it is recognised you might need help in your role from time to time particularly when you want to take a break. The people you rely on to help you are known as your support carers.

A support carer is defined as a person who a Shared Lives Carer relies on to help them deliver a Shared Lives service within the Shared Lives South West scheme by:

- Providing additional support and care to a the person using our services alongside the Shared Lives South West Shared Lives carer and/or
- Providing support and care to a the person using our services in substitution for the Shared Lives South West Shared Lives Carer when they are temporarily away from the home for short periods (less than 24 hours) and/or
- Providing support and care to a the person using our services in substitution for a Shared Lives South West Shared Lives Carer when they go away from the home for longer periods (over 24 hours)

A support carer formally assumes a duty of care to ensure the well being of the person using the Shared Lives South West services, when they substitute for or work alongside the Shared Lives Carer.

You cannot use a support carer to work alongside you or stand in for you if they have not been approved as a support carer by Shared Lives South West.

# Other sources of support

## Formal and informal support carers

Shared Lives South West has agreed a definition of formal and informal support carers. No definition can ensure that it is always clear whether a support carer is formal or informal, but the following pointers give a sense of the main areas to consider:

### Formal support carers

- Formal support carers will provide frequent, regular or planned support to a Shared Lives Carer by taking responsibility for the well-being of one or more the person using our services in the absence of, or alongside, the Shared Lives Carer.
- The Shared Lives Carer relies upon the support of the formal support carer to fulfil their role in the agreed way.
- The support carer is most likely to be taking the place of the Shared Lives Carer.
- Formal support carers may be paid or unpaid, but any support carer who is receiving a payment for their role is likely to be deemed a formal support carer.

### Informal support carers

- Informal support carers generally have only agreed to cover emergencies, or offer irregular or occasional support as and when needed.
- Informal support carers are unpaid.
- Informal support carers would not usually provide support in the absence of the Shared Lives Carer for longer than 24 hours.

The place where the support is provided (i.e. the Shared Lives Carer's home or the support carer's home) is not a determining factor in deciding whether a support carer is formal or informal.

## Identifying support carers

The people most commonly listed as support carers tend to be your spouse or partner, your grown up children or other family members living in the home and other friends and family who often support you who may live close by.

If you wish to propose someone as a support carer, in the first instance you need to discuss this with your Shared Lives Coordinator. They will consider what sort of support that person might give you. The Shared Lives Coordinator will decide if the support carer is defined as informal or formal.

Informal support carers who are only listed as an emergency support have to be notified to the Shared Lives Coordinator and recorded on the relevant part of the carer agreement.

# Other sources of support

## Approving formal support carers

Where the support carer role has been deemed to be formal by the Shared Lives Coordinator, the support carer would need to complete an application form. This would be followed by an interview with the Shared Lives Coordinator. This process seeks to find out whether the support carer would have the necessary skills, knowledge and experience.

If the proposed support carer seemed suitable, the Shared Lives Coordinator would recommend them to the scheme. There is a simple approval process with the Team Leader as the decision maker.

The Shared Lives Coordinator would also identify any training that the support carer will need to have to be able to meet the needs of the person using our services they will be supporting. This may be mandatory as part of the support carer approval. Currently the only training that is mandatory for a formal support carer is Safeguarding training which can be accessed through Shared Lives South West. Emergency first aid is also mandatory for formal support carers.

The Shared Lives Coordinator will also agree whether a DBS check is required. If so, this will be a cost to the Shared Lives Carer, which can either be paid from their respite allowance or passed onto the support carer.

If the support carer is NOT to be paid, Shared Lives South West could process the DBS check as a volunteer role which is free of charge.

## Support to support carers

Support carers will be offered access to Shared Lives South West in house training, via the Shared Lives Carer they are linked to. They can also opt to receive copies of the newsletter from Shared Lives South West.

All support carers will be able to contact the allocated Shared Lives Coordinator if they have any concerns about their role or their support to the person using our services.

## Shared Lives Carers acting as support carers

A Shared Lives Carer can if they wish act as a support carer for another Shared Lives Carer. This should be agreed with the Shared Lives Coordinator and recorded on our database.

By agreeing to do this, the carer is accepting to negotiate payment when providing cover rather than receive the applicable short break rate/

It is the responsibility of the Shared Lives Carer to ensure that support carer changes are notified to the SLSW and that support carers are compliant.

# Other sources of support

## Carer Consultation Group

There is a group in each county, which each has ten members, each with their own varied experience of Shared Lives.

Their responsibility is to bring issues from carers to discuss with Shared Lives staff and also to provide feedback for carers on any updates or changes within the scheme.

All the carers in these groups are happy to be contacted if you have any issues you would like to be taken to the meeting, or if you wish to go as a guest and speak for yourself.

Contact details for these members would have been given to you in your approval packs but are available in our newsletters too.

If you are interested in being considered for this role, speak to your allocated Shared Lives Coordinator who can explain how the role works

## Carer Supporters

A number of experienced Shared Lives Carers have taken on an additional formalised role of Carer Supporter. Carer Supporters are there to provide additional support in the event of a Safeguarding alert or a substantial event where support is needed i.e. Death of the person using our services.

During a Safeguarding situation Shared Lives Coordinators are required to remain neutral whilst an investigation is undertaken and so may not be able to fully support the carer involved. The Carer Supporters are there so that if you find yourself subject to an allegation and investigation, you are able to receive support. Contact the office for an up to date list and agree with your Shared Lives Coordinator how many hours support you need to access. This is because this is a paid role and so cannot be unlimited.

Alternatively come and chat to them at a Carer meeting.

## Feedback

Shared Lives South West highly values the opinions and experiences of its carers and those using our services. We seek views and ideas through our newsletters, meetings and surveys.



# Shared Lives Plus

## Shared Lives South West: part of a bigger picture

Shared Lives is available throughout the UK and is run by different schemes in different areas. In Cornwall and Devon it is run by Shared Lives South West. Shared Lives Plus is a membership network for all the Shared Lives schemes across the UK. Membership is also open to anyone who is a registered Shared Lives Carer.

Shared Lives Plus is the UK network for family-based and small-scale ways of supporting adults. We recommend you join as it is the “Umbrella body” for Shared Lives carers and there are lots of membership benefits. You will have received details of how to join in the letter confirming your approval as a Shared Lives Carer.

## Shared Lives Plus membership benefits:

- Public Liability Insurance: essential, specialist at a very competitive rate.
- Legal helpline
- Mediation
- Advice on forming carer groups
- Shared Lives Plus Newsletter
- Information on what’s happening in Shared Lives across the UK
- Specialist home and car insurance

## Shared Lives Plus works with its members to:

- Provide resources, training, insurance and one-to-one support
- Enable members to talk to, support and learn from each other
- Ensure that members can act as a network to influence national and local decision makers and the development of a more personalised social care system and raise awareness of the value of members’ work
- Commission research and strengthen the evidence base for our work

# CQC and Safeguarding

# Care Quality Commission Information

## Our duty of care and CQC requirements

**Shared Lives South West has a primary duty of care for every person it is providing a service for. We are required to notify CQC about certain things and need to know specific things to meet our duty of care.**

CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.

Shared Lives South West is registered and regulated with the CQC. Shared Lives South West Carers do not need to register with the CQC. This is because the accommodation provided to customers is not 'regulated premises' that the CQC can inspect.

You or the person/ people who you support may be contacted by a CQC inspector to give feedback about your experiences of Shared Lives South West. This will happen before a CQC inspection.

## Things we need to know straight away

There are some things that we need to alert our governing body, CQC, to as soon as physically possible. Sometimes this might mean contacting our emergency on call line or having to leave a message on our answer phone.

## What sort of thing do we need to know about:

- Death of a person using Shared Lives services.
- Serious injury to a person using Shared Lives services.
- Abuse or alleged abuse of a person using Shared Lives services.
- Any incident reported to or investigated by the police in connection with anyone who occupies the home.

## Why do we need to know?

- So that CQC can monitor the safety of Shared Lives
- So that your Shared Lives Coordinator knows you may need additional support
- So we can fulfil our statutory duty as a registered care provider
- So that family members of the person using the service can be made aware if appropriate

***More information about our on call service and relevant emergency numbers can be found right at the front of this handbook.***

# Keeping us informed

## If someone dies

In the sad event that a person you support dies we want and need to be notified. We want to offer you support and we also have a duty to inform CQC.

If it happens at the weekend or on a bank holiday you can use the on call service to tell us.

We know that the people who live with you become members of the family and we will do all we can to support you for as long as you need.

If a carer dies we will support the entire family including the people supported within their home.

Working closely with the whole family will give everyone support with taking the first, crucial steps to ensure that the right decisions are made for everyone.

## Accidents

In the event of an accident or incident occurring that affects a person you support, a carer or a member of staff you should take any appropriate steps immediately afterwards such as administering first aid or seeking the appropriate help. This then needs to be reported to Shared Lives as soon as possible.

An accident/incident form needs to be completed and returned to Shared Lives, and where appropriate a body map should be completed to highlight where an injury has occurred. These can be found in the forms section of this handbook.

Depending on the nature of the accident or incident it may need to be reported to CQC and other relevant bodies by Shared Lives.

## About a hospital admission

When someone you support is admitted to hospital you need to inform your coordinator as soon as possible. If this is due to a serious injury we will need to notify CQC. Long stays in hospital can also affect people's benefits. If the person you support uses controlled drugs e.g. methadone, morphine, pethidine your Shared Lives Coordinator will support you to manage this, and we have to report this to CQC upon inspection.

## If the person you support has missed medication or taken too much

If an error occurs with medication consult with a pharmacist or GP and record the event on an accident & incident form and send it to Shared Lives. CQC may require us to report such instances.

Errors can include but are not limited to:

- Someone misses taking medication.
- Someone accidentally takes it twice.
- The wrong dosage has been prescribed.



# Keeping us informed

## You will need to tell your Shared Lives Coordinator if someone is refusing to take their medication

There might be a number of different things to think about in this situation, mainly the person's mental capacity to make this decision. If they have the capacity to refuse to take their medication then you cannot force them to take it.

However, if they are refusing medication and you don't believe they have the capacity to understand the consequences of this, you will need to talk to your Shared Lives Coordinator and GP who will be able to support you with the next steps.

## If someone you support goes missing

If the missing person is normally supported continually and does not access the community independently then contact the police in the first instance and then inform Shared Lives as soon as reasonably possible.

## If the person who is missing usually goes out independently and would be deemed to have capacity to choose to be away from home it is more complicated.

- Discuss with Shared Lives Coordinator at the first opportunity and consider the possible risks. The police may not become involved if it is a person with capacity who is generally capable out and about in the community, unless there are significant concerns or risks.
- Depending on the individual it may be a few hours or more before you could report this to the police. Police must be notified within twelve hours after someone has gone missing, if this has not happened sooner and you still don't know they are safe.

## If you've had to physically restrain someone

We have a policy about Restrictive Intervention which you should read, even if you feel it doesn't apply to you at the moment. Restrictive Intervention doesn't just cover having to 'restrain' someone in the traditional sense but could also cover having to hold someone's arm firmly and for a prolonged time, or locking the front door for their safety.

Any restriction of a person's movement is an absolute last resort. However, we also understand that in some circumstances it is required to keep the person safe. If you feel you have had to suddenly restrict someone or have had to restrain them in any way, then record what happened and call your Shared Lives Coordinator for advice.

# Keeping us informed

## If the person you support starts or finishes attending college or starts working

This will affect their benefits and as such all changes of this nature need to be handled by the Funding and Benefits Team to ensure that the individual receives the correct benefits.

## When there is a change in your family circumstances

We need to know who's living with you and if that changes in any way. This applies to anyone; partners, foster children, lodgers, grown up offspring...

- If anyone new comes to live with you or someone moves back in. This might be a partner, a foster child or a grown up child returning to live at home or someone else.
- If a family member moves out.
- If a person dies.
- If a new member of the family is born.

This is because changes can have an impact on your emotional well-being, your ability to care, the dynamics of the household, the safety of the person you support and so on. All of this can affect the stability of a Shared Lives arrangement.

## What else might you need to tell us?

### When you are thinking of moving house:

We need to know when you're thinking about moving in advance of the move.

- The local authority will need to check whether it's OK for the person, whose service they pay for, to move.
- Your Shared Lives Coordinator will need to check the new house is going to be suitable through Health & Safety checks.
- It will need to be ensured that the person using the service has been given the choice to move.
- Funding & Benefits staff will have to reapply for all the persons benefits again (because they will have a new address).
- Your Public Liability Insurance will need to be updated due to the new address.
- Fire escape plans for the new property will need to be made.

## When you are going away on holiday

We have a duty to know where the people who use Shared Lives services are, at any given time, and who is caring for them. As such you have a responsibility to tell us if they are not where we would expect them to be.

- Is the person who uses the service coming with you on holiday? As this might affect their benefits, if the trip is a long one. You may need to complete a holiday form. please find the document within the forms section.
- Have they been given the choice as to whether they come or stay behind?
- Are there any financial implications for you or the person you support?
- Is your support carer stepping in whilst you are away?

## If a member of your family is taken ill and you need emergency cover

Some scenarios can't be planned for and if you have a real emergency then you need to act responsibly to keep both yourself and the people you support safe.

If one of your support carers or another Shared Lives Carer is available, please ask them for support in the first instance.

If neither is available to provide support it is acceptable to use a person who you feel is competent to provide the support in order to cover the emergency but you must contact Shared Lives South West as soon as reasonably possible.

## Compliance

You are responsible for ensuring that your training, DBS and insurance are up to date and you must provide proof of compliance on these matters as and when they are due. Failure to do so may mean that payment is suspended.



See Policy 22

# Keeping Everyone Safe

## Safeguarding: Adults and children

**Shared Lives South West has a zero tolerance approach to abuse of any kind.**

In accordance with our Duty of Care, Shared Lives South West will look into every report or allegation and follow the Care Act guidance when something needs to be referred to the local authority, reported to our governing body, CQC or reported to the police.

All Shared Lives staff and carers are required to attend appropriate safeguarding training, including refresher training every three years.

Any carers with a responsibility for a parent and child placement will also have to undertake safeguarding children training in addition to the required safeguarding adults course.

Although rare, it can happen that as soon as an allegation of abuse has been made against a Carer, the person will move out immediately. Depending on the nature of the circumstances this may affect your income.

Any carer who is known to have abused a vulnerable person in their care will be de-approved as a Carer from Shared Lives South West.

Where a Shared Lives Carer has an allegation made against them they may be able to access emotional support from our 'Carer Supporters'. These are experienced Shared Lives Carers who have had experience of safeguarding issues and who are willing and trained to provide support for other carers in times of need. This may be by phone or face to face. Your Shared Lives Coordinator can arrange this support for you at your request.

If you feel that you need to raise a safeguarding concern, then please see the emergency numbers listed at the front of this handbook and get in touch with us at Shared Lives South West as soon as possible.



# Keeping Everyone Safe

## Disclosure and Barring Service (DBS) check

As a carer you will need to undertake a DBS check. These checks ensure that unsuitable people don't work with vulnerable adults and are there to keep everyone within Shared Lives South West safe.

You will be notified when your DBS is due for renewal, which will occur every three years. You'll be required to pay for your DBS and provide original identification when requested. It is your responsibility to ensure that your check is up to date.

It is worth noting that the Online Update services surrounding DBS is not acceptable for you as a Shared Lives carer as it doesn't perform the necessary background checks on others who may live in your household.

## Public Liability Insurance

This is an essential and mandatory requirement of you as a Shared Lives Carer. You are required by the commissioning local authorities and Shared Lives South West to have suitable Public Liability Insurance in place whilst supporting any individual. Having this cover in place ensures that everyone using Shared Lives South West, including you, is safe. We have arranged, through our umbrella body, Shared Lives Plus, a great product at a competitive price that is hard to match on the open market.

You'll be given all the information you need to purchase the recommended Public Liability Insurance at the time of your approval. The policy will then need renewing annually. In order for us to know that you are covered, you need to show us your policy certificate each time you renew.

## Record keeping

Record keeping plays an important part in the role of any Shared Lives Carer and you will be expected to keep records and information around the following topics:

- Up to date care plan.
- Medication.
- Incidents and accidents that need reporting.
- Mental Capacity assessments and Best Interest decisions.
- Anything else that you deem important or unusual.
- Money management recording.

Remember, you can always talk to your Shared Lives Coordinator for advice on what to record and what not to record.

# Matching and Introductions

# Matching Process

How we find the right person to share your home is probably the single most important step we take and is at the heart of every Shared Lives South West arrangement.

Matching ensures that the person looking for the service and the Shared Lives Carer can make an informed decision about both longer term commitment and also short break services. A thorough and transparent introductory process helps to ensure the stability and quality of matches.


## Long term and Short break matching and introductions

Shared Lives South West receives a written referral which is passed onto the relevant Team Leader, which is then discussed with the team to find the best match.

- Once allocated a Shared Lives Coordinator (SLC) may request further information to help with the match including whether funding has been agreed.
- The SLC will show the referral to one or more carers. Where possible, the carer will also meet the referred person and their family this is generally referred to as a “cup of tea” visit. There is no fee payable for this.
- The person requiring the service can have as many “cup of tea” visits with as many carers as they wish.
- It will also be an opportunity for the person to have a look around the carers home, meet the carers family and see the room on offer and check that the layout of the property and access to it meets their particular needs.
- This visit would include a discussion about practical arrangements such as when the first trial stay will take place, if long term or if short break how the person using the service will get to their short break and who is paying for the break and any extra costs such as mileage.
- The person requiring the service can then choose a family and arrange to go for a short break, if a long term service is being sought.
- If short breaks are the required service, generally after a “cup of tea” visit a choice is made as to which family they would like to stay with and short breaks then start – subject to funding. The break is then monitored by an allocated SLC.
- Carers always have the final say as to whether a match is likely to work. If you have any doubts we encourage you to tell us, and go with your instinct. It is better all-round not to start than to have a match break down.
- For both long-term and short break services the carer and person using the service will draw up a Plan together. This will describe what the person wants to get from their service and what support they will need to do this.
- Generally a review is undertaken after 15 weeks so the plan can be finalised and the funding reviewed.
- You will be given copies of all the information sent to Shared Lives South West.
- This will be reviewed at least annually to keep it up to date.
- The SLC will discuss and agree “contacts” with both the carer and the person using the service. This is generally a combination of visits and telephone calls and can be reviewed throughout the year.
- Your SLC will support you in liaising with the local authority where appropriate.



See Policy P02,  
P04, P05



# 3

## Short Breaks

# Short Break Section

Our short breaks service offers valuable respite for family carers.

## Overview

Short breaks are provided as a means of offering a family carer some respite from their caring role. Traditionally this sort of respite provision has been delivered in residential units or care homes, but a short break in Shared Lives offers a homely alternative which is flexible and personal.

Our short break service can also be used by Shared Lives South West carers as a way to take a break and can be funded from their respite allowance.

## Values and principles

The same values and principles that apply to our long term services also apply to short breaks.

- A flexible person-centred service.
- A service provided by families and individuals in local communities.
- A service that allows someone to share in home and family life.
- A service that values the person and their gifts.
- A service that promotes independence and choice.

A Shared Lives short break service should not operate like a bed and breakfast service or a hotel. Even though the person using the service does not live with you full time, the expectation is that you will involve them in the everyday life of your family when they come to stay with you. That is what makes Shared Lives unique.

## What paperwork should I expect to receive?

- Key information about the person (including medication records and on call information).
- Medication recording sheets.
- Referral forms and information regarding the needs of the person you are supporting.
- Risk assessment (if needed).
- Funding letters.
- Payment request forms.

# Short Break Section

## Prior to the first stay

You and the person using the service will receive a letter describing the short break that has been agreed. It will talk about funding arrangements, how to make bookings and list any bookings that have been agreed.

If bookings have been made the relevant paperwork to claim payment will also be enclosed. If you do not receive any paperwork, please check with the Funding and Benefits Team, as there may be a problem with the funding or the start date.

You will have received the information you need to be able to support the person appropriately, though it will obviously take time for you both to get to know each other. If you do not have this information please advise your Shared Lives Coordinator.

Your Shared Lives Coordinator will be able to answer any questions you may have and can try and find out any further information for you before the stay.

All the claim forms that you need will be supplied to you by Shared Lives South West as this process moves along. If at any time you are unsure what you need to complete on the form, contact the Funding and Benefits Team who will be able to help you.

## What the fee covers

The fee for a short break covers the provision of the accommodation for the duration of the stay, all meals during the period of the stay, full use of the communal areas of the carer's home, sole occupation of a bedroom, together with involvement in family life and family activities.

Fees are based on a 24 hour period or hourly if supporting during the day.

## First stay

Your Shared Lives Coordinator will help you plan the first overnight stay. You will need to prepare yourself, your home and your family for the arrival.

During the stay, you must remember to make a note of any money that changes hands and any medication that the person needs you to look after and/or help them to take. You will be provided with some forms to help you do this.

Please do not accept any monies from the person using the service unless you have been asked to do so by Shared Lives South West.

The Shared Lives carer offering short breaks should liaise effectively with the family or long term carers of the people who come to you for short breaks, and with Shared Lives South West.

The relationship between family carers and Shared Lives Carer is vitally important, especially where the break is intended to be a period of respite for the carer as well as an enjoyable experience for the person using the service.

# Short Break Section

## After the first stay

You can now make a claim to be paid for the service you have provided using the Shared Lives South West short break payment request form together with any mileage claim if that has been previously agreed.

All claims should be made within 28 days of the stay taking place and sent by email to: [shortbreaks@sharedlivessw.org.uk](mailto:shortbreaks@sharedlivessw.org.uk) or posted to the Devon office.

Your Shared Lives Coordinator should be in contact with you soon after the first stay to see how things went and discuss whether you feel that you can offer ongoing short breaks. They will also be checking with the visitor and their family how things went from their perspective. If any specific issues or concerns have been raised by either side, then your Shared Lives Coordinator will discuss with everyone how these might best be resolved before any future stays are agreed.

## Further stays

If everything has gone well, and you and the person who stayed would be happy to spend further time together, then further visits can be booked.

If you make any arrangements to offer further short breaks to someone you have been successfully matched with, you must telephone or email the details including the dates into the Devon office.

If you do not inform us you have agreed to a short break, but then subsequently claim the fees for the short break, we will not be able to pay you for the short break.

Or if we are unaware of a break which is subsequently cancelled, the cancellation policy will not apply.

## What if the short break is cancelled?

Sometimes, short breaks get cancelled, and this can occur for various reasons. If the person no longer wishes to take the short break, this would be treated as a cancellation and depending on when we were notified, some fees may be due.

If you as the Shared Lives Carer cancel a break that has been booked, no fees will be payable. You should always give us as much notice as possible if you are not able to offer a break that has been agreed, as the family carer may be relying on it and we would want to see if we can offer an alternative.

# Short Break Section

## Mileage payments and additional expenses

If you have been asked to collect and deliver someone to and from home, this will be agreed as part of the funding process and noted in your initial letter.

A separate claim form needs to be completed for a mileage claim and this will be included with your claim form.

You may also incur costs during the short break, depending on what you have planned as a family and what the person using the service might wish to do.

Family trips where the person using the service is coming along with everyone else might be paid for by you or them depending on the circumstances and should be mutually agreed prior to the break in order to provide clarity to all parties concerned. Special trips that are only taking place at the request of the person using the service should also be agreed before the stay, including agreement of who will pay for what.

This may include their entry fees, your entry fees and something towards petrol for a long trip. If this has not been agreed in advance and you later put in a claim for it, we cannot guarantee that it will be paid.

If an emergency arises during the short break which necessitates a long journey to hospital for example, then we might be able to make a claim for this retrospectively. If you are in any doubt what would be reasonable to ask the person using the service to pay for, please ask your Shared Lives Coordinator.

## Car Insurance

A reminder that car insurance should cover business class 1 use as per section 7.5 of your Carer agreement.

## What if someone wants the stay to be extended?

If the person or their regular carer asks if they can extend their stay, this may be possible. However the person or local authority responsible for payments would have to agree to make this extra payment first. Failure to get authorisation in advance will mean that we cannot guarantee payment.

## What if something happens during the short break?

If something happens during the short break that means the person cannot remain in your home, you need to contact your Shared Lives Coordinator or use the on call system if it is the weekend or a bank holiday. They can help you resolve the problem.

## What if the person is not collected when expected?

If the person is not collected when expected, and the delay is more than two hours, inform your Shared Lives Coordinator at the earliest opportunity and they will support you to prevent this happening in the future. Additional hours after two hours can be chargeable at the applicable hourly rate.

# Short Break Section

## Making Claims

You should submit your claim forms for payment regularly, but no later than every 28 days.

## Payment

Payments will be credited to your elected bank account within two weeks of the date of receipt of your claim.

## Cancellation/Policy

Cancellations 48 hours prior to the break will not be charged. Cancellation less than 48 hours before the break is due will be charged at 50 per cent.

## Break ending early

If the person leaves the short break service earlier than planned at no fault of the Shared Lives Carer (including admission to hospital or enjoy emergency care) the days/hours already used will be charged at 100 per cent of the total gross costs and the balance of the planned break will be charged at 50 per cent of the total gross cost.

If Shared Lives South West cancels a break, no charges will be due. If Shared Lives South West has to terminate the service part way through only those days/hours used will be charged at 100 per cent.



# 4

**Long Term**

# Long Term Section

## Shared Lives is not an all inclusive service

Any long term person using our services will have a range of needs that they require support with. A Shared Lives service is a very flexible service and because of the relationship that develops between the carer and the person using our services, you may find yourself supporting them in lots of areas of their life. However, it may not be possible or reasonable to expect that the Shared Lives service can meet all their needs.

The following key issues have to be considered:

- Shared Lives South West Shared Lives services are based on the principles of normal family life where no paid staff are employed. As such, Shared Lives services cannot be seen as all encompassing to meet every need that they may have now or in the future, just as is the case for family carers or foster carers.
- There is an expectation that the Shared Lives South West Carer will be available to the person who uses our service at all times just as a family member could expect. However being required to actively provide hands on support and care day and night 24/7, 365 days a year is beyond the expectation of Shared Lives and other services may be needed to support the person using the service and/or the Shared Lives South West Carer.
- A Shared Lives service should not be seen as a complete replacement for any other organised and independent activities outside of the person who uses our services (and carer's home) as this may not be in the best interests of the person using the service or the Shared Lives South West Carer and goes beyond the normal expectations and capacity of a normal family environment. The person's needs in relation to activities outside of the home with support from other people or agencies should be assessed and agreed as part of their overall care plan and they have the right to such an assessment.
- The more time the Shared Lives South West Carer is actively offering support to the person who uses our service and the higher the degree of intensity/complexity/specialist knowledge or skill involved in that support, the greater the fees the Shared Lives Carer should be able to receive.
- Shared Lives South West Shared Lives Carers are not expected, trained or insured to provide nursing or medical services (although certain specific treatment activities may be undertaken with appropriate training) and where nursing/medical services are required this should be delivered by appropriate health care professionals either in the home or in a suitable care environment.

## Entitlement to other services

Any person who uses our service that is living with a Shared Lives South West Carer is still entitled to be assessed for and where eligible receive other services to meet their assessed needs. Receiving a Shared Lives South West service does not mean that the people using our services cannot have access to any other services that they need.

# Long Term Section

## The responsibility of the local authority

The putting together of the total package of support that the person needing the service requires remains the responsibility of the local authority and its adult social care department. There can sometimes be an assumption by funding authorities that because support through Shared Lives services is available at all times, people using our services are excluded from additional funding for other things like day services or transport or support to access leisure and work opportunities.

This is incorrect. If someone suggests to you that a person using our services is not entitled to any additional support because they are in the Shared Lives South West scheme, please be clear with them that this is absolutely not the case. We will always challenge this position on your behalf. This has been discussed and agreed as a principle with the local authorities who buy our services.

It is important when setting up a Shared Lives arrangement to be clear what it is you are being asked to do from the outset and to document this in the Shared Lives agreement and "My Plan". It is also important to document the other services the person currently receives, so that if this is decreased or changed we can properly discuss how this will be addressed, without it being assumed that our Shared Lives South West Carer will fill the gap!

If you have any concerns that what you are being asked to do or are having to do to meet the needs of the person who uses our service is beyond what is reasonable to expect from you and your family, or you feel that the person who uses our service needs additional support inside or outside the home which you cannot provide, then you should discuss this with your Shared Lives Coordinator.

# Long Term Section

## Your fees and how we calculate them

### Being a Shared Lives carer is a paid role.

Although you are not paid employees of Shared Lives South West, the work you do for us as self employed carers is remunerated by the payment of a fee. This section explains how we calculate long term fees.

## The components of a long term service

The service of Shared Lives is made up of several components, each of which may be paid for from a different source. These different components all add up to give you the total fee due for the service you are delivering on behalf of Shared Lives South West.

**Payment for the accommodation** – the person who uses our service lives with you under a licence agreement. This means that they are liable to pay you rent. This forms one part of the total fee you receive as a Shared Lives carer offering a long term service and is usually a fixed amount set by Shared Lives South West across the whole organisation. The person who uses our services is responsible for paying the rent out of their income and this is not something that the local authority has any liability to pay for.

**Payment for household costs** – the person who uses our service lives with you as part of the family, and will therefore be consuming things such as food, heat and light. They will also be playing their part in the normal wear and tear of the household, and as such have some responsibility for maintenance costs. Shared Lives South West calls this “household costs” and this forms another part of the total fee you receive as a Shared Lives carer. This is usually a fixed amount set by Shared Lives South West across the whole organisation but might be adjusted depending on the household services that the person who uses our service is receiving.

They are responsible for paying toward the household costs out of their benefit income and this is not something that the local authority has any liability to pay for.

Where any added cost is incurred for additional or upgraded internet access/packages for their use, the individual supported pays for this and it is detailed in their plan.

**Payment for the care and support you offer** – you will be asked to support the person using our services in a variety of different ways and to include them in your family life. This will take up your time and require you to have certain knowledge, expertise and skills. Some of the care and support you offer as a Shared Lives carer is quite specific and some of it is just about being there, offering companionship and involvement in family life. It is therefore very hard in Shared Lives to say how many “hours of work” you might provide – “being there” is very hard to quantify and what hours are you working when you are having a normal family lunch?

We therefore do not work out this part of the payments to you on the basis of “hours worked” or an “hourly rate”. Instead we use a banding level system that tries to quantify the nature of and the intensity of the care and support you provide in any week to each person who uses our service, case by case. This forms the final component of the fees you will receive and is paid to you by Shared Lives South West.

Where the local authority has accepted the statutory responsibility to meet the care needs of the person who uses our service and they are eligible for financial support, the local authority is responsible for paying for the required care and support to Shared Lives South West, minus any contribution the person who uses our service may be required to make under Fairer Charging.

## Using banding levels to agree the fee for care and support

Shared Lives South West has a banding system to help us decide how much care and support an individual will need from their Shared Lives Carer, which then tells us what the correct fee should be.

When we receive a referral we look at the sort of support and care the person who uses our service might need and what they want to achieve, and we match this against the band level descriptors.

Some areas may need more support and some may need less, but overall it gives us a picture of the sort of level of support you will be asked to provide. This gives us a band. We also get information from the relevant care manager or social worker, who will give us their view of the Shared Lives South West band level they feel is appropriate. During the matching and introductory process, as you get to know the person who uses our service, you will give us feedback about the sort of support and care you feel you will need to provide to ensure that they can achieve their agreed outcomes.

Before the service can start, Shared Lives South West will use this information to come to an agreement with the funder of the service (social services or the person who uses our service and their family if they are self funding) and the band level is then agreed. It is our job to make sure that you get the correct remuneration for the job we are asking you to do on our behalf.

As you can imagine this is not always easy and we do sometimes have to fight very hard to get the correct fees. We also know that once a fee is agreed it is a much harder job to get it reviewed and increased, so we try to get it right from the start. We also have to be reasonable with the funders of our service and make sure we can evidence our banding level requests, otherwise it will not get approved by their funding panels.

Your Shared Lives Coordinator will discuss this with you during any introductory session and explain exactly how they have arrived at the banding level, working with the funder of the service. If you are not happy with the level of fee proposed, you must let your Shared lives worker know. Ultimately you can refuse to accept a service if you do not agree with the fees. Your Shared Lives worker and our Funding and Benefits Team are all very experienced and skilled at negotiating banding levels and will do the very best they can for you, whilst balancing your expectations and the expectations of the funder of the service.

## Banding level reviews

Fifteen weeks into the service, we conduct a review to see how things are going. After this time, you will know the person using the service much better and if it is clear that the level of care and support you need to put in is much greater than anticipated, then we undertake a banding level review. Your Shared Lives Coordinator will take you through the process and go back to the funder if there are any issues or a new band level is needed. It is helpful to document the extra work you are undertaking to back up the request for a banding level review.

Every year the Shared Lives worker will review the Shared Lives agreement and the “My Shared Lives Plan” for each person who uses our service, and again if there is an increased level of care and support required from you as the Shared Lives Carer, we may undertake a banding level review.

The banding level descriptors enable us to gather the evidence we would need to support any banding level review request, and your Shared Lives worker will work with you to gather this information from your knowledge of the person who uses our service. You should note that if the person who uses our service’s needs decrease, it is possible that the local authority may request a banding level review with a view to reducing fees.

## Reviewing the Shared Lives South West fee rates

The financial year in Shared Lives South West runs from April 1st to March 31st. Each year Shared Lives South West reviews the level of fees it offers to its Shared Lives Carers. Rent and household costs are determined by Shared Lives South West and are reviewed annually, taking into account benefit increases and affordability for those that use our services.

The care and support we pay carers forms part of the contract Shared Lives South West have with each local authority.

# The benefits maximisation process

## What is benefit maximisation?

Benefits maximisation is the process of claiming all the welfare benefits that the person using our services is entitled to receive. This enables them to pay for their rent and household costs, which forms part of the total fee that you receive as a Shared Lives carer.

Shared Lives South West, as part of the way it operates, assists the person who uses our service to claim these benefits and makes sure that, once in place, they are used to meet the required payments.

As soon as it is agreed that a person who uses our service will be moving into a Shared Lives Carer's home, a Funding and Benefits Officer or the Shared Lives Coordinator will contact them to establish their current income, financial position and to ascertain whether further benefits can be applied for.

If appropriate the necessary application forms will be completed by the Funding and Benefits Team.

## Documentation relating to benefits

Any supporting documentation for the application forms will be copied and kept with the relevant application form. The originals will be returned to the person who uses our service. The forms will then be submitted to the relevant benefits agency.

Where Shared Lives South West is not acting as the appointee, we may also ask the person using our services or their appointee to complete a third party authority form, which gives us their permission to talk to the benefits agencies on their behalf. Where Shared Lives South West is the appointee the benefits agencies will correspond directly with our funding and benefits team.

Where we are not the appointee, Shared Lives South West will not receive direct communication. If you or the person who uses our service receive any award letters from the benefits agency, these should be copied and sent to the Funding and Benefits Team or passed to your Shared Lives Coordinator who will send them in for you. If you are sending in original documents please mark "original" so we can copy and return them to you. You need to do this as soon as possible. A delay can mean that a benefit may not be paid for a period of time, and this could mean that your fees might be affected.

We ask that you do not contact the benefits agencies directly unless directed to do so by Shared Lives South West.

Once all the benefits are in place we will recalculate what the person who uses our service should be paying toward their Shared Lives service and then change the balance of payments. We will write you to confirm all the details and will make sure you understand exactly how your fees are paid and from where.

# Fairer Charging

## What is Fairer Charging?

The Government introduced a new system for Local Authorities to implement from April 2003 to ensure that people who use our services were charged a fair amount for the non residential care and support they received from the local authority. This was called Fairer Charging.

Government social care policy looks to promote independence and social inclusion, therefore recommends that the income of the person using our service should not be reduced below a certain level because they have to pay for social care services. In order to calculate a charge the total income of the person who uses our service is taken into account and offset against this figure. Any surplus income is deemed to be the amount the person who uses our service can reasonably contribute towards their care and support.

Generally, under this system all people using our services must have a detailed financial assessment and a comprehensive benefit check. This can be undertaken by the Local Authority's Client Finance Services Team or Shared Lives South West where commissioned to do so.

Financial assessments are only undertaken by SLSW for long term services only.

## How we work with Fairer Charging

Each local authority that Shared Lives South West works with has a separate Fairer Charging policy, and each one is slightly different. Shared Lives South West therefore applies the relevant policy in each locality to arrive at the amount that any person who uses our service may have to pay towards their Shared Lives service.

Our Funding and Benefits Team look at each case to check that each assessment has been applied fairly.



# Appointees and appointeeship

## What is appointeeship?

If a person who uses our service does not have the capacity to deal with their financial affairs in respect of their benefits or has been deemed not to be financially responsible, someone may be asked to take over their financial affairs in respect of benefits. The person or organisation that takes over this role will be known as their appointee.

In order to provide transparency and to reduce the potential of any allegations of financial abuse it is Shared Lives South West policy that no carers act as an appointee for anyone they are supporting.

Anyone new joining the service will automatically be reviewed and appointeeship checked and replaced as appropriate.

## Working with family members or other appointees

Sometimes a family member or a court appointed appointee may be responsible for the finances of the person using our service. Shared Lives South West will ensure that these appointees receive notification of the payments that should be paid on behalf of the person who uses our service and the amount they should retain as disposable income.

## Deputy Lasting Power of Attorney

It is Shared Lives South West's policy that no carer holds this role for anyone they are supporting.

# Payment Arrangements

Fees are paid four weekly in arrears and credited to your elected bank account a week later. A payment timetable will be provided so you can keep track of payment dates.

Payment is made by bacs and a remittance is issued to confirm the payment is made.

There are various scenarios which can affect payment, these could be:

- Death.
- Notice periods.
- Leaving without notice.
- Safeguarding.
- Storage of belongings.
- Hospitalisation.
- Reassessing of needs.

## Financial Statements

At anytime Shared Lives South West can issue you with a financial statement which will show your total income received in respect of your fees. This will also include a breakdown of how you have received your fees. This can be useful when completing any tax returns you may be required to make for HMRC.



# Self funders and direct payments

## Self funders

A self funder is someone who has more than an agreed amount (set and reviewed by the Government) in capital, which means that they do not qualify for any financial assistance from the local authority towards the services they require. This means that they have to cover the total cost of their Shared Lives service to Shared Lives South West.

## Direct payments

A person who uses our service can be given a personal budget to buy the services that they require to meet their needs. This can be given to the person who uses our service in the form of a direct payment. They or an elected member of their family or an organisation can manage these monies.

Anyone with a direct payment would buy the service from Shared Lives South West not the individual Shared Lives Carer.

A Shared Lives Carer cannot hold a direct payment on behalf of anyone they are supporting.

## Payment method

In the event of a self funder or someone using a direct payment coming to live with you or coming on a short break, Shared Lives South West will ensure that you receive your fee in full in the normal manner and then arrange to invoice the person who uses our service separately.

# Mileage and transport (Long term)

For short breaks, see the short break section

## Car Insurance

A reminder that car insurance should cover business class 1 use as per section 7.5 of your Carer agreement.

## Mileage agreements

It is expected that any person who uses our service will travel with the Shared Lives Carer as part of the normal business of the service and therefore all associated costs are already covered by the agreed fee. However it may be identified that you are incurring significant additional mileage over and above your normal 'family mileage' to meet the specific needs of people using our services.

This extra mileage could be, for example, for medical trips that have to be taken on a regular basis, specific additional activities the person who uses our service wants to undertake, transport to and from another service or college or something else specific. This can be paid by the person using our service from their DLA mobility benefit, bearing in mind that at the lowest level this is quite a limited amount of money.

Where it is agreed that an additional charge should be made, this can only be done with the agreement of Shared Lives South West. These arrangements must be documented as part of the Shared Lives agreement. A formal mileage agreement needs to be put in place as part of the Shared Lives agreement by your Shared Lives Coordinator. These shall be kept up to date and available for inspection at any time.

You cannot make an additional charge for mileage as a private arrangement as you open yourself to allegations of financial abuse by doing so.

Further information about mileage agreements is available from the Funding and Benefits Team or your Shared Lives Coordinator.

## Mobility vehicles

If the person who uses our service is in receipt of higher rate DLA mobility allowance and it is agreed that a mobility car would be of benefit to the person who uses our service, a mobility vehicle may be leased. The agreement to this lease must be documented by the Shared Lives Coordinator in conjunction with the person who uses our service and their care manager. The cost of the lease will come from the disposable income of the person using our service. All car sales garages offer their cars under the Mobility Car Scheme but some will expect a deposit or enhanced payment should a specific model be required. Any deposits would have to be paid by the person using our service.

The Shared Lives Carer would be responsible for advising the insurance company about who is the main driver and any other drivers and ensuring the vehicle is adequately insured. The car is principally to be used for the benefit of the person who uses our service and mobility regulations should be followed.

If they leave the Shared Lives Carer's home, the car would go with them or would be returned to the mobility scheme as appropriate. For more information about mobility vehicles, please contact the Funding and Benefits Team.

The person using the service should be responsible for covering the petrol costs and mileage recording sheets should be kept to record the mileage undertaken

## Passengers

Where other people are travelling in the mobility vehicle the cost can be split.

This should be covered by completing a passenger agreement and keeping mileage records.

The person to whom the mobility car belongs should receive reimbursement direct of the mileage payments.

Current mileage chargeable is 40p per mile within Devon, Torbay, Plymouth and Cornwall.

Somerset mileage rates are currently 45p per mile, but are subject to review.

# Helping a person using our services to manage their money

## The disposable income of a person using our services

Part of your role as a Shared Lives carer is to enable people to be as independent as possible, to help people exercise choice and to support people to be aware of risks. These are all very important aspects of supporting a person who uses our service to manage their money. People using our services will have disposable income after they have paid any contribution towards their Shared Lives service. This disposable income is there to enable the people using our services to do the things they want to outside of their Shared Lives service and to meet their everyday personal living expenses, such as additional transport, personal items, and to take part in activities and have hobbies.

## Helping people using our services with money management skills

This is an important part of the Shared Lives Carer role. This may include:

- Helping people to understand the value of money.
- Helping people to save for large items or holidays.
- Helping people to make spending choices to meet their needs, wishes or aspirations.
- Helping people to work out and use a budget.
- Helping people with savings.
- Helping people to handle cash safely.
- Supporting people to be aware of the risks around money, including the potential for people to try to exploit them for financial gain.

## Other records and financial paperwork

Any paperwork relating to the financial matters of people using our services should be kept safely.



## Financial Record Keeping

All regular spending will be recorded in the plan and this should be adhered to. Remembering that for anyone who lacks capacity we follow best practice under the Mental Capacity Act.

Generally if the person you are supporting has a bank account, then each bank statement should be annotated with the expenditure.

Receipts should be kept and attached to the bank statement for expenditure over £50.00. Records should be kept in order and available for inspection.

Where the person requires support to access their money from the bank, a chip and pin agreement should be in place. For those that do not have a bank account, any other types of recordings will be explained on an individual basis.

Shared Lives Carers should not at any point hold a joint bank account with anyone they support or hold money in their own personal bank account.

# Other finance issues

## Winter Fuel Allowance

People using our services that are over 60 years of age may qualify for winter fuel payments. A winter fuel payment is an annual payment to help people aged 60 and over with winter heating bills. The winter fuel payment is made to the person who uses our service. There is no automatic right for this payment to be paid over to the Shared Lives Carer even though they may be paying increased fuel costs for the household during the winter.

If the person you support through Shared Lives services meets the above criteria and is not receiving winter fuel payment, please inform us so that we can apply for this benefit on their behalf.

Where there are increased fuel costs in the winter, for example for older people who may spend more time indoors or need a higher temperature for their well being, Shared Lives South West may charge an additional winter fuel charge to people using our services.

The Funding and Benefits Team will be able to advise you as to whether this applies.

## TV Licence

The current advice is that a person who uses our services and lives with you as part of the family does not need a separate TV licence. You do not need to even get a concessionary licence – so long as you have a TV licence, all the TVs in the home will be covered. If you have any problems with the TV Licensing Authority, please let us know.

## Council Tax Discounts

### Disablement Relief

If your property has been adapted for the use of a disabled person, for example you have had extra bathrooms installed or doors widened for wheelchair use; you may qualify for a reduction in your Council Tax. If you think you qualify for this reduction, please contact your council tax billing authority and ask for a Disablement Relief Form. The granting of this reduction usually entails a visit from the Council to inspect the property, but this is very straightforward. Please check with the Funding and Benefits Team first

### Carers Discount

Based on the number of residents in your property and who is providing care, it may be possible to apply for 'carer's discount' on your council tax. This is a discount which may reduce your council tax bill by at least 25%. Again it will be necessary to contact your local council tax office to enquire about this discount. Please check with the Funding and Benefits Team first.

### Annexes/self contained units

If, within your property, you have an annexe or self contained flat being used by a person who uses our service, this would be considered as a separate dwelling and will be assessed for council tax in its own right. The person who uses our service residing within a self contained unit should be applying for council tax benefit so that no council tax is payable.

If your annexes/self contained units have not been allocated separate council tax liabilities, it may be that they have been missed by the local authority. There is a risk that at some point in the future, if the Inland Revenue revaluation goes ahead, that they may be picked up and then the council tax liability backdated, perhaps for several years!

## Education

### College grants/bursaries

Discretionary bursaries have replaced Educational Maintenance Allowance. Applications should be made to the relevant college as soon as possible in the academic year.

### Free school meals

It is possible that a young person who uses our service aged 16-19 would qualify for free school meals. Please check with the school.

### College travel

Subsidised travel may be available. Please check with the college.

## Free bus travel

Free bus travel is available on the grounds of age or disability. Please refer to your local authority to see if you or the person you are supporting qualifies for this help. Remember companion passes can also be considered.

## Blue badges

Anyone over two years old automatically qualifies for a Blue Badge if they:

- Are registered blind.
- Are receiving a War Pensioner's Mobility supplement.
- Are receiving the higher rate of the mobility component of Disability Living Allowance.
- Have a permanent and substantial disability which means they cannot walk, or makes walking very difficult.
- Drive a motor vehicle regularly and have a severe disability in both arms, making it very difficult or impossible to operate a parking meter.

Local councils are responsible for issuing Blue Badge parking permits. They will send you an application form which you will need to fill in and return with two recent passport-sized photographs of yourself. Some councils charge a badge issue fee.

Most Blue Badges are valid for three years. This period is so the local authorities can check that you still qualify, as some disabilities can improve over time. It also helps them keep their contact details up-to-date and issue the latest version of the Blue Badge.

The Blue Badge is valid for less than three years if you are either receiving:

- The higher rate mobility component of Disability Living Allowance.
- A War Pension Mobility Supplement.

In these cases, the period of issue of the badge will tie in with the period of the benefit. You do not need to own a car or be able to drive one. You can use the Blue Badge in any vehicle that you are travelling in as a driver or a passenger. The following link gives more information about whether you can get a Blue Badge.

An online service is available, which makes it much easier for disabled people with a Blue Badge to find a parking bay. The interactive Blue Badge parking map allows disabled people who drive or travel as passengers to search by postcode or town/area for Blue Badge parking. The map gives details of any time restrictions or special notices that apply to individual bays. It can also be used to find parking bays that fall on red routes in London and accessible petrol stations. The Blue Badge parking map can be found on:

<https://bluebadgeparking.com>

You can also visit: <https://www.gov.uk/where-registered-disabled-drivers-can-park>

## Do you like a good film?

It may be possible to gain free entry for a person accompanying a disabled person to the cinema. This is operated by CEA (the Cinema Exhibitors Association) This is a national organisation and large national cinema chains and small local cinemas often participate. An application form can be downloaded from the website [www.ceacard.co.uk](http://www.ceacard.co.uk) which also lists those cinemas participating in the organisation.

If you do not have access to the internet, please contact your local cinema to ask if they are participating in the organisation and they will send you an application form.

The card should be applied for in the name of the disabled person and a photograph is required.

## Help with water bills

Financial assistance can be given to those households that use a water meter and feel that they use extra water due to someone's illness in the home. The illnesses are defined as:

- Desquamation.
- Weeping skin diseases.
- Crohn's disease.
- Kidney failure.
- Abdominal stomas.
- Incontinence.
- Ulcerative colitis.

To be eligible, the person has to be in receipt of, and show entitlement letters for, certain benefits

## Gas and electricity discounts

Several gas and electricity companies are now offering discounts on their gas and electricity prices for vulnerable or low income customers. Each company seems to refer to discounts in different ways but if you ask for "details of discounts for vulnerable or low income customers" or "energy assist social tariff" this should steer the customer services operator in the right direction.

## Free dental and prescription services

People with disabilities are entitled to free dental and prescription services, depending on what benefits they receive. Please check with the Funding and Benefits Team for clarification and supporting evidence.

## Carer's Credits

Carer's credits are a National Insurance credit for people caring for one or more disabled people, for a total of 20 hours or more a week. This can be used to help you build a better basic or additional state pension. Carer's credits can also help if your spouse or civil partner ever needs to claim bereavement benefits.

You will already be receiving National Insurance credits if you receive any of the following:

- Carer's allowance
- Child benefit for a disabled child under the age of 12
- Payments for fostering

More information about carers credits is available from the website [www.gov.uk/carers-credit](http://www.gov.uk/carers-credit) or call 0800 731 0297.

## Carers Allowance

Shared Lives South West Carers are remunerated for their caring role and should not be claimed for as part of their Shared Lives services.

It can be claimed if the carer is supporting others outside of their Shared Lives role, but this is still means tested in that the amount you can earn is restricted.

# Did you know....



We are currently celebrating our 15th year and were awarded an Outstanding rating from the Care Quality Commission recently.



# 5

## Holidays and Respite

# Taking Holidays and breaks

## The need for breaks

Every household and every Shared Lives service is different, but Shared Lives South West believes that from time to time taking complete breaks away from your caring role will help you as a carer to stay well and feel able to meet the demands that the role places on you. This is also stated in the CQC and Shared Lives Plus good practice requirements.

Depending on the alternative placement used by the people being supported, we can assist Carers to have on average 14 days complete break per year. This will vary depending on the cost and availability of the alternative placements. Where the person being supported has very complex needs, we will endeavour to work with the local authority to secure any additional respite support that might be needed

## Taking and arranging breaks

Some Shared Lives carers have told us that they feel that it is wrong to take a break from the people they support, who are members of the family and they do not want or need a break from them. We understand this, but still feel that it is something to be seriously considered – sometimes “a change is as good as a rest” and a break from the normal routine would be good for you and for the person using our services.

Shared Lives South West will support you if you say you need to take a break and will help you to make suitable arrangements to support the person using our services. This might be by using your support carers, using the Shared Lives South West Short Break service or by us finding a peripatetic support carer for you. In some instances, the person using our services could take a break with their own family at the same time as your break and we would be happy to help you liaise with them on this matter.

You must give Shared Lives South West a minimum of two weeks notice in advance (except in an emergency) of any periods of time where you plan to be away from the home and intend to make alternative provision for the care, support and/or accommodation of the person using our services living with you.

Notification of breaks should be confirmed by the completion and submission of a holiday form.

## Planning your breaks

As part of their ongoing support and monitoring, your Shared Lives Coordinator will discuss taking breaks with you and try to agree on an individual basis how you can secure a break from your caring role.

Please refer to the respite policy for further details.



## Funding of breaks

Carer Respite is paid for by Shared Lives South West as an organisational cost.

Each Carer is allocated an annual allowance equivalent to two weeks of the fees they receive for each person they support.

This allowance is managed by Shared Lives South West and used to fund alternative placements, e.g. support carers, other Shared Lives Carers, other social care settings. Depending on the cost and availability of the alternative placement, Carers are able to achieve, on average, 14 days break per year.

To ensure that any costs associated to respite are being used to provide a break from the caring role, respite allowances will only be paid to alternative placement providers, not the main Carer.

Respite allowance may be used to cover other costs which enable the Carer to take a break, e.g. costs associated with developing Support Carers or costs associated to taking the person on holiday. Full details of acceptable uses of respite allowances can be found in the respite policy.

Respite allowances must be used within the financial year they relate to and cannot be carried forward. Any unused respite allowance, either at the end of the financial year or where the person being supported has left the placement, will be lost.

The respite allowance covers the whole financial year, so if all of the respite allowance is used and then either the person supported or Carer leaves the scheme before the end of the year, the Carer may be asked to repay a portion of the respite allowance.

In some instances, Carers may want to take more breaks from their caring role than their respite allowance can cover. In this situation they can reach an agreement with Shared Lives South West to fund the additional respite costs as a deduction from the fees due to them in future months.

In some extreme and unforeseen situations, such as the unexpected hospitalisation of the Carer, Shared Lives South West may choose to provide additional emergency respite. Emergency respite will only be provided if it is needed to prevent a placement breakdown and we have been unable to secure additional funding from the local authority.

# Arrangements for holidays with people who use our services

## Taking the person who uses our services on holiday

We think it is fantastic that so many of our Shared Lives Carers are able and willing to include the people who use our services in their family holidays and give people opportunities that they would otherwise not be able to have.

There are lots of different issues to think about when planning a holiday which will include the person using our service. We will take it as read that you have already taken into account the views and wishes of the person who uses our service and have come up with a holiday proposal that would work well for you and your family, as well as the person who uses our service.

Going on holiday, especially going abroad may have implications for a person who uses our service's benefits and therefore their ability to pay their agreed contribution to you. You need to think about your insurance cover as a Shared Lives Carer. You also need to be clear about who is going to be paying for what. If you are expecting the person who uses our service to pay, can they afford it and would they choose to do this with their money or something else?

You may also need to complete a holiday form for the person/people you support. The document can be found in the forms section.

## Benefits and going on holiday

If the person who uses our service is going to be out of the country (i.e. the UK) for more than 28 days we are required to notify the various benefits agency and it may well mean that their benefits will be reduced after the 28 days until they are back again. This means that after 28 days, they would not have the income to pay you their agreed contribution. The person who uses our service may have savings or disposable income to make up this gap.

If you are planning a trip abroad that would last more than 28 days, you must contact us at the earliest stage so we can let you know exactly what this might mean. Trips abroad for less than 28 days have no effect on benefits but see the note below about letting us know about holidays anyway!

## Insurance

In terms of insurance, your Shared Lives Plus Public Liability Insurance policy continues when you go on holiday in the UK or outside of the UK. Remember that this is only liability cover for your caring activities while abroad. It does not cover you for things like medical expenses, cancellation, lost luggage and so on. These need to be covered by normal travel insurance and you are recommended to take out travel insurance in respect of yourself and your family including the person who uses our service as a named individual. Your travel insurers may require information about medical conditions as part of their routine process.

## Who pays for what

In terms of who should pay for the holiday itself, you need to establish this right from the start. You need to be clear that the person who uses our service wants to go on holiday, especially if they are going to be asked to pay towards it. This is the sort of area where good records are important. Please refer to the 'Who pays for What?' guidance in the appendices.

# Arrangements for holidays with people who use our services

In broad terms, you are being paid by Shared Lives South West and the person who uses our service to provide accommodation, care and support – no matter where you are! So to a certain extent things like meals and your time spent on care and support during the holiday have already been paid for within the weekly fee. It would not be reasonable to ask the person who uses our service to pay for something they have already paid for.

However, we know that the cost of a holiday is on top of normal household bills, and your rent or mortgage for example, all still have to be paid. So it might be appropriate to ask the person using our services to save towards the 'extra' costs of their holiday over a number of weeks or months, as part of your overall support with budgeting and money. Bear in mind that most people using our services have limited personal income once they have paid their contribution to you for their Shared Lives service, and they may not be able to save much.

It might be that the person who uses our service has accumulated some funds and would like to spend it in this way.

**Each case will be slightly different and will need to be documented. If the person who uses our service has an appointee, you would need to discuss this with them. If you support someone who has a deputy, then you must follow their guidance on holidays.**

In summary, the key points are:

- The holiday must suit everyone and everyone must want to go.
- If you plan to go abroad for more than 28 days, you must contact Shared Lives South West well in advance.
- The person who uses our service should not be asked to pay again for things the fees already cover.
- It may be reasonable for the person who uses our service to contribute towards the extra costs, if they can afford to do so.
- The costs to the person who uses our service must be made clear at the outset and time allowed for saving up if necessary.
- Take out travel insurance with the person who uses our service as a named individual
- If in any doubt, discuss in advance with your Shared Lives Coordinator.

# Feedback, compliments and complaints

If things aren't working well for you or if you are worried about any aspect of your work then please do talk to your Shared Lives Coordinator. It might be that you don't feel you are getting on with the person you support or that there are difficulties with professionals involved.

If for any reason you would prefer to speak with someone other than your Shared Lives Coordinator you can contact the Team Leader for your area.

We can support you best when we know what's going on - so don't worry about 'bothering' us that's what we're here for! We also like to hear if we've got something right - a compliment goes a long way!

## If you don't tell us something is wrong we cannot try to put it right.

It is very important to everyone at Shared Lives that we have an open culture in which you can tell us what is working well and what isn't.

We work hard at listening to our carers, people who use our services and our staff because we want to keep improving what we do.

- We send out questionnaires
- We have meetings and consultation groups.
- We phone people and we visit people at home.
- These are all opportunities for you to tell us what you think.

## Complaints

If things have really gone awry we have a complaints procedure which you are welcome to use. There is an easy read version as well.

Complaints can be anonymous, informal or formal. They will be logged but only the formal written complaints follow a set process. The outcome of a formal complaint can be appealed.

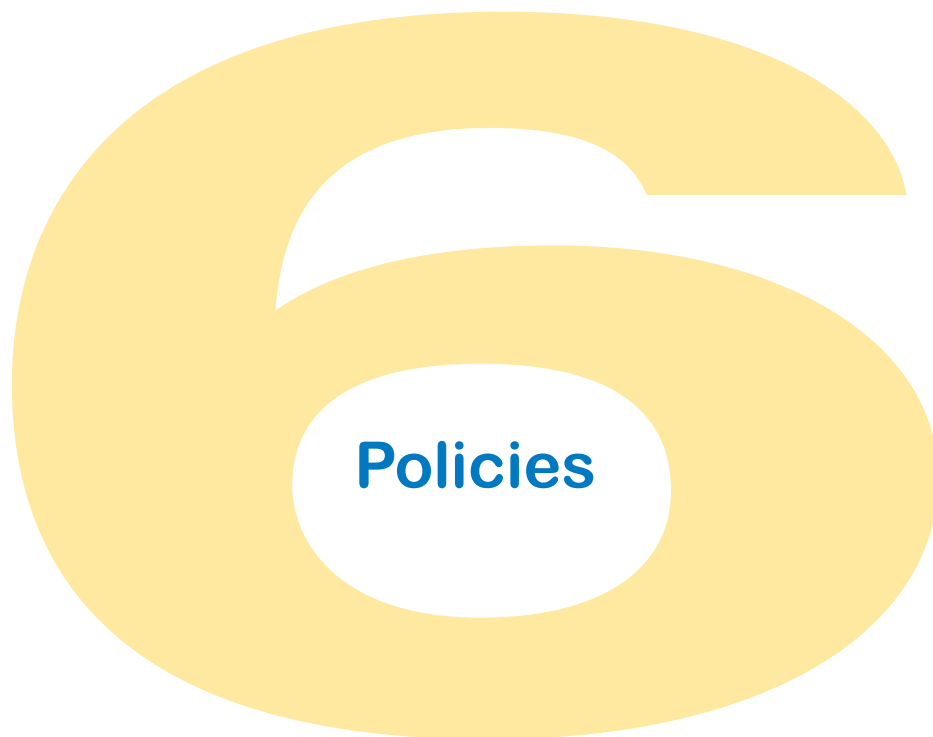

You may also like to consider either speaking to a member of the Carer's Consultation Group or arranging to attend a CCG meeting where you can air your concerns and seek the views of other carers.

## Carer's survey and other ways you can give feedback

Each year we send out separate surveys to carers and those that use our services to help us to understand the issues that you face. You can also raise issues of concern with your Shared Lives Coordinator at any time.

If for any reason you'd prefer to speak with someone other than your own Shared Lives Coordinator you are welcome to contact a Team Leader.

Alternatively, you might prefer to discuss things with another carer - that's why we encourage everyone to come along to the carer meetings we organise. Increasingly carers are organising their own local, informal meetings too and these can be a great source of support and advice.



# 6 Policies

# Operational Policies

## P01- Statement of Purpose

### 1. Policy Statement

1.1 This Statement of Purpose fulfils the requirement of Schedule 1, regulation 4 (1) of The Adult Placement Schemes (England) Regulations 2004. The Statement of Purpose will be reviewed annually.

### 2. Key Individuals

2.1 The following individuals fulfil registered roles in compliance with CQC:

|                       |                      |
|-----------------------|----------------------|
| Rose Gapper           | Registered Manager   |
| Edward Bunce-Phillips | Registered Manager   |
| Rebecca Shepstone     | Registered Manager   |
| Amanda Maggs          | Registered Manager   |
| Dominic Spayne        | Nominated Individual |

### 3. Registered Address and Contact Details

3.1 The registered address for Shared Lives South West, and for all of the key individuals listed above, is:

Shared Lives South West  
Suite 3 Zealley House  
Greenhill Way  
Kingsteignton  
Devon TQ12 3SB

3.2 The organisation can be contacted by:

Email: [enquiries@sharedlivessw.org.uk](mailto:enquiries@sharedlivessw.org.uk)

Telephone: 01626 360170

### 4. Aims of the Scheme

4.1 Through Devon County Council, Torbay Council, Plymouth City Council and Cornwall County Council, Shared Lives South West was launched in April 2004 as it was proposed that all formerly registered one to three bed establishments should be registered under a separate scheme.

4.2 Shared Lives South West is a registered charity and a not for profit company. We offer Shared Lives services - long term, short term and short break; day support opportunities; community services for people with no personal care needs who are moving on to more independent lives but need a stepping stone service that includes the opportunity to share in the home and family life of the Shared Lives carer whilst living in more independent accommodation. Services are offered to people of any gender who may have a learning disability, mental health needs, and physical disabilities; to older people and to parents who have a learning disability, across Devon, Cornwall and Somerset. Shared Lives South West is committed to anyone who is referred to the scheme having the highest possible standards of accommodation, care and support, unique to their specific needs offered within the home of an approved Shared Lives Carer.

4.3 Shared Lives South West seeks to promote these strategic aims in many ways, some of which are:

4.3.1 To ensure that Shared Lives South West employs staff with appropriate skills, knowledge and experience to deliver the aims of the service.

4.3.2 Ensuring good quality care and support in a stable home environment for vulnerable adults who, long term or short term are unable to live safely on their own.

4.3.3 Keeping service users safe.

4.3.4 Supporting the continued personal development/learning of each provider/service user to their personal optimum.

4.3.5 To ensure that Shared Lives South West will respond quickly.

4.3.6 Making available the opportunity for local authorities and family members to refer to the scheme enables people who would benefit from Shared Lives South West to contribute to each of these goals.

## 5. Aims of Shared Lives South West

5.1 Shared Lives South West aims to function in conjunction with Local Authorities and family members to the fulfilment of the aims of Shared Lives South West as an agency and the achievement of the best outcomes for the carers and service users.

5.2 Shared Lives South West seeks to achieve this in many ways, some of which are:

5.2.1 To ensure that each potential service user referred to the scheme is received without prejudice, and that each individual's needs and wishes are fully considered.

5.2.2 To ensure that people who are interested in becoming Shared Lives South West carers are welcomed without prejudice, responded to promptly and given clear information about the recruitment, assessment approval process, and any support services.

5.2.3 To recruit a sufficient pool of prospective carers to meet the assessed needs of the service users requiring adult placement in either Devon or Cornwall.

5.2.4 To ensure Shared Lives carers have a variety of skills, experience and knowledge and can support a wide range of needs, including in some cases complex care needs.

5.2.5 To provide support and an environment where each service user is able to share in all aspects of the carers home and family life, whilst promoting independence to the best of the person's ability.

5.2.6 To ensure that arrangements are in place specific for each service user to continue to have appropriate contact with their relatives, friends and representatives, either inside or outside of the home.

5.2.7 To ensure that people using the service and carers are consulted regularly regarding the operation of the scheme.

## 6. Review

6.1 This statement of purpose will be reviewed every two years, or earlier if any of the details contained have changed.

## 7. Responsibilities

7.1 The Nominated Individual is responsible for keeping this statement of purpose up-to-date and notifying CQC of any changes

# Operational Policies

## P02 – Referral and Needs Assessment

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West to ensure that people considering a Shared Lives service will have access to comprehensive information about the scheme and the range of services available.

1.2 Referrals will be accepted through adult care & support or health if there is a full assessment and care plan for the person being referred. Shared Lives South West accepts in good faith that the assessment of need has been carried out by someone with the necessary skills and experience. A needs assessment will include basic information about the individual – their present circumstances, their aspirations, their strengths and their support needs. Risk assessments may be included where necessary.

1.3 Where the individual is self-referring or does not receive funding from statutory sources, Shared Lives South West will carry out a needs assessment, ensuring that the individual is involved and has the support of an advocate if necessary.

### 2. Referral Procedure – through Health and Adult Care & Support

2.1 Shared Lives South West accepts referrals for people with a range of needs including those with a learning disability, mental ill health, older people, parents with a learning disability, people with dementia and other people with care and support needs.

2.2 Shared Lives South West will work with referring agencies to ensure they have a reasonable understanding of the type of care and support needs that can be met in an ordinary family home by Shared Lives Carers. The referral form will include a requirement for a full needs assessment to be supplied by the referrer.

2.3 Shared Lives South West will, in response to an enquiry from a health or social services professional, clarify that the person being considered for referral meets the scheme's referral criteria and will direct them to the website for further information about the service and also the list of current vacancies.

2.4 If necessary Shared Lives South West will spend time with both the referring agency and the person considering Shared Lives services to answer questions about the way the scheme operates.

2.5 On receipt of the completed referral form Shared Lives South West will review the needs assessment and, if necessary, contact the referrer for more information. A financial viability check will be undertaken to ensure all parties can afford the contributions.

2.6 The needs assessment will form the basis of the individual's care plan and will identify how Shared Lives will benefit the person as well as if any additional support or services need to be made available. Once matched with a carer the needs assessment will form the basis of their Shared Lives Plan, identifying outcomes and what they wish to achieve as well as the support required of the carer.

2.7 The needs assessment should ideally cover the following areas:

2.7.1 Accommodation and personal support

2.7.2 Meaningful education, training and/or occupation

2.7.3 Family and social contact

2.7.4 Income

2.7.5 Assessment and management of risk

2.7.6 Cultural and faith needs

2.7.7 Physical and mental health

2.7.8 Specific condition-related needs and specialist input

2.7.9 Provision of disability equipment

2.7.10 Treatment/rehabilitation programme

2.7.11 Methods of communication

2.7.12 Any potential restrictions on choice, freedom or facilities

2.8 Shared Lives South West staff will use the information in the needs assessment, together with their own assessment of the person's requirements to make informed decisions about the matching process.

### 3. Referral Procedure – Self Funder

3.1 In response to an enquiry from an individual interested in using Shared Lives services, Shared Live South West will explain the range of services and the type of care and support needs that can be met generally within Shared Lives. Information will be sent to the self-funder in an accessible format and an offer made to meet with the person to explain more about the scheme and the route of referral.

3.2 If the individual appears suitable for a Shared Lives placement and is interested in being considered for a service, the relevant team manager will allocate a suitably qualified and experienced co-ordinator who will meet with the person, together with any representatives, to answer any questions, discuss requirements and aspirations and provide support to complete a referral form and needs assessment.

3.3 On receipt of the completed referral form Shared Lives South West will review the needs assessment and, if necessary, contact the self-funder for more information. A financial viability check will be undertaken to ensure all parties can afford the contributions.

3.4 The Shared Lives Co-ordinator will use the information in the referral and needs assessment, together with aspirations from the individual to begin the matching process.

### 4. Review

4.1 This policy will be reviewed every two years or more frequently if deemed necessary.

### 5. Responsibilities

5.1 The Registered Managers within Shared Lives South West are responsible for ensuring all parts of this policy are exercised throughout the service.

# Operational Policies

## P03 – Mental Capacity Act and Deprivation of Liberty

### 1. Policy Statement

1.1 The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

1.2 It is the policy and responsibility of Shared Lives South West (referred to as ‘the scheme’) to work within the Mental Capacity Act 2005 (MCA) framework, to promote well-being, and to uphold human rights for people with care and support needs.

1.3 The scheme will ensure staff and carers have access to appropriate training and guidance to help them understand how the Mental Capacity Act 2005 applies to their role.

1.4 The scheme will promote partnership working to ensure a person centred approach, working with the person and where appropriate the person’s circle of support which may include family, friends and professionals including local authority.

1.5 The scheme will raise concerns over any breach of the MCA and human rights act.

### 2. Procedure and Practical Guidance

2.1 The MCA sets out who can take decisions, in which situations, and how they should go about it. It applies to all those involved in providing health and social care in England and Wales. The Act is supported by a Code of Practice 2007 (CoP) which gives guidance on its implementation.

2.2 The MCA sets out how capacity should be assessed and procedures for making decisions on behalf of people who lack mental capacity.

2.3 The MCA covers day to day decisions such as what to eat and wear, and also more complex or life changing decisions such as whether to undertake major surgery.

2.4 The MCA defines lack of capacity in the following way: “A person lacks capacity in relation to a matter if, at the specific time, he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain”.

2.5 There is a two stage diagnostic test which should be used when determining if a person may lack capacity under the definition provided by the Act.

2.5.1 Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? If so,

2.5.2 Does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

2.6 If yes, a four stage functional test is undertaken to assess a person’s ability to make a decision for themselves;

2.6.1 Understand the information about the decision to be made

2.6.2 Retain that information

2.6.3 Use or weigh that information as part of the decision-making process

2.6.4 Communicate their decision

2.7 Capacity is decision and time specific.

### 3. MCA Key Principles

3.1 The five key principles of mental capacity are;

3.1.1 A person is assumed to have capacity to make a particular decision unless it established that they lack capacity.

3.1.2 A person should receive all the support they need to be able to make a decision. Support may include different forms of communication such as sign language, information in different formats, photographs or flash cards. Treating a medical condition that may be affecting an individual’s capacity.

3.1.3 A person is free to make an ‘unwise’ decision.

- 3.1.4 Any actions taken on behalf of someone must be in their 'best interests'.
- 3.1.5 Any action taken on behalf of someone must be the least restrictive option.
- 3.2 If there is reasonable belief that someone lacks the capacity to make a decision a capacity test is necessary, bearing in mind the principles above.
- 3.3 Sometimes the decision may not be urgent and you can delay if you think there is a chance they may regain capacity e.g. recovering from a stroke or other illness.

#### 4. MCA Assessments

- 4.1 Assessments should be completed by the most appropriate person, this may include:
  - 4.1.1 Day to day decisions- shared lives staff and carers may be the most appropriate person to complete this assessment.
  - 4.1.2 Complex or life changing decisions - Lead professionals with the person and relevant others from the person's circle of support. This may include Shared lives staff, carers, family and other professionals.

#### 5. Making a Best Interest Decision

- 5.1 The best interest decision maker is the person who will establish what is in the best interests of the individual lacking mental capacity. Usually this is the person who assesses the person's capacity to make a decision and is the person who is directly concerned with the individual's care at the time the decision needs to be made.
- 5.2 The decision maker must record the outcome and demonstrate the decision is based on all available evidence and has taken in to account conflicting views.
- 5.3 The Code of Practice 2007 should be referred to throughout.

#### 6. Lasting Power of Attorney/Deputy

- 6.1 A Lasting Power of Attorney/Deputy may be appointed to make decisions on someone's behalf for:
  - 6.1.1 Health and welfare
  - 6.1.2 Property and finance
- 6.2 When a person has a Lasting Power of Attorney/Deputy this should be clearly documented in their Shared Lives Plan. The appointed person/persons should be involved in specific decisions linked to the above.

#### 7. Independent Mental Capacity Advocate (IMCA)

- 7.1 The MCA introduced the role of the independent mental capacity advocate (IMCA).
- 7.2 IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.
- 7.3 Shared Lives staff and carers will work alongside any allocated IMCA.

#### 8. Advanced Decision

- 8.1 An advance decision is prepared when a person has capacity. It is a decision to refuse specific treatment and is binding (must be written and witnessed if life-sustaining treatment is being refused). This should be clearly documented in the person's Shared Lives Plan.

## 9. Deprivation of Liberty Safeguards (DoLS)

9.1 The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are supported in a way that does not inappropriately restrict their freedom.

9.2 Since March 2014, and a Supreme Court ruling known as Cheshire West, it also applies to community settings and this includes Shared Lives.

9.3 What is deprivation of Liberty after Cheshire West?

9.3.1 Is the person objectively deprived of their liberty or is there a risk that cannot be sensibly ignored that they are objectively deprived of their liberty?

9.3.2 The 'acid test':

9.3.2.1 Is the person subject to continuous supervision and control?

9.3.2.2 Is the person free to leave? What would happen if they sought to leave? (Would you or someone else return them?)

9.3.3 NB For a person to be deprived of their liberty, they must be subject both to continuous supervision and control and not be free to leave.

9.3.4 In all cases the following are not relevant:

9.3.4.1 The person's compliance or lack of objection

9.3.4.2 The relative normality of the placement and

9.3.4.3 The reason or purpose behind a particular placement

9.3.5 Where we have a reasonable belief that an adult (over 18) lacks capacity to consent to live where they live and they meet both parts of the acid test then an application has to be made to the Court of Protection.

9.3.6 Shared Lives will always refer this to Adult Care and Support as it is they who make the application to the Court of Protection.

## 10. Recordkeeping

10.1 Assessments of capacity and best interest decisions for day to day decision making do not always need to be formally recorded, however it is good practice for these everyday decisions to be part of the persons Shared Lives Plan.

10.2 Formal mental capacity assessments for complex life changing decisions and DoLS should be recorded and referred to in the persons Shared Lives

## 11. Review

11.1 This policy will be reviewed every two years, or earlier if needed.

## 12. Responsibilities

12.1 The Registered Managers are responsible for ensure the organisation delivers services that comply with the Mental Capacity Act.

12.2 All staff and shared lives carers are responsible for understanding and applying this policy in their work.

# Operational Policies

## P04- Matching

### Policy Statement

It is the policy of Shared Lives South West (referred to as the 'Scheme') to ensure that the Shared Lives carer has the skills and abilities to meet the needs, requirements and aspirations of the prospective service user through the use of a comprehensive and transparent matching procedure. The matching procedure is also intended to ensure a Shared Lives arrangement that is fulfilling for both parties. Shared Lives services are open to anyone regardless of gender, religion, age or race so long as the qualifying criteria are met.

### 1. Procedure for longer term arrangements

1.1 The Scheme will ensure so far as they are able that the information upon which any matching decision is made is current, complete and relevant.

1.2 The Scheme will support the Shared Lives carer and the prospective person wishing to use the service to participate fully in any matching decision.

1.3 The Scheme will ensure that Shared Lives carers and the prospective person understand the matching process and that the process may be halted at any point without fear of criticism or recrimination.

1.4 The Scheme will endeavor to gather current, complete and relevant information about the person and carer prior to the start of the matching process.

- The needs assessment and the care plan from the referrer are key documents that will inform this process.
- The Scheme worker should spend time with the prospective service user, their family and/or representative and their care manager/ care coordinator discussing their needs and hopes for any placement. Information gained from this will be taken account of in the matching process.

1.5 The matching procedure should consider the following areas:

- The age, any gender preferences or requirements, and the cultural backgrounds of both Shared Lives carer and the person wishing to use the service.
- The personal interests of both the Shared Lives carer and the person looking for a service.
- The skills, experience and knowledge of the Shared Lives carer and the support needs (including communication needs) of the person requesting a service.
- The location of the Shared Lives carer's home and the type of accommodation and facilities provided in the light of any expressed preferences or needs of the person.
- The type of household and lifestyle of the Shared Lives carer and the preferred lifestyle of the prospective service user
- The spiritual and philosophical beliefs of both the Shared Lives carer and the person looking to use the service, including the degree of involvement in a formal religion and the possible impact of religious beliefs on how they choose to live their lives.

1.6 The Scheme will carry out an initial 'matching' on the basis of the information gathered. Prior to this initial matching, the Scheme will provide information in accessible formats about possible Shared Lives carers to the prospective service user and written information about them to the possible Shared Lives carers.

1.7 The Scheme will liaise with the potential carers, the person looking for a service, their family and/or representative and their care manager/care coordinator in planning initial introductory meetings to selected Shared Lives carers.

1.8 Following an introductory meeting, the Scheme will endeavor to meet independently with the Shared Lives carers and with the potential service user, their family and/or representative and their care manager/care coordinator. The Scheme will try to ensure that the service user is supported

to make an informed decision about any possible placement and that further introductions are planned at a frequency and level that meet both the service user's and the Shared Lives carers' needs.

1.9 Where there is a need for an emergency placement the matching procedure may not be able to be followed. In that situation, the Scheme will follow its policy on emergency placements.

## 2. Procedure for short breaks

2.1 The Scheme will ensure, so far as they are able, that the information upon which any matching decision is made is current, complete and relevant.

2.2 The Scheme will support the Shared Lives carer and the prospective Service User to participate fully in any matching decision.

2.3 The Scheme will ensure that the Shared Lives carer and the prospective service user understand the matching process and that the process may be halted at any point without fear of criticism or recrimination.

2.4 The Scheme will gather current, complete and relevant information about the service user and carer prior to the start of the matching process.

2.5 The needs assessment and the care plan from the referrer are key documents that will inform this process.

2.6 The Scheme worker should ideally spend time with the prospective service user, their family and/or representative and their care manager/ care coordinator discussing their needs and hopes for any short break. Information gained from this will be taken account of in the matching process.

2.7 The matching procedure for short breaks is more straightforward than for long term placements and will focus mainly on geographical areas and shared interests, whilst still taking all the other factors into account.

2.8 There will be an introductory visit but no introductory stay, as the first stay will normally be a short one and will be charged at the standard fee.

2.9 If the stay is not a success the service user will, where possible, be matched with another carer for their next short break, if this is what they wish to happen.

## 3. Review process

3.1 All new matches will be reviewed.

3.2 Long term matches will be reviewed at 12 weeks. This will include a review of the agreed band level. Subsequent reviews will be annual or when a significant change occurs or upon request.

3.3 Short breaks are likely to be reviewed by phone to check what all the relevant parties think of the arrangement. For successful matches the short breaks will be formally reviewed once a year. This will not always be face to face but will include feedback from the person using the service, their family carer and the Shared Lives carer.

3.4 Everyone matched with a carer on a long term basis or for a short break, will have a Shared Lives Plan referred to as 'My Plan'.

# Operational Policies

## P05- Introductions

### Policy Statement

It is the policy of Shared Lives South West (referred to as the 'Scheme') to have a procedure for introductions to any new long term match that ensures that the person looking for a service and the Shared Lives carer can make an informed decision about a longer-term commitment. A thorough and transparent introductory process helps to ensure the stability and quality of matches. Please note the introductory procedure does not apply to short breaks.

### 1. Procedure

1.1 The Scheme will provide information for each new potential service user about the Shared Lives services provided by the Scheme in a form accessible to the individual.

1.2 The Scheme will ensure that it has accurate and comprehensive information about both the person referred and the Shared Lives carer. This information will be held in line with the Scheme's policies on Confidentiality and Record Keeping & Access to Files.

1.3 The Scheme will identify Shared Lives carers who have the skills and knowledge to meet the needs of the person placed in accordance with the Scheme's matching procedure. It will make information available about possible carers to the person referred and about the person to the possible carers in order to enable both parties to make an informed choice about possible placements. The Scheme will try to ensure that the information available is accurate and sufficient.

1.4 Once a possible match is agreed the Scheme will ensure that:

1.4.1 Family members and /or an advocate for the potential service user are given the opportunity to be involved in the introduction of a person to Shared Lives

1.4.2 Introductory visits are planned which allow the carer and the person to spend time getting to know each other

1.4.3 The length and frequency of the visits are dictated by the needs of the person looking for a service but are sufficient to allow the carer to judge whether they will be able to meet that persons needs and the 'fit' between the person, the carer themselves and the other members of the household.

1.4.4 The person seeking a service will normally spend at least one day (preferably including overnight) with the carer at their home. This allows them (with family, friends, or advocate as appropriate) to:

- Meet the carer's family and anyone else staying there;
- See the house, their bedroom and the neighbourhood;
- Have a meal;
- Discuss how the arrangement can meet their requirements;

1.4.5 Where, because of the particular needs of the person (e.g. some forms of autistic spectrum disorder), this is not possible, the Scheme will ensure that the person and the prospective carer are provided with sufficient opportunities to meet and get to know each other in other settings.

1.5 As part of this process of introductions, the Scheme will ensure that the person looking for a service and the carer have opportunities to discuss the process and to raise any concerns related to the proposed placement. If those concerns cannot be addressed to the satisfaction of both parties then they will both be supported to end the introductions without recrimination or criticism.

1.6 The Scheme will record the reasons for any decision to end the introductions, in line with its policy on Record Keeping & Access to Files and will make this record available in an appropriate format to the person looking for a service and the carer on request.

1.7 The introductory period of residence will provide the carer with the opportunity to identify any gaps in the information provided by the scheme. The Scheme will support the carer to obtain any further information necessary to ensure their ability to provide safe and high quality support and

care to the person placed with them.

1.8 The Scheme will ensure that the carer and the person receiving support understand that a decision to end the arrangement will not be viewed negatively and will not affect their involvement in any future match.

There may be the odd exception to this where, for example, it is clear that the person's needs could not be met in any Shared Lives setting.

## References

### Policies & Procedures

- Matching – P03
- Emergency Placements – P06

### Relevant Legislation and Statutory Guidance

- Joint Statement by CQC and Shared Lives Plus and supporting notes
- Health and Social Care Act 2008 (Regulated Activities)

# Operational Policies

## P06 - Emergency Placements

### Policy Statement

By its very nature, when making an emergency placement it will not always be possible or practical for the Scheme to follow the usual Matching and Introduction Procedure. Instead, a placement may have to be made with minimal matching and without opportunity for the service user to 'test drive' the service.

### Procedures and guidance

#### General Principles

1.1 To ensure the mutual safety of the service user and the carer and his/her household, the following should be put in place:

1.1.1 At the time of the emergency placement we will ensure key information and a risk assessment (where necessary) is in place to provide the carer with sufficient information about the service user and his/her needs.

1.1.2 We will request either an e-mail to confirm that payment has been authorised or a signed, faxed confirmation of funding form preferably before the person moves in but, if not, as soon as possible afterwards.

1.2 The carer offering the Emergency Placement will, within 24 hours of the placement being made, ensure that the service user is informed about the main aspects of the placement e.g. other service users and other family members, the facilities and support available and any particular house rules that the service user needs to be aware of.

1.3 The Shared Lives Coordinator (Scheme Worker) will liaise with all parties as soon as possible to ensure everything is going OK and that key information is available. Ideally, this will be via a home visit where at all possible.

1.3.1 The SLC will liaise with the Social Worker/Care Manager, and carer

to ensure that:

- A Short Break Agreement is in place (where appropriate)
- all other placement criteria are met
- the placement is reviewed frequently whilst future planning is being undertaken

1.4 An emergency placement does not imply the right or requirement of the service user to stay in the same placement and this will be clarified at the outset of the placement.

1.5 The Scheme will aim to start an emergency placement at the highest Band level for short breaks. An emergency placement that continues beyond 5 days will normally be reviewed to determine the appropriate ongoing banding.

Shared Lives South West reserves the right to charge the enquiring authority an administration fee if an emergency placement is cancelled after it has been agreed and put in place.

# Operational Policies

## P07 – Shared Lives Reviews

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West (referred to as the 'Scheme') to ensure the quality of Shared Lives services to the person using the service, through a regular, transparent, inclusive and consistent system of reviews.

1.2 Registered carers and people who use the service will have a yearly opportunity to review how things are going. This will include looking at what outcomes they are working towards and making sure the carer is able and enabled to provide the type of support needed. This is in addition to the regular monitoring and support contacts.

### 2. Procedure

2.1 The Scheme will ensure that all reviews are held annually. Significant changes in the circumstances of the person or the carer will be addressed through regular monitoring and support contacts and could trigger an amendment to the person's 'Plan'.

2.2 The Scheme will ensure that the right people are involved in any review and that the person who is using the service and/or their representative and the carer are supported to actively participate in the process.

2.3 The Scheme will provide training, information and support, in line with its training and development strategy, to enable Scheme workers to manage the review process in a way that is effective and positive.

2.4 The Scheme will provide a record of the review, in an accessible format. It will include notes of the meeting, actions taken as a result of the previous review and decisions on actions agreed at the review, with clear outcomes and timescales.

### 3. Carer reviews

3.1 Carer reviews will take place annually and will focus on the carer with reference to their work with specific service users, and the role of Shared Lives carers within the scheme as a whole.

3.2 The meeting provides an opportunity to check if there have been any changes in the household, and identify any challenges and future plans such as moving or retirement.

3.3 The carer's review is like an annual appraisal and will address any additional learning and support needs to enable them to develop in their role and provide the best possible care to the person or people they support. It also provides an opportunity to encourage carers to engage with the Scheme at whatever level they feel able such as carer meetings and events, carer consultation groups, or co-training for new carers on assessment.

3.4 The review is a two way process and a written record will be signed by both parties when agreed.

### 4. Service User Plans

4.1 Every person starting a placement with the scheme should have a 'Plan' within the first 18 weeks of starting.

4.2 The purpose of the plan is to agree the way in which the needs and wishes of the person will be met. As such, the plan will be discussed with the person and their Shared Lives carer(s) so that they know how best to support the person.

4.3 The 'Plan' will aim to maximise the person's independence. It will be based on information from the assessment of their needs and wishes and will include information and decisions about;

- any communication needs and how these will be met
- whether the person requires support in speaking up for themselves or making decisions and, if so, how this will be provided
- the people who are important to the person and arrangements for staying in touch with them

- the person's social, cultural and spiritual needs and how these can be met
- any specialist equipment the person needs and how this will be provided
- what food and drink the person prefers and any special dietary needs
- the person's activities and leisure interests
- the person's personal care and health needs, including arrangements for taking medication
- the person's financial wellbeing, including any financial support they receive
- decisions on potential risks, including any restrictions to the person's choices and freedoms which may be necessary for their own safety or the safety of others
- the person's hopes and wishes for the future
- any other services the person receives and how these will be co-ordinated with their Shared Lives arrangement, if necessary
- the name of an independent person or organisation who can be contacted if the person wishes to make a complaint or raise a concern

4.4 The 'Plan' is person centred and the person is able to choose who to invite and who to send a copy of the revised 'Plan' to.

4.5 Everyone using Shared Lives services will have an annual review of their 'Plan'. This is to check that the service continues to meet their needs and that their 'Plan' is up to date.

4.6 If the Shared Lives arrangement is funded by the Local Authority, the person's Shared Lives worker will seek to involve their Care Manager in the 'Plan' and/or review of the arrangement so that it can be co-ordinated with the review of the their Care Plan and / or personal budget if required.

4.7 The funding may also be reviewed at this time to take in to account a change in needs and therefore the amount and type of support required.

## 5. Review

5.1 This policy will be reviewed every two years, or earlier if needed.

## 6. Responsibilities

6.1 Team leaders are responsible for this policy, and for ensuring that all registered carers and people using a shared lives service have an annual review.

6.2 All Shared Lives workers are responsible for ensuring reviews are conducted in accordance with this policy.

# Operational Policies

## P08 – Approval Panel

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West (referred to as the Scheme) to establish and maintain a panel of people who operate independently of the Scheme. This panel of people is known as the Approval Panel and is responsible for recommending the approval of prospective Shared Lives carers to the Registered Manager who makes the final decision.

### 2. Composition

2.1 The Approval Panel has a Panel Chair who is completely independent of the scheme and who has the necessary skills and experience.

2.2 The Panel will also appoint a Vice Chair or someone who will be willing and able to take on the role of Chair if the Chair is unable to do so.

2.3 The Scheme will ensure that the Panel is made up of people who are independent of the Scheme. It can include people who have stayed with Shared Lives carers and ex- Shared Lives carers, or partners of carers.

2.4 The panel composition will, where possible, reflect the community served by the Scheme, offering a balance of interests, skills, backgrounds and an even gender balance.

2.5 The Scheme will appoint a Panel Adviser. The Panel Adviser can sit on the Approval Panel in order to answer panel questions, and provide clarification on process, and provide the panel with the Scheme perspective. The Panel Adviser will not enter into any discussions or decisions about carer approval.

### 3. Appointment of Panel Members

3.1 All Panel Members will be recruited and selected using a fair and equitable process set down by the Scheme.

3.2 References will be sought for new panel members.

3.3 Panel Members will go through an induction process to ensure they fully understand the sensitive nature of panel information and the importance of panel in the support and protection of people who use the service. They will also understand the importance of evidencing carer skills when making decisions and the action they will take if they are not satisfied with panel procedures or decisions.

3.4 Panel Members will receive written information about the Scheme, scheme processes, their panel role and expected conduct.

3.5 Panel Members will go through a probationary period of one panel meeting before they are fully confirmed in post.

### 4. Resignation and removal of Panel Members

4.1 Panel Members are able to resign from the role and should give the Scheme at least one month's notice in advance that they intend to do so. If concerns are expressed about a Panel Member they will be discussed in the first instance with the Panel Chair. If the Chair is unable to resolve these concerns, the Chair will discuss them with the Registered Manager and an action plan agreed.

4.2 The ultimate sanction against a Panel Member is removal of their membership of the Panel. The reasons for removing the Panel membership from a Panel Member are stated in the full Approval Panel Guidance.

### 5. Process

5.1 The Panels will usually meet monthly to consider assessments of prospective carers, with alternate panels being held in Devon and Cornwall.

5.2 Panel Members will receive written reports for each carer being presented two weeks in advance of the Panel meeting. This will give Panel Members the time to consider each report in depth and plan any questions or issues they wish to raise.

5.3 The Panel Chair will manage the panel meetings with administrative support to take notes, and advice from the Panel Adviser as required. Minutes will be taken and retained by the scheme as a record.

5.4 At the panel meeting the applicant and the assessing Shared Lives Coordinator who carried out the assessment will be available to present the report, answer questions and clarify issues.

5.5 The panel meeting will normally consider a maximum of four assessments. The Panel will not be expected to make a decision when the assessment pack is not fully complete or references and checks are not available.

5.6 If Panel Members already have an interest in or knowledge of an applicant they must declare this to the Panel Chair. The Panel Member must agree with the Panel Chair whether their interest or knowledge will affect their objectivity and if necessary they must agree to withdraw from the Panel while the particular applicant is discussed.

## 6. Evidencing knowledge and skills

6.1 The primary role of the panel is to ensure the Shared Lives Coordinator has followed the assessment process correctly. This will include speaking to other household members, completing all the required checks and references and completing all parts of the assessment format satisfactorily.

6.2 The panel will also assess whether the report provides sufficient evidence of the carer's knowledge and skills and identify any gaps to address at the panel meeting, but the role of panel is not to judge whether or not the applicant is suitable. This judgement has already been made by Shared Lives South West.

6.3 Assessments will be written by the Shared Lives Coordinator to reflect the individual applicant concerned. The evidence of each applicant's knowledge and skills may look very different depending on the applicant, their circumstances, motivation and experiences.

6.4 The Scheme will ensure that Panel Members understand the concept of the knowledge and skills required to be an effective carer as part of their induction to the role of Panel Member. They will also ensure that Panel Members are aware of different ways that the knowledge and skills can be evidenced.

6.5 Panel Members must ensure that they look objectively at each assessment and consider each of the knowledge and skills statements. For each statement they will consider whether the Shared Lives Coordinator has provided them with sufficient evidence that the applicant has the knowledge and skills required.

6.6 Whether the type and amount of evidence outlined in the report is sufficient is a relatively subjective decision to be taken by the Approval Panel. However if panel decisions are seen to be fair, equitable, consistent and sound it is likely that their view on the type and amount of evidence will be equally so.

6.7 Another important part of the Panel's role is to check that the assessing Shared Lives Coordinator has completed the process correctly.

## 7. Decisions

### 7.1 New Approvals

The Approval Panel will decide whether or not the assessment process has been followed correctly and that sufficient evidence and information has been provided to support the application. When considering the assessment of new applicants the outcome will either be:

- **Recommend Approval**

This means that the Panel were satisfied with the thoroughness of the assessment pack and have reached the decision that the carer can be recommended for approval to the Registered Manager.

- **Not Approved**

This is most likely where there are significant concerns for example about the person's level of experience, the outcome of a DBS check or other significant matter judged to render them unsuitable. In this case the appeal process will be made available to applicants.

- **Deferred**

This means that Panel Members were unable to reach a decision. It may be that the assessment report was incomplete, references were insubstantial or that it was felt that the applicant requires further training or experience to develop their knowledge and skills. In this case the situation will be explained fully to the carer and a date agreed to present them to Panel again in the future. When an applicant is deferred the scheme will work with them to meet panel requirements and recommendations.

## 8. Appeals

8.1 The scheme has an agreed procedure to be followed in the event of carers wishing to appeal against a panel decision. This appeal process is available in the Approval Panel Guidance Notes.

# Operational Policies

## P09 – Risk Assessment & Management

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West to ensure that our risk assessment procedures and risk management strategies enable Shared Lives carers to support individuals who use our services in taking responsible risks as part of an independent lifestyle.

1.2 Shared Lives South West has a positive risk taking approach and this policy forms an integral part of the 'Shared Lives Plan' documentation that each individual who uses our services receives.

### 2. Identifying the need for Risk Assessments

2.1 Prior to any matching taking place, any relevant risk assessment will be requested as part of the needs assessment. This information may be provided at the point of contact through an individual's referral and accompanying paperwork.

2.2 Alternatively, scenarios may develop at any time during a placement that will require a risk assessment to be put in place in order to better manage the placement.

2.3 These scenarios may become apparent because either the Shared Lives Carer is raising concerns with their co-ordinator or the co-ordinator recognises the need for a risk assessment based on certain events or a change in circumstances within a placement that highlight the specific need.

2.4 It is the responsibility of the Shared Lives Coordinator to work in conjunction with the Carer to ascertain the information surrounding the need for a risk assessment and also to judge that the placement and ultimately, the Carer, would be safer and benefit from having a risk assessment in place.

### 3. Procedure for creating Risk Assessments

3.1 The risk assessment will identify the potential risks and hazards for the individual as well as those posed to the carer and/or others within the carer's home and/or the local community by the individual who uses the service.

3.2 The risk assessment will take into account the wishes and requirements of the individual who uses the service.

3.3 If required, a risk management strategy will be developed to address any identified risks and to enable the individual who uses the service to undertake agreed and desired activities. Agreed strategies to manage the identified risk(s) will be recorded within the individual's plan and on a Approved: Assessment document. This document considers the risks to the Carer, the community, Shared Lives South West as well as to the individual that uses the service.

### 4. Training around Risk Assessment

4.1 Shared Lives South West will provide the carer with appropriate training, advice and ongoing support, enabling them to:

4.1.1 Act to reduce or remove identified risks and hazards

4.1.2 Ensure that the individual(s) they support receive appropriate personal safety support to avoid limiting their lifestyle, activities or choices

4.1.3 Act promptly in the event of an unexplained absence of the individual they support

4.1.4 Work in a person centred way, using support and guidance, to empower the individuals they support to be as independent as possible

### 5. Review of Risk Assessments

5.1 Both risk assessments and risk management strategies will be subject to regular review at formal reviews or sooner when a change in circumstances arises.

5.2 On occasion it may be necessary to assess an individual's mental capacity with regarding to

making a certain choice or decision. When the capacity assessment outcome for that decision is a lack of capacity, it will be necessary to facilitate a best interest decision.

## 6. Review

6.1 This policy will be reviewed every two years, or earlier if required.

## 7. Responsibilities

7.1 The registered managers are responsible for this policy and for the overall service delivery across the Shared Lives scheme.

7.2 Service staff and Shared Lives carers are responsible for understanding and implementing this policy.

# Operational Policies

## P11-Entering and Leaving a Service User's Home and Keyholding

### Policy Statement

Shared Lives South West is committed to promoting the safety of service users in Shared Lives. Where the Provider provides support to someone living in his/her own tenancy, both the Provider and the Scheme have a responsibility to help the person to safeguard the security of their home. It is the policy of the Scheme that service users should be supported to take responsibility for their own keys wherever possible. There may, however, be occasions where 'My Plan' identifies that the person needs support to safeguard the security of their home. This may mean that the carer is asked to look after keys or, in some cases, to hold a duplicate key in order to allow independent access to the house. In this situation, the Scheme will ensure that the carer understands and follows the Scheme key holding procedure which is designed to protect the security of the service users' home.

### Procedures and guidance

#### 1. Key holding

1.1 The Scheme will ensure that, where the Service User Plan identifies that the person needs support in safeguarding the security of their home, the detail of the way in which that support is to be provided:

- Has been agreed with the person and/or their representative
- includes the circumstances in which keys held by the carer on behalf of the person may be used.

1.2 The Scheme will ensure through training, advice and ongoing support that the Provider understands:

- That they should not agree to look after the keys of the person that they are supporting, unless the need for that help is identified in the 'My Plan'.
- That keys held on behalf of the service user must be kept in a locked box in a secure place in the home of the carer when not in use.
- The circumstances in which keys held on behalf of the service user may be used and that failure to follow the guidance set down in 'My Plan' may be treated as a breach of the human rights of the person.
- The Scheme will ensure that when a service ends, any keys held on behalf of the service user will be returned to them.

#### 2. Entering and leaving the Service User's Home

2.1. South West Adult Placement Scheme will support the provider to agree a protocol with the person regarding the way in which they will enter and leave the person's home.

- The protocol should reinforce and respect the rights of the person to control who has access to their home. It should include alerting the person to their presence (by knocking on the door/ ringing the door bell/calling out) and waiting for permission to come in.
- The provider is responsible for ensuring that the person makes the house secure after they leave.

2.2. The Scheme will consider whether it is appropriate to issue provider providing support to people in their own homes with identity cards. This may be important where more than one Provider supports the person or where the provider forms part of a team of people providing different kinds of support to the person (e.g.: where the provider is providing kinship support in addition to the housing related support and personal care that is being provided by a team of support workers).

- Any identity card should be laminated, contain a photograph of the provider, the date of issue and the expiry date and a contact number for the Scheme.
- The provider should carry the card at all times and should always show the card to the person being supported when they visit their home. The provider should also encourage the person to ask to see identification from people who visit in order to ensure that unauthorised people do not gain access.

2.3. The Scheme will ensure through training, advice and ongoing support that the provider:

- Understands the legal rights of the service user as tenant, including their right to choose who has access to their home.
- Understands and follows the protocol agreed with the person regarding the way in which the provider enters and leaves their home
- Understands the importance of confidentiality and security (e.g.: with regard to entry codes)
- Will report to the Scheme any concerns about the security of the person's home (e.g.: where keys have been stolen or lost)

## References

National Minimum Standards

10.2, Annex 5, Annex 7

Regulation 21 (1) (a)

## Model Documents

- Service User Guide – M01

Policies & Procedures

- Risk Assessment & Management – P09
- Safe working practices – P29

Relevant Legislation

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000
- Human Rights Act 1998

# Operational Policies

## P12- Safe Friendships & Relationships

### Policy Statement

The South West Shared Lives Scheme (referred to as the 'Scheme') recognises the importance that friendships and relationships have to all of us. The Scheme is committed to ensuring that people in Shared Lives arrangements have the same opportunity as any other member of the community to develop a range of valued friendships and relationships including intimate relationships.

One of the most important roles of a Shared Lives carer is to support the people placed with them to make friends, develop and keep relationships and maintain family links.

This policy covers the carer's responsibility in this area as well as the Scheme's responsibility to ensure that carers have the skills and knowledge to carry out their role sensitively, effectively and safely. The Scheme is also responsible for ensuring that carers understand the legislative framework within which they are working and their role in protecting service users from exploitation and abuse.

### 1. Underlying Principles

One of the key aims of any Shared Lives arrangement is to support the person to live as ordinary a life as possible. People in Shared Lives should be encouraged and given the opportunity to form friendships and relationships with a range of other people. These friendships and relationships will develop through their day-to-day contact with people in different settings.

The vulnerability of some service users places a responsibility on carers to try and ensure that these relationships are safe and free from possible exploitation. In order to achieve this, carers will be expected to be alert to any potential risks involved for the service user when seeing particular friends/family members and take steps to support the service user to minimise these risks. This will often be done with advice and guidance from the care manager of the service user who, wherever possible, should identify any risks in the service users' Needs Assessment/Care Plan. Agreed decisions regarding the management of these risks in the Shared Lives setting should be recorded in the service user's Plan.

This should not be done in a way that breaches the service user's right to privacy and respect and should, where possible, involve the service user in considering the degree of risk their friendships and relationships could pose.

Shared Lives South West staff, carers and care managers must ensure service users have the information and guidance they need to make choices about their relationships.

However, even with this information some service users may choose to have contact with friends and family about whom carers may feel uncomfortable.

Shared Lives South West agree with Mencap's statement:

People with a learning disability should be able to fulfil their right to develop positive, healthy, informed and safe intimate or sexual relationships.

Mencap believe that for this to happen people need:

1. access to high quality and accessible sex education
2. the opportunity to express their sexuality and to have intimate relationships
3. their rights and wishes to have intimate relationships support to meet other people and form relationships
4. Balanced against any risks around safety and abuse.

## Legislative Context

People have the right to form a friendship with whomever they please. There are very few legal powers to prevent a friendship between a service user and another person.

There is however some legislation which both the Scheme and carers need to take account of which is intended to give greater protection to vulnerable adults from sexual exploitation and abuse

The Sexual Offences Act 2003 sections 30-44 aims to:

- 1) Assert the right of all people with learning disabilities or mental health problems who have the capacity to consent to lead a full active life, including a sexual life; to afford them the same legal protection as anyone else in instances of non-consensual sexual acts such as rape and sexual assault.
- 2) Protect the legal rights of those adults who are at risk of sexual exploitation and/or abuse, because their learning disabilities or mental health difficulties impede their ability to make choices.
- 3) Protect all adults with learning disabilities or mental health difficulties from sexual exploitation as a result of threats, deception or inducements.
- 4) Make illegal any sexual activity between a service user with a learning disability or mental health problem (whether or not the person has the capacity to consent) and someone who is providing the support the individual needs as a result of their learning disability or mental health difficulties (unless there is a marital relationship or the sexual relationship pre-dates the carer relationship)

Section 30-33 of the Sexual Offences Act say that if an individual is unable to refuse because of, or for a reason related to their learning disability or mental health difficulties, it is illegal to:

- Touch the individual sexually. This includes sexual touching of any part of their body, clothed or unclothed, either with your body or an item;
- Cause or incite the person to engage in sexual activity;
- Intentionally engage in sexual activity when you know you can be seen by the person for your own sexual gratification
- Intentionally cause the person to watch someone else taking part in sexual activity – including looking at books and videos for your own sexual gratification.

Recognising the potential vulnerability of some people with learning disabilities or mental health problems Section 34-37 also makes it an offence for anyone to use threats inducements or deception in order to obtain the agreement of an adult with a learning disability or mental health difficulties to engage in any form of sexual activity

It is important to note that in the case of Care Workers (which in terms of the Act includes Shared Lives South West carers) who provide support and/or care for individuals with a learning disability or mental health difficulties, Section 38-42 of the Sexual Offences Act states that the issue of whether the service user consents or not does not apply. The providers will be liable for prosecution for any of the actions detailed in Sections 30-33.

Although intended to protect vulnerable adults, there are likely to be concerns both among service users and among providers about some aspects of the Sexual Offences Act 2003. Service Users wanting to engage in a sexual relationship with another person may feel worried that both partners have to 'prove' that they have consented. Carers may have anxieties both about the physical contact they have with someone they support (particularly if they provide personal care), what types of 'touching' are likely to be interpreted as 'sexual' and whether supporting the service user's choice to have a sexual life could be viewed as causing or inciting sexual activity".

Organisations with and for people with learning disabilities and mental health difficulties have gained some reassurance that the Act is definitely not intended to put blocks in the way of people choosing to have sexual relationships.

The Scheme is committed to enabling vulnerable adults to have the opportunity to lead a normal life, and will support the right of service users to make informed choices about their own lives. The Scheme also recognises the vulnerability of carers in operating as 'lone workers'. The Scheme will seek to provide the training and support needed to enable carers both to have 'safe' relationships with service users and to be competent in fulfilling the important role they have in supporting vulnerable adults to be able to develop the friendships and relationships that will enable them to give and to be valued.

## 2. Procedure

2.1. The Scheme will ensure, through training and explanation that the carers, understand their role in supporting the people placed with them to have friendships and relationships and the legislative framework within which they are working.

2.2. The Scheme will ensure that the individual service user's Plan gives guidance to the carers on the support that they are expected to give to the person placed with them to enable them to maintain family links and have a range of friendships and relationships.

2.3. The Scheme will ensure that the carer understands the steps that they should take if they have concerns about a relationship that the person placed with them has developed. These are:

2.3.1. The carer should talk to the person placed with them and explain their concerns. This is a difficult balancing act as the carer has a duty to protect the person placed with them from exploitation or abuse but must also bear in mind the right of the individual to have friendships and relationships of their choice. The provider should be careful not to put undue or unfair pressure on the person to end that relationship. The Human Rights Act 1998 protects the right to privacy and respect for family life, home and correspondence and to freedom of association with others.

2.3.2. If the carer continues to have concerns, he/she should explain that to the service user. The carer should discuss continuing concerns with the Scheme Worker in order to understand their basis and agree a strategy.

2.3.3. If necessary the Scheme worker and carer should consult the Care Manager/Care Coordinator who may decide the matter should be properly considered at a formal review involving the service user and his/her representative. The meeting will consider the concerns and agree a way forward. This may involve a risk assessment and the agreement of a formal risk management strategy. The Service User Plan should if necessary be amended so that the provider has clear instructions about their role and what they should be doing to support and safeguard the service user.

2.3.4. If at any time a carer is concerned that a service user is involved in an abusive friendship or relationship they should immediately inform the Scheme worker. The Scheme will then follow the procedure for Safeguarding Adults.

## References

- Needs Assessment – P03
- Risk Assessment & Management – P09
- Safeguarding Adults – P18

## Relevant Legislation and Statutory Guidance

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000
- Human Rights Act 1998
- Sexual Offences Act 1956
- Sexual Offences Bill January 2003
- 'Making Decisions' (guidance from The Lord Chancellor's Department 1995)

# Operational Policies

## P 13 – Personal Care

### 1. Policy Statement

1.1 Shared Lives South West will ensure that the Shared Lives Carer provides any personal care to the individual placed with them in a way that meets their preferences and requirements and supports their right to privacy, dignity and respect, ensuring independence and control over their own lives wherever possible.

### 2. Preparation and Understanding

2.1 Shared Lives South West will ensure that the documentation or 'Plan' for the person using the service contains details of the personal care requirements that will be needed by the individual.

2.2 Shared Lives South West will ensure that the Shared Lives Carer understands, through training and explanation, the principles underpinning the delivery of personal care and the particular needs of the person being placed with them.

2.3 Areas of understanding will include but are not limited to:

2.3.1 Preferences and requirements of the person using the service about the way in which the personal care is delivered.

2.3.2 Any health and safety implications of providing the personal care, ensuring that both carer and the person using the service are safe at all times.

2.3.3 Personal care should be delivered in private wherever possible or appropriate and by an individual chosen by the person who uses the service wherever possible.

2.3.4 Routines containing personal care require a certain amount of flexibility.

2.3.5 Carer's role in providing guidance and support in relation to personal hygiene.

2.3.6 Carer's role in providing support for the person using the service to choose their own clothes, hairstyle, make up, toiletries and grooming routines.

2.4 Shared Lives South West will ensure that the Carer has sufficient training and access to the support needed to meet the personal carer needs of the person using the service sensitively and effectively.

### 3. Adaptations and Equipment

3.1 Shared Lives South West will ensure that the Carer's home has the necessary adaptations and equipment required to secure the maximum independence of the person using the service and establish that appropriate training has been undertaken to use any such adaptations or equipment.

3.2 The acquisition and installation of any adaptations or equipment must be as a result of an assessment by a relevant professional.

3.3 It is the responsibility of the Carer to ensure that any adaptations or equipment are kept in good condition, are regularly serviced and are replaced if necessary. They are also to keep up to date with any training required to operate the adaptations or equipment.

### 4. Ongoing Personal Care

4.1 Shared Lives South West will ensure, through regular reviews that the personal care requirements of an individual continue to be met in a way that is appropriate and dignified. Referrals for additional support or specialist equipment will be made if necessary.

### 5. Complaints

5.1 Any complaints relating to the delivery or receipt of personal care will be responded to promptly via the Shared Lives South West complaints procedure.

## 6. Review

6.1 This policy will be reviewed every two years, or earlier if required.

## 7. Responsibilities

7.1 The registered managers are responsible for this policy and for the overall service delivery across the Shared Lives scheme.

7.2 Service staff and Shared Lives carers are responsible for understanding and implementing this policy.

# Operational Policies

## P14- Control of Medication

### 1. Policy Statement

1.1 In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, the intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. It is the policy of Shared Lives South West to recognise the importance of safe and effective medication management and its role in the wider context of meeting the health needs of those it supports.

1.2 Shared Lives South West will ensure that Shared Lives carers understand the principles behind the safe handling of medication and follow the procedures laid down by Shared Lives South West for the control, administration, recording, safe keeping, handling and disposal of medicines.

### 2. General Guidance

2.1 People living or staying with Shared Lives carers should, wherever possible be encouraged and supported to take responsibility for their own medication if they are able to do so safely in relation to the Mental Capacity Act.

2.2 Shared Lives South West must ensure that its carers have the knowledge and skills needed to handle and administer medication safely. It is proposed that face to face training, delivered by a suitably qualified and experienced trainer be undertaken every three years. In addition, an annual refresher/professional discussion will be carried out upon the occasion of their annual appraisal.

2.3 Where Shared Lives carers are asked to carry out specific medical procedures for the person they support, they should only do so after having received training in that procedure and under the supervision of an appropriate health professional. A risk assessment will be completed to ensure the safety and wellbeing of the individual.

2.4 Shared Lives carers must not administer any non-prescribed externally applied medication or dressing without obtaining guidance from a health professional. The only exception to this would be the application of emergency aid for which the carer has received appropriate training.

2.5 Shared Lives carers should consult with a health professional/pharmacist wherever possible for information about any known allergies or contraindications in relation to their prescribed medications, before giving any non-prescribed remedies (also referred to as homely remedies) to a individual they support e.g. medication for pain. A record should be kept of any remedies given. Shared Lives carers should ensure this information is recorded in the individuals' Shared Lives Plan.

2.6 All forms of medication are potentially harmful if misused and care needs to be taken in obtaining, administering, recording, disposing and controlling them. Shared Lives Carers will seek specialist advice and work in partnership with other health professionals around the storage, administration and disposal of medications considered as 'hazardous substances' for example cytotoxic drugs.

2.7 Medication, whether self-administered or given with assistance, should be stored safely. Suitable storage should not be affected by moisture or extreme temperatures. Where medication require refrigeration, they should be stored in clearly marked containers on the top shelf of the refrigerator. Medicines dispensed by carers should be kept in their original boxes or containers with the pharmacy label attached and legible. If an individual chooses to store their medication in a different way, a risk assessment should be completed and their reasons documented in their Shared Lives Plan.

2.8 Controlled medication must be stored in a lockable space.

2.9 Medication travelling from one carer to another must remain in the original packaging with the pharmacy label intact and legible. Recording sheets should accompany the medication and wherever possible, these should be formal MAR sheets from the pharmacy.

### 3. Procedural Guidance

3.1 Before any service commences Shared Lives South West will ensure that

3.1.1 Shared Lives carers have received training in safe handling and management of medication

3.1.2 Shared Lives carers are appropriately assessed to establish that they are competent to undertake the responsibility of medicine administration. Competency will be reviewed annually through a range of options including training, professional discussions and annual appraisals.

3.2 Details of the support that an individual requires to administer their own medication will be recorded in the health section of their Shared Lives Plan. In these cases the Shared Lives carers will keep a record of all medication, dates and dosages with the individual's consent. Wherever possible these records should be formal MAR records from the pharmacy.

3.3 Where the Shared Lives carer is asked to administer medication, or to undertake a medical procedure, they should ensure that appropriate supervision and support continues to be provided by a health professional.

3.4 Shared Lives carers should record and report any concerns about the ability or willingness of an individual to self-medicate to their Shared Lives Coordinator. The SLC will record and, if appropriate, act on this information.

3.5 Where Shared Lives carers are asked to administer medication, they will keep a detailed record for each individual they support. The record may include:

3.5.1 The date a new medication is prescribed together with the prescription details

3.5.2 Each time medication is administered, with the time and date

3.5.3 Any incident where medication has been refused

3.5.4 Any period of illness which might effect the absorption of medication e.g. vomiting or diarrhoea

3.5.5 The date when surplus or out of date medication is returned to the pharmacist for destruction.

NB Only points 3.5.1, 3, 4 and 5 will apply in situations where an individual self medicates.

3.6 As an example, a Medication Record Form is included as Appendix 1 and an example Administration of Medication Record Form as Appendix 2.

3.7 It is important that medication records are kept for a suitable period of time. Shared Lives South West have determined that this period of time is three years.

3.8 Any refusal to take medication should be recorded and reported to the Shared Lives Coordinator and GP or Community Nurse for advice as to the appropriate action.

3.9 Errors in the administration or self-administration of medication should be reported immediately to the GP or emergency services for advice and appropriate remedial action. Shared Lives South West should also be informed as soon as possible after the incident. An incident form should be completed at this time and forwarded to Shared Lives South West as this must be reported to Safeguarding and, if a major reaction occurs, to CQC. The Shared Lives carer will monitor the condition of the individual they support and will report any unexpected change in condition that may be due to the side effects of the medication immediately to the GP.

3.10 Shared Lives carers will return all unwanted or out-of-date medication to the community pharmacist for disposal and mark this in the medication record. In the event that an individual who uses Shared Lives services dies, their medication must be retained by the carer for 7 days, as this may be required by the coroner.

3.11 Administration of an individual's medication will be subject to regular review, at formal reviews or a change of circumstances.

### 4. Covert Medication

4.1 This is generally not accepted but may be considered if the medication is deemed essential.

4.2 It must not happen unless there has been a mental capacity assessment and, where an individual is deemed to lack capacity, it has been agreed and recorded as a 'best interest' decision.

That decision would involve any people who are involved with the support of that individual and will be documented in their care plan and be reviewed regularly.

4.3 Medications should not be crushed for administration unless this has been authorised by the prescriber. In all cases the prescriber must confirm this in writing.

## 5. PRN or 'As Required' Medication

5.1 'As Required' medications are prescribed and intended to be taken when needed, rather than at specific times, for example pain relief or indigestion remedies. Some prescribed medications may have a variable rather than a fixed dose, for example 1 or 2 tablets.

5.2 Shared Lives carers should not administer any 'As required' medications which may have a sedative or other effect on behaviour unless:

5.2.1 Agreed by Shared Lives South West AND

5.2.2 The supporting health professional has provided a written protocol specific to the person for whom the medication is prescribed. The protocol must detail the circumstances in which the 'As Required' medication should be used.

5.3 The carer will record the reason for administering any 'As Required' variable dose medications and the dosage given on the MAR sheet each time.

5.4 Carers will contact the individual's GP, prescribing pharmacy or NHS 111 helpline for advice if they are unsure about:

5.4.1 When to give 'As Required' medication

5.4.2 What the dose should be

5.4.3 The effects of the medication

## 6. Consent

6.1 A patient has the right under common law to give or withhold their consent to medical examination or treatment. They are entitled to receive sufficient information in a way they can understand about proposed treatments, possible alternatives and any substantial risks to them so that they can make a balanced judgement.

6.2 The law states that no medical treatment may be given to any person without valid consent. Whilst not a legal requirement this should be recorded in writing wherever possible. Non-consent to medical treatments can include advance directives and DNARs. These should be updated when significant changes occur or, at a minimum, on an annual basis.

6.3 Where consent is given a copy should be placed on the individuals' file. In cases where consent is refused the matter must be recorded, Shared Lives South West must be informed as well as the GP.

6.4 Where consent cannot be given because of the severe nature of an individuals' medical condition or learning disability, a capacity assessment would need to be undertaken and a 'best interest' meeting held as appropriate.

6.5 Please note that a Shared Lives Carer cannot give consent to medical treatment on behalf of the people they support.

6.6 A doctor can lawfully operate on or give other treatment to adult patients who are incapable, for one reason or another, of giving consent, provided that the operation or treatment concerned is in the best interests of the patient e.g. the treatment is carried out to save their life, or to ensure improvement or prevent deterioration in their physical or mental health. A 'best interest' decision making process as described in the Mental Capacity Act must precede any medical intervention where the individual has been assessed as lacking the capacity to consent to the procedure.

6.7 In situations where a legal decision is made by a Court overruling an individual's decision to withhold consent, the procedures to be followed should be clearly recorded in their Shared Lives Plan.

6.8 Where it is considered that refusal of consent is not made of an individual's own free will, the

carer should refer to the Safeguarding guidelines and discuss with their Shared Lives Coordinator

## 7. Medical Emergencies

7.1 In any incident that appears to be life threatening, normal emergency aid procedures should be followed and appropriate medical assistance summoned as a matter of urgency.

7.2 Give details of any other parties responsible for developing, deploying or monitoring aspects of the policy.

## 8. Confidentiality

8.1 Shared Lives Carers should ensure that the health details and arrangements relating to the administration of medication should only be discussed with those who need to know i.e. SLCs, health professionals and relatives.

8.2 Relatives should only be informed with the agreement of the individual receiving medication or treatment. Where they are unable to give informed consent then consideration should be given to the use of an independent advocate and 'best interest' guidance inline with the Mental Capacity Act.

## 9. Review

9.1 This policy will be reviewed once every two years or earlier if deemed necessary.

## 10. Responsibilities

10.1 The Registered Managers are responsible for ensuring the organisation delivers services that comply with the safe handling and control of medication.

10.2 All staff and Shared Lives carers are responsible for understanding and applying this policy in their work.

# Operational Policies

## OP22– Ending a Shared Lives Service

### 1. Policy Statement

1.1 Shared Lives South West accepts that some shared lives services will eventually end and that it is not always possible to offer a home for life. However generally we would like to ensure that this process is as a positive as experience as possible for all parties concerned and where this has not been possible to learn and amend our practice accordingly.

### 2. General Principles

2.1 Each shared lives service is closely monitored and regularly reviewed, to help with early identification of a service ending and allowing for a review to be undertaken so a planned exit can be discussed and arranged.

2.2 Under the terms of the licence agreement either party or a third party for those who lack capacity can provide the minimum of 28 day's -notice to end the service during which full fees are paid.

2.3 Notice should be provided in writing to Shared Lives South West and the first day of the notice commences from the date of receipt and acknowledgement is then sent to both the carer and the person using the service.

2.4 Shared Lives South West also recognises that sometimes tensions may arise when services end and offers support or advocacy to both parties.

2.5 A service may end for a variety of reasons, the main reasons being:

2.5.1 The person using the service wishes to move to a different setting or area

2.5.2 A change in circumstances for the carer

2.5.3 Incompatibility between both parties

2.5.4 A serious breach of the service agreement by either party

2.5.5 Reassessment of needs of the person using the service

2.5.6 Safeguarding outcomes

2.5.7 Death of either party

### 3. If the person using the service wishes to move

3.1 28 days' notice will be provided as part of the planned exit plan, it is expected that the person using the service would remain within the service for the duration of the notice period.

3.2 In some circumstances this may not be possible and therefore the person using the service would generally still be liable for the rental element of the service until the end of the notice period unless agreed by mutual consent.

3.3 Additionally if all belongings are not removed at the end of the notice period Shared Lives South West holds the right to charge for the storage of belongings until removed.

3.4 Notice can be extended by mutual consent of both parties.

### 4. A change in circumstance for the carer

4.1 Under the terms of the carer agreement it is the responsibility of the carer to advise of any change in circumstance, this may for example be ill –health or resignation. By advising Shared Lives South West, a review can be arranged to consider any action that needs to be taken and whether any service can continue to be provided or needs to be ended.

4.2 Generally 28 days full fee would be paid if notice is given, if terminated would cease on the last day of occupation of the person using the service.

## 5. Incompatibility between both parties

5.1 Occasionally a service may be deemed to be no longer safe or viable for the person using the service or the carer and can be terminated with immediate effect. This is commonly referred to as a “service breakdown” and under these circumstances payment ceases on last day of occupation.

5.2 Where a service breakdown has occurred the commissioning authority is contractually obligated to find suitable alternative accommodation and support for the person requiring the service and this should be undertaken in a timely and sensitive manner as well as provide support to the person to move from the carers home.

5.3 Shared Lives South West has a duty to support the carer with the vacation of the person using the service, if they refuse to leave and if necessary this would include any necessary eviction action.

5.4 Within two months of the service ending a “debrief” should be undertaken taking into account the feedback from all parties concerned and update working practice for both the scheme and carer as appropriate.

## 6. A serious breach of service agreement by either party

6.1 Any serious breaches should be referred to the relevant team leader who will decide what course of action needs to be taken, this may well include providing notice of the service or immediate termination depending on the seriousness of the breach.

6.2 In some cases it may be appropriate within two months of the service ending to hold a “debrief” taking into account the feedback from all parties concerned and update working practice for both the scheme and carer as appropriate.

## 7. Reassessment of Needs

7.1 If the needs of the person using the service increase it maybe that the service can no longer be maintained. For example the person’s mobility maybe affected which makes the placement untenable due to the layout of the carer’s home, or that their support needs become so great that an alternative service needs to be sought.

7.2 Generally these circumstances occur over time so a planned review and exit plan can be arranged and the full fee for the 28 days-notice is paid.

## 8. Safeguarding outcome

8.1 A service and payment maybe suspended whilst a safeguarding investigation is being undertaken.

8.2 If the outcome of the investigation is unfounded, but the person does not return, then you will receive full payment of the net care and support fee for the full 28 day period.

8.3 Within two months of the service ending a “debrief” should be undertaken taking into account the feedback from all parties concerned and update working practice for both the scheme and carer as appropriate.

## 9. Death of either party

9.1 Whilst we would try to maintain the service in the interim if a carer died, it may be necessary to provide 28 days-notice for the person using the service to re- locate so full fees would be maintained during the notice period.

9.2 In the unfortunate circumstances that the carer dies and that the service has to be ended immediately payment would cease on the date of death.

9.3 If the person using the service dies then payment of the full fee will continue for a further 7 days after death.

9.4 Where the person using the service has no family and the carer continues to provide assistance in respect of funeral arrangements etc, a request will be made to the commission authority for a payment extension, although this may not be granted.

## 10. Review

10.1 This policy will be reviewed every two years, or earlier if needed.

## 11. Responsibilities

11.1 The Registered Managers are responsible for ensuring the safe and effective end of shared lives services.

# Operational Policies

## P18 – Safeguarding Adults

### 1. Policy Statement

1.1 In line with Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Shared Lives South West endeavours to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment.

1.2 Shared Lives South West recognises a person's right to live in safety, free from abuse and neglect.

1.3 Whilst Safeguarding Adults remains a statutory duty of the local authority, the purpose of this policy is to ensure that all Shared Lives South West and its staff, carers and volunteers, understand their role in the safeguarding process and what they should do if they suspect someone is being abused or at risk of abuse.

### 2. Safeguarding Adults Principles

2.1 Safeguarding applies to any adult who has needs for care and support (whether or not the local authority is meeting those needs) and is experiencing, or at risk of abuse or neglect and as a result of their care needs is unable to protect themselves. This will apply to anyone using a Shared Lives South West service.

2.2 The local authority must arrange, where appropriate, for an independent advocate where there is a safeguarding incident and the individual has substantial difficulty in being involved. This may apply where the Shared Lives Carer is the alleged abuser and the individual has no close relative or friend to support them. The Shared Lives Carer can never be the advocate.

2.3 There are six key principles that underpin all adult safeguarding work:

2.3.1 Empowerment – Person-led discussion and informed consent

2.3.2 Prevention – Inform people about abuse and how to seek help

2.3.3 Proportionality – The least intrusive appropriate response to the presented risk

2.3.4 Protection – Support people to report abuse and take part in the safeguarding process

2.3.5 Partnership – Local solutions working with communities

2.3.6 Accountability – Transparency in delivering a safeguarding process

### 3. Practice Guidance

3.1 It is the legal responsibility of Shared Lives South West to promote the well-being of those using the service, prevent harm and respond effectively in the event of any concerns being raised.

3.2 Shared Lives South West recognises our obligation to the Care Quality Commission's Key Lines of Enquiry and take steps to ensure:

3.2.1 That people are protected from bullying, harassment, avoidable harm and abuse that may breach their human rights.

3.2.2 That the risks to individuals are managed so that freedom is supported and respected.

3.2.3 That the service provides sufficient numbers of suitable staff to keep people safe and meet their needs.

3.2.4 That peoples' medicines are managed safely.

3.3 Shared Lives South West supports those using the service to take responsible risks in the context of their personal plan and in accordance with any risk assessments.

3.4 Shared Lives South West will adhere to safe recruitment practices for staff, carers and support carers, and will offer regular supervision and support to all groups. This includes obtaining DBS checks, public liability insurances, references and compulsory training.

3.5 Shared Lives South West will provide regular training for staff, carers, support carers and volunteers to safeguard the people they support. Training will also be provided in order to ensure understanding of the Mental Capacity Act and how it applies to the individuals we support. Safeguarding Adults training and Mental Capacity Act training is required to be renewed every three

years as a minimum. It is the responsibility of the staff member, carer or volunteer to ensure they attend training in order to remain compliant.

3.6 Shared Lives South West has a statutory duty to refer all reports and allegations of abuse involving anyone who uses the service and ensures that staff members are aware of the process of how to submit and record such notifications.

#### 4. Reporting Abuse

4.1 Shared Lives South West has a zero tolerance of abuse and will always respond to concerns raised.

4.2 Shared Lives South West recognises the various types of abuse as defined in the Care Act 2014: domestic abuse, physical, sexual, psychological, financial or material, modern slavery, discriminatory, organisational, neglect or acts of omission and self-neglect.

4.3 Shared Lives carers are responsible for reporting concerns or allegations to their Shared Lives Co-ordinator as soon as possible. The immediate safety of those involved will be assessed and action taken to ensure their well-being and security. Agreements will be reached on the next steps of the process.

4.4 Shared Lives staff and carers are required to keep appropriate records of any disclosure or observations. The words of the individual reporting the concern or allegation must be used. It should be kept safe as it may be required during an enquiry. It should be shared with any relevant professionals in line with confidentiality rules.

4.5 If required, Shared Lives South West can contact the local authority for the individual who is at risk, and will inform them that a referral is being made.

4.6 The local authority must make enquiries once a referral is submitted. This should establish what actions, if any, need to be taken to stop or prevent abuse or neglect and who should undertake those actions. There is a duty to continue the enquiry, and necessary actions, to ensure the safety and protection of the adult. Any actions must be undertaken before the enquiry can be closed.

4.7 The local authority must discuss with the individual or advocate whether further enquiry is needed. One or more of the following may occur:

4.7.1 A Safeguarding plan may be implemented for the individual

4.7.2 Disciplinary action for the alleged abuser

4.7.3 Complaints procedure

4.7.4 Service improvement

4.7.5 Criminal investigation

4.7.6 Mediation or conflict resolution

4.8 If a safeguarding plan is needed, it must give clear timescales for monitoring and review as well as clearly stating who the lead professional is. All professionals involved must be clear about their role, responsibility and actions.

4.9 Shared Lives South West are required to work in conjunction with the local authority to assist with information gathering, enquiries and reporting as well as agreeing actions to achieve desired outcomes.

#### 5. Individuals alleged to be responsible for abuse or neglect

5.1 Where this person is a Shared Lives Carer:

5.1.1 The scheme first needs to define whether they will continue in their role or whether changes need to be made.

5.1.2 The carer may be allocated a different Shared Lives Coordinator to maintain impartiality.

5.1.3 The carer will be given access to a 'carer supporter' - a paid, trained, shared lives carer who can offer emotional support.

5.1.4 In conjunction with the local authority, Shared Lives South West must determine whether the

individual needs to be removed from the carer's home. This would result in the carer's payments ceasing and will only take place after consultation with the individual and/or their advocate. The carer may then be suspended.

5.1.5 If the individual stays within the Carer's home, a decision will be made to determine if monitoring needs to be increased.

5.1.6 Where the alleged victim has been assessed as lacking the capacity to keep themselves safe from a specific individual, action will be taken in their best interests within the framework of the Mental Capacity Act.

5.1.7 There may be a criminal investigation.

5.2 Where this person is a member of staff at Shared Lives South West, the scheme may suspend them or temporarily make alterations to their job role to avoid further risk. Disciplinary action will be taken where appropriate.

5.3 Where this person is external to Shared Lives South West e.g. a family member or day service staff, work will be undertaken with the individual and/or their advocate to ensure their safety. Shared Lives South West and the local authority will work with the relevant organisation and adhere to their own internal procedures.

5.4 Where a person has been proven responsible for causing abuse or neglect, a criminal investigation may ensue. Dismissal or de-approval may also occur or alternatively, if the person remains in post, additional training and monitoring will occur.

## 6. Referral to the Disclosure and Barring Service

6.1 Shared Lives South West has a legal duty to make a referral to the Disclosure and Barring service if a shared lives carer, staff member or volunteer has been dismissed, or would have been if they did not leave voluntarily after causing harm or risk of harm to an adult or child with care and support needs.

6.2 A registered manager is responsible for making the referral.

## 7. Confidentiality

7.1 Information will only be shared on a need-to-know basis, or when we are legally obligated to, and when it is in the best interests of the individual who may be at risk.

7.2 Informed consent should be obtained where possible before sharing information.

7.3 It is inappropriate to give assurance of absolute confidentiality, particularly where others may be at risk. Where information has been shared, all parties involved should be notified.

7.4 Shared Lives South West has a whistle blowing policy which provides guidance and supports staff, carers and volunteers to inform Shared Lives South West about any concerns they have regarding the behaviour and practice of any member of Shared Lives South West.

## 8. Review

8.1 This policy will be reviewed every two years, or earlier if required.

## 9. Responsibilities

9.1 The registered managers within Shared Lives South West are responsible for ensuring that the organisation is compliant with safeguarding legislation and that staff, carers and volunteers understand their responsibilities to safeguarding.

9.2 Registered managers and Shared Lives coordinators are responsible for ensuring that all safeguarding matters are notified to CQC and other relevant organisations, and that this policy is followed in the approach to handling safeguarding.

9.3 All staff, carers and volunteers are responsible for undertaking safeguarding training and understanding the principles of this policy.

# Operational Policies

## P19 - Working with people who challenge service

### RESPONDING POSITIVELY TO PEOPLE WHOSE BEHAVIOUR CHALLENGES SERVICES

Shared Lives South West recognises that everyone has a right to lead the kind of life they want and to have the same opportunities as other people in the community. We also recognise that some people have risks associated with their individual character, history or method of communication and that these risks need to be managed in ways that prevent harm to themselves (including their reputation) and/or harm to other people. It is important that Shared Lives carers understand and balance these rights and risks when necessary, in order to support the person appropriately as well as safeguard themselves and others from harm.

#### How will this happen?

Before starting any Shared Lives arrangements Shared Lives carers receive general information and training about people's rights and how to support people in their daily lives. This includes enabling them to understand that the reasons for a person's behaviour can be complex and can take time to understand. For example, the behaviour may be a way of:

- communicating something
- responding to pain
- dealing with certain situations
- expressing emotions or frustrations

If Shared Lives carers require specialist training and/or professional guidance in order to understand a person's behaviour and how to respond to it, this will be provided before the arrangement begins and on an on-going basis when necessary. The arrangement will not go ahead or continue unless:

- a. Shared Lives carers have the knowledge and skills to support the person safely and constructively and
- b. They have clear written guidelines on how to do this.

The guidelines will describe:

- how to work positively with the person and carry out a support role safely and effectively
- what behaviours are seen as challenging
- how to avoid situations that trigger the behaviour
- possible warning signs and ways to defuse a situation
- when restrictive physical intervention can be used (if at all)
- the need for reporting and recording incidents

If you sometimes act in ways that might cause a significant risk to yourself or others this will be discussed with you / your representative and actions agreed with you to remove or reduce the risks if necessary. If there are likely to be any restrictions on your choices and freedoms these will also be discussed and agreed with you / your representative as part of your Service user Plan. Your needs and wishes and the ways of meeting these will be regularly reviewed as part of your Service User Plan. This will happen at least once a year or more often if you / your representative request it or your circumstances change.

If you sometimes act in ways that are abusive to other people this does not mean you cannot make use of a Shared Lives arrangement. However, other people have a right to live lives that are free from violence and/or abuse and/or harassment and bullying. You may not be able to start a Shared Lives arrangement or the arrangement may have to be brought to an end if your behaviour cannot be safely managed in the arrangement and/or the levels of risks for other people are unacceptably high.

Your Shared Lives carers will support you in the daily life and activities and goals you choose as part of your Service User Plan. If you require support to speak up for yourself or to make choices and decisions, you will find more information about this in our policies on Communication, and on Making Choices and Decisions.

Your Shared Lives Worker will visit you and your Shared Lives carers regularly in order to monitor the arrangement and make sure that you and they have the practical and professional help that may be needed. Your Shared Lives Carer will record the details of any incidents and keep your Shared Lives Worker informed about these. Your Shared Lives Worker will take responsibility for notifying if required the local authority (Adult Care and Support) of any events which adversely affect your health, safety or well-being when this is necessary.

### Restrictive Physical Intervention

Restrictive physical intervention is a term that covers a range of actions and means using force (or the threat of force) to restrict a person's movements or mobility, or to stop him/her from harming himself/herself, or from having dangerous or harmful contact with another person or the things around him/her, or to stop him/her from committing an offence. The use of force may involve bodily contact, mechanical devices or changes to the person's environment.

People can sometimes become aggressive or violent towards themselves or others. Shared Lives South West works to prevent this sort of occurrence if at all possible, but also prepares its Shared Lives (Shared Lives) carers and Shared Lives Workers to deal with these situations if they arise. Under common law Shared Lives Carers and Shared Lives Workers have a duty of care and can take action when necessary to prevent harm to a person who is in a Shared Lives arrangement and/or to other people. The seriousness of this kind of action is understood by Shared Lives carers and Shared Lives Workers, so physical intervention is used only as a last resort and only in the person's best interests.



See Policy P22

### How will this happen?

Shared lives South West provides information, training, guidance and support to Shared Lives carers, so that they understand:

- their responsibility to protect themselves and everyone in their households from injury or harm
- the principle of keeping the person's best interests in mind at all times
- the possible causes of aggression or violence
- how to defuse a situation which could lead to aggression or violence
- how to manage aggressive situations in order to avoid the use of physical intervention
- that physical intervention can be used only as a last resort
- that the action taken or amount of force used must be the absolute minimum necessary and for the shortest possible time
- the need to do everything possible to prevent injury or distress and to preserve the person's dignity
- that they can ask for police assistance, if necessary
- that it is never acceptable to use physical intervention (including sedation) as a form of punishment, with unkind feelings towards the person, or for the convenience of the Shared Lives Carer or anyone else
- their legal position if they use restrictive physical intervention
- the need to record and report all such incidents to the Scheme without delay, with a

copy of the written record being sent to the Scheme as soon as possible.

If you sometimes act in ways that might cause significant risk to yourself or others and physical intervention could become necessary in order to keep you or other people safe, the ways of dealing with this will be explained in your 'My Plan'. A risk assessment and risk management plan will be included as part of this and will be drawn up with the involvement of appropriate professionals.

Your Shared Lives Carer(s) will also receive specialist training and specialist professional support for this aspect of their work with you.

After receiving a report about the use of physical intervention, the Shared Lives Worker or Leader will make sure that you, your Shared Lives carers and other people are provided with appropriate support, if needed.

The incident will be reviewed together with you and/ or your representative, your Care Manager and/or other appropriate professionals. The aim will be to improve understanding of the incident and see whether any new or additional steps can be taken to prevent the same thing happening again. If there are any concerns about the appropriateness or effectiveness of the physical intervention, these will normally be addressed through on-going training, support and supervision. However serious concerns may also be addressed through the procedures for Safeguarding Adults. You and/or your representative also have a right to raise concerns through the complaints procedure.

The Scheme will keep a record of all incidents involving the use of restrictive physical intervention and this will be available for inspection by CQC and other regulatory bodies.

NB This guidance should be adapted to fit the intended service user

# Operational Policies

## P21- Harassment

### Policy Statement

Shared Lives South West (referred to as the 'Scheme') will not tolerate or condone any form of harassment and seeks to ensure that the working environment and carer's home environment is sympathetic to all Scheme employees, carers and service users. Scheme employees and carers have a right to work in an atmosphere free from racial, sexual or other forms of intimidation. Service users similarly have a right to be free from any form of harassment while in a Shared Lives service. The Scheme is committed to ensuring that staff, carers and service users understand the types of behaviour that are unacceptable. It will deal with any act of harassment promptly and sensitively and has established a procedure, which provides people who may be a victim of harassment with a means of redress.

The Scheme takes positive action to prevent incidents of harassment and bullying by providing Shared Lives carers and workers with information and training about the relevant legislation and about people's rights.

### Legal Context

Since October 2010 the Equality Act has harmonized and replaced previous legislation. It covers the same groups that were protected by previous equality legislation – age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'.

Since 2014 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20 applies – this refers to 'The Duty of Candour'.

This makes it an offence for anyone to obstruct a professionally registered member of staff from exercising their Duty of Candour.

### Harassment

Harassment is 'unwanted conduct related to a relevant protected characteristic, which has the purpose of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual'.

Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership. Employees will now be able to complain of behaviour that they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristics themselves. Employees are also protected from harassment because of perception and association.

### Informal Solutions

Carers and Scheme workers who are victims of minor harassment are encouraged to raise the matter informally with the harasser, making it clear that the behaviour is unacceptable and must stop.

If the individual finds that it is too embarrassing or too difficult to do this personally then he/she may decide to ask a colleague to speak to the harasser on his / her behalf. Alternatively a written request (explaining the distress which the behaviour is causing) handed to the harasser may be effective.

Service users who are victims of minor harassment may well need support to raise the matter with their harasser. The Scheme will ensure that such support is made available through the service user's existing support networks or through involvement of a local advocacy service.

## Formal Procedure

If an informal approach to the harasser does not resolve the matter or if the matter complained of is of a more serious nature then the employee, carer or service user should speak directly to the Scheme worker or his/her immediate supervisor. If the individual finds that the matter complained of is too embarrassing or relates to the supervisor/Scheme worker he/she may approach another member of management. For example, a female member of staff may prefer to take her to a female manager.

The complaint should be made in writing and, where possible state:

- The name of the harasser
- The nature of the harassment
- Dates and times when the harassment occurred
- Names of witnesses to any incidents of harassment
- Any action already taken by the complainant to stop the harassment

The Scheme worker should ensure that the service user has the support they need to put their complaint in writing.

The leader handling the complaint will carry out a thorough investigation as quickly as possible, maintaining confidentiality at all times. Everybody involved in the investigation is expected to respect the need for confidentiality. Failure to do so will be considered a disciplinary offence. If the evidence from the investigation supports the claim of harassment then the leader will, in the case of an employee, hold a disciplinary hearing.

- Copies of statements made by witnesses will be made available to the harasser and the complainant. Witnesses will be encouraged to appear at the hearing if requested by either party. Where witnesses are reluctant to appear at the hearing, the leader will, if necessary adjourn the hearing to ask supplementary questions of witnesses in private.
- All workers have the right to be accompanied by a fellow worker or trade union official if they are required or invited to attend a disciplinary hearing.
- An employee who receives a warning or is dismissed for harassment may appeal against the penalty in accordance with the Scheme's disciplinary procedure

In the case of a carer, the team leader will hold a carer review. The review report will be presented to leadership team for a decision about any further action.

In the case of a service user, the team leader will work with the person's care manager or representative to agree a way forward. In cases of serious harassment by a Shared Lives carer the service user may have to leave the placement.

If the complainant is not satisfied about the way his or her complaint has been handled, he or she may ask for it to be reconsidered by the Chief Executive of Shared Lives South West. Requests for reconsideration of the complaint should be made within 14 working days of the first hearing. The decision of this second hearing will be sent in writing to both parties and will be final.

An employee, carer or service user who brings a complaint of harassment will not suffer victimisation for having brought the complaint. However, if the complaint is untrue and has been brought in bad faith (e.g. maliciousness) disciplinary or other appropriate action will be taken. Shared Lives carers and workers are encouraged to be aware of their own behaviour and attitudes and ensure working practices are kept up-to-date through on-going monitoring, supervision, reviews and training.

# Operational Policies

## P22- Restrictive Physical Intervention: A last resort

### 1. Policy Statement

It is the policy of Shared Lives South West (referred to as the 'organisation') to ensure that its Shared Lives carers and staff use physical interventions as infrequently as possible, that they are only used in the best interests of the service user and that when used all possible steps are taken to preserve the service user's dignity and avoid injury. The organisation also recognises its responsibility to ensure that the carer and his/her household are protected from risk or injury. Restrictive physical intervention here means "the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by service users".

Restrictive physical intervention differs from non restrictive, manual guidance or restrictive physical prompting in so far as it implies the use of force against resistance. The main difference between holding and restrictive physical intervention is the manner of the intervention and the degree of force applied.

### 2. Procedures and guidance

The Care Quality Commission:

The human rights approach taken by the CQC will underpin the examination of the eleven Fundamental Standards, each of which will be scrutinised through the filters of fairness, respect, equality, dignity, autonomy, rights to life, and rights for staff. The standards are condensed in to the five key lines of enquiry (KLOES). The KLOE for Safe says:

| SAFE - KLOE and prompts   |   |   |
|---|---|---|
| By safe, we mean that people are protected from abuse and avoidable harm. |   |   |
|   | Line of Enquiry   | Prompts   |
| S1  | How are people protected from bullying, harassment, avoidable harm, abuse and breaches of their human rights? | <ul style="list-style-type: none"> <li>• People feel safe because their rights and dignity are respected.</li> <li>• People are safe from discrimination.</li> <li>• People are safe because staff know what to do when safeguarding concerns are raised and they follow effective policies and procedures.</li> <li>• People understand what keeping safe means and are encouraged and supported to raise any concerns they may have about this.</li> <li>• When people display behaviour, which challenges others, staff deal with it effectively and respect people's dignity and protect their rights. The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.</li> <li>• People are only restrained as a last resort. Appropriate decisions are made about when and how restraint is used. Risk assessments for restraint and restrictive practice are regularly reviewed.</li> </ul> |

2.1 The organisation will establish a culture in which the use of physical interventions is a last resort. Carers and staff will receive training, advice and ongoing support on working practices, where necessary, which are in line with government guidance and which avoid the need for physical interventions. Training will ensure that carers are aware of their legal position should they use physical intervention.

2.2 Wherever possible carers and staff will be encouraged to effectively manage and defuse situations in order to avoid the need for physical interventions.

2.3 The organisation will ensure that risk assessment and management strategies are rigorously followed and that carers receive the specialist advice and support needed to enable them to

effectively manage situations where the service user is acting in a way which threatens others or him/herself.

2.4 The organisation will ensure that the carer understands their obligation to follow the guidelines outlined in the person's plan, and recorded in the Shared Lives agreement, on when and how they should implement physical intervention strategies and to report any use of them to the organisation at the earliest opportunity.

2.5 The organisation will monitor and record the use of physical interventions – and the situations from which they arise – in line with its policy on record keeping.

2.6 The organisation will review any use of physical intervention by the carer.

The review should involve the carer, the care manager/care coordinator and the service user and/or representative. Any concerns about the appropriateness or effectiveness of the interventions used will normally be addressed through training, support and supervision. Serious concerns may need to be addressed through the complaints, grievance procedures or adult safeguarding procedures.

### 3. When physical intervention is required

3.1 Should the situation arise when physical intervention is required the following principles should be adhered to. These will also avoid or minimise adverse consequences or prosecution.

3.2 Restrictive physical restraint or intervention should be used as a last resort and should also be part of a general behaviour management strategy.

3.3 Behaviour which causes damage to property only and where there is no physical risk to themselves or others is unlikely to necessitate the use of restrictive physical intervention.

3.4 Restrictive physical restraint or intervention should only be used when:

- other less intrusive strategies have been tried and found to be unsuccessful.
- the risks of not using an emergency intervention are outweighed by the need to intervene.
- where it is perceived that a service user or other person is in danger or there is a serious risk to property with a consequent risk to people.

3.5 Restrictive physical intervention should:

- be used at the minimum level for the shortest period of time
- be used in the service users best interests
- respect the cultural experiences of service users and the attitudes towards physical control
- avoid contact that might be misinterpreted as sexual
- be accompanied by reassuring speech and never with threats

### Relevant Legislation and Statutory Guidance

• Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

Reg. 20

• Department of Health Guidance 'Positive and proactive care: reducing the need for restrictive interventions', April 2014

• Deprivation of Liberty Safeguards – Mental Capacity Act 2005

# Operational Policies

## P23- Management of people's money, valuables & finances

### Policy Statement

It is the policy of Shared Lives South West (referred to as the 'Scheme') to support people in Shared Lives arrangements to achieve the maximum possible level of independence and to make informed choices and decisions in all areas of their life. This includes, where possible, the independence to manage their own financial affairs.

Information held by the Scheme and the Shared Lives carer about the finances of people in Shared Lives services is subject to the Scheme's Policy on Confidentiality.

The Scheme recognises its responsibility to protect people in Shared Lives arrangements from financial abuse and carers from accusations of financial impropriety.

The scheme will fulfil this responsibility through the provision of training and support, full information in the Carer's Handbook, regular monitoring of compliance with financial procedures at regular visits and full back up from the Funding & Benefits team in relation to individual enquiries.

The initial step in this process is to request that any person referred to the Scheme comes with an indication of their capacity to manage their finances. Ideally a formal capacity test will have been undertaken and the findings shared with the Scheme.

Where this is not present the Scheme will undertake a financial capacity assessment with them to determine at what level, if any, the person may require the support of the carer and/or the scheme.

This will include any aspirations they have to save, develop greater independence in managing their money or support needed to keep safe. This will be subject to regular review.

### 1. Procedure

1.1 The Scheme will record the level of support required to enable the service user to manage his/her own finances and any agreed limitations on this in the individual Service User Plan (called 'Shared Lives Plan') and ensure that this is subject to regular review.

1.2 The Scheme will ensure that the Shared Lives carer has the necessary skills and knowledge to promote and support the person's financial independence as agreed in the 'Plan', to enable them to:

- Develop personal budgeting skills
- Have access to their personal financial records
- Obtain professional and neutral advice on personal insurance
- Store their money and valuables in a safe place in the home or elsewhere
- Save for planned events such as holidays.

1.3 The Scheme will provide any support identified as necessary to ensure that the person receiving the service, where possible, and as agreed in their 'Plan', is able to manage their own financial affairs

1.4 Full advice and guidance on all aspects of supporting people with money management can be found on Funding & Benefits Fact sheet 6- Contact our Funding and Benefits Team.

1.5 Where 'Plan' identifies the need for the carer to help the person with their money, the Scheme will:

- Ensure that the person's 'Plan' explains the ' carer's power to make financial decisions on behalf of the person placed, and the role of the Scheme where it acts as appointee.
- Ensure that the Shared Lives carer understands his/her responsibility to keep clear records of any financial transaction undertaken on behalf of the person placed with him/her in line with the Scheme's Policy on Record Keeping.
- Provide the Shared Lives carer with the support that they need to meet these requirements and monitor their compliance through the regular inspection of financial records.

1.6 The Scheme recognises the vulnerability of Shared Lives carers and workers to accusations of financial impropriety. To protect Shared Lives carers and workers from such accusations, the Scheme has a clear code of conduct for Scheme workers and Shared Lives carers which includes the following requirements:

- Scheme workers and Shared Lives carers, and/or their family members, will not ordinarily have any involvement in the drawing up or witnessing of a service user's will. However, there may be circumstances where this is allowed, providing that involvement is open and transparent and cleared with the appropriate team leader beforehand e.g. when there is no one else suitable to help them.
- Scheme workers and Shared Lives carers, and/or their family members, must not be named as beneficiaries in a Service User's will;
- Scheme workers and providers, and/or their family members, must not enter into any personal financial transaction with a service user; e.g. accept a loan.
- Scheme workers may, if it would be awkward or hurtful not to, accept small gifts on behalf of Shared Lives South West, but never for themselves. They will always inform their team leader as soon as possible where such a gift is accepted. The gift will be shared with the team or donated as a raffle prize.
- Shared Lives carers and/or their families may accept small gifts from service users, in line with gift giving in normal family life.

# Operational Policies

## OP21- Accidents and Incidents to Individuals using SLSW services and Carers

### 1.0 Policy Statement

1.1 It is the policy of Shared Lives South West to respond promptly and effectively to support any carer or service user who has been involved in an accident or incident. Out of hours incidents/accidents should be reported using the Shared Lives South West on call system (weekends and Bank

Holidays).The Scheme recognises its responsibility to ensure that they get any help and treatment needed as a result of the accident or incident.

1.2 Shared Lives South West is committed to recording and reporting any accident relating to Shared Lives that involves service users or carers in line with regulatory and other legal requirements. The information recorded will enable Shared Lives South West to identify where and how risks arise and to investigate serious accidents/incidents. This in turn enables the scheme to take steps to try and prevent accidents in the future.

The Scheme recognises that the purpose of recording is not to attribute blame, but to ensure procedures and safe systems of work that minimise the risk of injury and provide a safe environment.

### 2.0 The Scheme will ensure that:

2.1 It has a Health and Safety Policy and procedures that include the use of regular risk assessment and regular maintenance of premises and any equipment.

2.2 Training and development opportunities are made available to all staff and carers to ensure that they understand the purpose and practice of recording, reviewing and preventing accidents and incidents.

2.3 Staff have a good understanding of all relevant health and safety legislation, guidance, policies and procedures and their and carers responsibilities in law.

2.4 Carers with first aid responsibility have the knowledge and skills to provide emergency First Aid where this is needed and to access more specialist help promptly if this is required. All carers must have had First Aid training which includes practice and demonstration of CPR prior to a Shared Lives arrangement starting. See Training policy.

### 3.0 The Scheme will ensure that:

3.1 Accident and Incident recording forms are available from each office,, in the carer handbook and an electronic copy can be sent by request.

3.2 All accidents/incidents involving individuals and carers should be reported.

3.3 All accidents/incidents to anyone that require to be reported to another authority (for example Health and Safety Executive or Environmental Health) are duly reported.

3.4 All equipment designed to either prevent or respond to an accident/incident is regularly maintained.

3.5 Procedures are in place to systematically review accidents or incidents and steps taken to try and prevent them in the future.

### 4.0 The Carer will ensure that they:

4.1 Understand and comply with all guidance, regulations and procedures relating to Health and Safety, risk assessment and accidents.

4.2 Engage fully with any training and learning and ensure that they have the knowledge and skills to undertake their role and to understand the legal implications of their actions.

4.3 Engage fully with any risk assessments undertaken by the Scheme or others.

# Operational Policies

- 4.4 Take action to ensure that anyone involved in an accident or incident receives the help, support and specialist treatment that they need.
- 4.5 Promptly informs the Scheme or other agreed professional if an accident or incident has occurred.
- 4.6 Take actions to minimise the risk of accidents and incidents.
- 4.7 Keep clear and accurate records.
- 4.8 Inform the Scheme of any perceived risks, unsafe working conditions and training needs.

## 5.0 Recording

5.1 Shared Lives South West requires that all accidents and incidents involving service users, carers, household members or visitors or anyone else involved in the work of the Scheme be recorded using the forms provided.

This record should then be kept by the carer. A copy should be sent or e-mailed to Shared Lives South West.

5.2 Shared Lives South West staff will record any accidents, injuries or incidents on the database in-line with the SLSW operational Recording keeping flow chart and Incident reporting guidelines, which can be found on the database in 'Notifications' tab in documents.

5.3 Operations team are to be notified about any accident or incident recorded on the database via email: [operationsteam@ad.sharedlivessw.org.uk](mailto:operationsteam@ad.sharedlivessw.org.uk)

## 6.0 RIDDOR

The statutory regulations which govern this reporting are known as Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The enforcing authorities are established by law. They are empowered to inspect and enforce Health and Safety Legislation. It is a criminal offence not to comply with the regulations or directives of an enforcing authority.

### 6.1 Responsibilities under RIDDOR Can Be Divided Into Two Areas

The two main areas of responsibility are:

#### 6.1.1 Reporting of an Injury

Team leaders must complete the RIDDOR accident/incident form and advise the enforcing authority of:

- The death of any person as a result of an accident arising out of in connection with work
- Any person suffering any serious injuries stipulated in RIDDOR guidance as a result of an accident
- Any dangerous occurrences as stipulated in RIDDOR guidance

In addition the enforcing authority must be advised if a person at work is incapacitated from his/her normal work for more than 3 days as a result of an injury caused by an accident at work.

#### 6.1.2 Reporting of a Case of Disease

Reportable work-related disease must be reported to the enforcing authority by completing a RIDDOR disease report form.

## **Relevant Legislation and Statutory Guidance**

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 reg. 20

# Operational Policies

## Op23 – Death of an individual who is supported within Shared Lives

### 1. Policy Statement

1.1 Unfortunately, there will be times when an individual dies whilst in a Shared Lives placement. It is the responsibility of Shared Lives South West to ensure that carers and staff understand what to do in such an event, and that those affected are properly supported through a potentially emotional and traumatic period of time.

### 2. What to do When an individual Dies

2.1 Upon discovering that an individual has died, the carer must ensure that either a doctor or the emergency services are called.

2.2 The carer should contact Shared Lives South West to discuss the next steps with a Shared Lives Coordinator. This is because the circumstances of the death, the emotional impact the death has had on the carer, any previously established wishes of the individual, or the existence of a next of kin, might determine who is responsible for the remaining actions.

2.3 Either the carer or Shared Lives Coordinator must contact any next of kin and ensure that a GP has been contacted.

2.4 How to handle the body and who might be responsible for making the necessary arrangements depends on whether the individual has a next of kin or where the individual has died;

- If there is a next of kin they will be responsible for contacting a funeral director to have the body moved to a funeral home.
- If the individual dies in hospital or whilst in transit to a hospital but does not have a next of kin, the NHS will be responsible for making the necessary arrangements.
- If the individual dies at home but does not have a next of kin, the local authority are obligated to arrange burial or cremation. In this situation, either the carer or Shared Lives Coordinator must contact the Environmental Health department of the local authority for assistance, providing the attending doctor or emergency services are unable to assist.
- Under no circumstance should a carer or member of Shared Lives South West staff make first contact with a funeral director, as this may make them liable for subsequent costs.

2.5 If the attending doctor or emergency services have any concerns about the death they may have the body transported to a coroner for further investigation. In such an event they will advise of the next steps.

### 3. Registering the Death

3.1 A death needs to be registered within 5 days unless a coroner is investigating the circumstances of the death.

3.2 In most cases deaths are recorded by a relative or next of kin of the person. If there are no relatives or next of kin the following people can register a death;

- Someone who was present at the death. This could include a relative, the Shared Lives carer or a Shared Lives South West staff member.
- A person who also lives at the house where the person using Shared Lives died. This could include the Shared Lives carer or any other adult living in the home.
- If the person died in hospital, a hospital administrator will usually register the death

3.3 A doctor will issue a death certificate, which explains how and why that person died. This will usually be the person's GP or a doctor who cared for the person during an illness that led

to the death and who understands the patient's medical history. In hospital it will usually be the consultant in charge of the person's care who will have responsibility for certifying the death. The purpose of the death certificate is to;

- Enable the death to be registered
- It provides a legal record of the death
- It ensures the disposal of the body can take place
- It enables the deceased's estate to be taken care of

3.4 For the death to be registered the registrar will require;

- The death certificate issued by the doctor
- Any coroner's report where a post mortem has been carried out
- A copy of the person's birth certificate or passport if available

3.5 At the end of the process the registrar will issue a death certificate. There is usually a small fee for this, which should be paid for by the next of kin, a family member, the executor of the will, or whoever is sorting out the estate of the deceased.

3.6 The death must be registered at a government Register Office.

#### 4. Other organisations to contact

4.1 The Shared Lives Coordinator will notify the individual's social worker or care team of their death and handle any discussions or arrangements thereafter.

4.2 The Shared Lives Coordinator will also notify CQC of the death 'without delay' using the relevant notification form.

4.3 In the days following the death, the Shared Lives Coordinator, their Team Leader and a member of the Funding & Benefits team should meet to identify all other parties that need to be discussed, such as appointees, DWP, HMRC, Motability, mobile phone providers, DVLA etc, and produce a plan of action to handle each one, liaising with any next of kin as necessary.

#### 5. Funeral Arrangements

5.1 The next of kin is responsible for arranging the funeral, taking into consideration any will or plans the person might have made prior to their death.

5.2 Where there is no next of kin, Shared Lives South West will discuss the situation with all relevant parties, taking into consideration access to finances to fund the funeral, and ultimately contacting the local authority if they are responsible for making the arrangements.

#### 6. Discussing Dying

6.1 Shared Lives Coordinators and carers should try to use a person-centred approach when talking about dying and bereavement with individuals who use Shared Lives.

6.2 Talking to people about dying and death is difficult, but it is really important to ensure they are prepared for the inevitable. Topics might include:

- Talking about dying
- Making and storing a will
- How to ensure their dying wishes are clear and understood, making funeral arrangements and how these will be paid for
- Whether the person wants to go on the organ donation register and what this means
- Grief and loss

#### 7. Support to the Shared Lives Carer

7.1 Shared Lives South West recognises that it is always traumatic and difficult when someone dies, but even more so when the person has lived as part of the family.

7.2 Carers may find that they are giving support to grieving relatives and friends and need to

ensure they take time for themselves and ask for the help and support that they need.

7.3 Shared Lives South West will ensure that the carer has access to both the practical and the emotional support they need at this difficult time. The Shared Lives Coordinator will also engage the support of other agencies if that is appropriate and helpful to the carer.

## 8. Review

8.1 This policy will be reviewed every two years, or earlier if needed.

## 9. Responsibilities

9.1 The registered managers are responsible for this policy and for the overall service delivery across the Shared Lives South West.

9.2 All staff and Shared Lives carers are responsible for understanding and implementing this policy.

# Operational Policies

## P27 – Data Protection & Record keeping

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West to safeguard an individuals' rights and best interests by ensuring that personal information is processed in accordance with their wishes and any statutory requirements or Data Protection legislation.

1.2 Personal information is processed when it is collected, handled, stored, shared or destroyed. Shared Lives Carers will therefore process information about the individuals they support on a daily basis and this policy outlines the expectations in how this should occur.

### 2. Data Protection

2.1 To support the organisations' commitment to Data Protection regulations, Shared Lives Carers should;

2.1.1 Ensure personal information about individuals is handled fairly, lawfully and in a transparent manner.

2.1.2 Ensure the personal information held is accurate, up to date and not excessive, and not kept for longer than is necessary.

2.1.3 Not disclose personal information about an individual to anyone that isn't entitled to receive it.

2.1.4 Where possible and appropriate, ensure the individual is aware of the personal information that is held about them, ensure they have access to the personal information held, and support them to record their own thoughts and comments recorded.

2.1.5 Ensure appropriate security measures are in place to protect against unauthorised or unlawful access to the personal information held.

### 3. Recordkeeping

3.1 First and foremost, Shared Lives Carers should recognise that the majority of personal information held at the carer household about an individual is the property of that individual. Where possible, the individual should be supported to maintain their own records and determine what records they wish to retain.

3.2 Letters from The Department of Work and Pensions (DWP), plans and records issued by Shared Lives South West, or any other documents which the organisation would otherwise already have on file, need only be kept for up to a year for reference purposes. If the carer is any doubt they can provide the records to Shared Lives South West to retain.

3.3 All financial records, including bank statements and receipts, should be kept for up to 7 years to ensure the Shared Lives Carer and Shared Lives South West can sufficiently document decisions and actions made in supporting the individual in managing their finances in the event of subsequent enquiries.

3.4 Relevant medical records held about the individual, particularly plans or documentation of medication, need to be retain for as long as they are relevant but be destroyed once they are out of date to avoid confusion. Shared Lives South West do not hold medical records centrally.

3.5 Anything other records, such as personal correspondence, should be kept or destroyed as in accordance with the wishes or best interests of the individual, as with any other personal belongings.

### 4. Review

4.1 This policy will be reviewed every two years, or earlier if necessary.

### 5. Responsibilities

5.1 All Shared Lives Carers are responsible for understanding and adhering to this policy, and for providing the individuals in their care with the means and support to maintain and secure their own

personal information and records.

5.2 Shared Lives South West are responsible for training, advising and support Shared Lives Carers in complying with Data Protection regulations and record keeping.

5.3 The Chief Executive is responsible for ensuring that staff and Shared Lives Carers adhere to all Data Protection regulations.

# Operational Policies

## P28 – Training and Development for Carers

### 1. Policy Statement

1.1 Shared Lives South West recognise that training and development is essential for ensuring that Shared Lives carers have the necessary skills and knowledge to provide safe and effective placements for the individuals we support.

### 2. Approach to Training

2.1 Shared Lives South West will develop and deliver in-house training that is reflective of the unique requirements of providing Shared Lives placements, offered free of charge to all carers to ensure financial considerations are not a barrier to carer development.

2.2 Registered managers and Shared Lives co-ordinators will be trained and supported to deliver in-house training as part of their roles.

2.3 Where training cannot be delivered in-house, external providers will be appointed or signposted to, and carers will be notified of any requirements to pay towards this training.

2.4 Where possible and appropriate, training will be provided prior to being approved as a Shared Lives carer, to give potential carers a greater insight into the role and to provide the scheme with an opportunity to interact further with the potential carer during the assessment process.

2.5 All training provided will be continuously reviewed to ensure it meets legislative requirements, such as the Care Act 2014 and subsequent CQC regulations, as well as best practice from Shared Lives Plus and other relevant organisations. In addition, the training provided will be mapped to the Care Certificate.

2.6 Shared Lives South West acknowledges and promotes the shared responsibility between the scheme and the carers for their continuing development. As such, Shared Lives carers are responsible for ensuring their personal training record is an accurate reflection of their knowledge and competence.

### 3. In-house Training Progress

3.1 Shared Lives South West provide the following in-house training, which is mandatory for all main and joint carers:

3.1.1 Introduction to Shared Lives

3.1.2 Safeguarding Adults

3.1.3 Mental Capacity Act

3.1.4 Health & Safety and Medication

3.1.5 Person Centred Approaches and Human Rights

3.1.6 Communication

3.1.7 Finance

3.2 Ordinarily, Introduction to Shared Lives, Safeguarding Adults, Mental Capacity Act and Health & Safety and Medication, should all be completed prior to being approved as a Shared Lives carer.

3.3 Support carers who work in a formal capacity are required to undertake Safeguarding Adults training but may also attend any other in-house training at their discretion.

3.4 Carers and support carers are not paid to attend training courses and cannot claim expenses for travel or related expenditures.

### 4. External Training

4.1 As well as in-house training, all carers are required to attend first aid training with an external provider.

4.2 Any carer approved to provide 'Home from Hospital' support is required to attend suitable manual handling training.

4.3 Carers are required to evidence attendance at external training through the provision of train-

ing certificates. Certificates (or copies) can be sent via post to the office, shown to Shared Lives South West staff during visits, or emailed in electronic form.

4.4 Where there are questions regarding the suitability of any external training, or the validity of any training certificates, the registered manager will have the final decision on whether to accept that the carer has met their training requirements.

## 5. Non Compulsory Training

5.1 Upon matching, discussions will be held to ascertain whether any additional training is required for the carer in order to support that individual. Any additional training can be sourced by the carer themselves or they may request assistance from Shared Lives South West staff.

5.2 Shared Lives South West has a budget to support shared lives carers with training that is deemed essential to their role. Use of this budget will be determined on a case by case basis.

5.3 Support carers may undertake non-compulsory training if it is felt that it will be of value to the individuals they support. The cost for this training can be met through the carer's respite allowance or independently by either the support carer or the Shared Lives carer.

## 6. Review and Renewal of Training

6.1 Shared Lives South West recognise that some training should be regularly refreshed, to ensure the skills and knowledge of the carer are continuously updated. As such, every three years carers are expected to refresh safeguarding adults, Mental Capacity Act and first aid training.

6.2 During the carer annual review process, Shared Lives co-ordinators will work in conjunction with the carer to ascertain whether a need has arisen for additional training. If so, meeting this need could be achieved using any of the following methods: face to face courses, e-learning, workshops, shadowing or reading and research.

6.3 Other training that is not compulsory across the whole scheme, such as epilepsy training, may also need renewing on a regular basis to meet the needs of the individual being supported. This will be discussed and agreed between the carer, Shared Lives co-ordinator and any additional health or social care professional.

6.4 Carers and support carers are informed of their training expiration dates but it is their responsibility to ensure that they attend a refresher course in a timely manner to ensure that their training remains up to date. Failure to attend or maintain compulsory training, resulting in a qualification being more than three months out-of-date, may result in the withholding of carer payments until rectified.

## 7. Review

7.1 This policy will be reviewed every two years, or earlier if required.

## 8. Responsibilities

8.1 The registered managers are responsible for this policy and for the overall delivery of carer training across the Shared Lives scheme. The registered managers are also responsible for regularly reviewing the overall content and suitability of the training provided to carers.

8.2 Shared Lives co-ordinators are responsible for understanding and implementing this policy. Where identified, Shared Lives co-ordinators who lead on specific areas of training may also be required to review and update the content of carer training.

8.3 Shared Lives carers are responsible for ensuring they meet their training requirements.

# Operational Policies

## P29- Safe Working Practices

### Policy Statement

Shared Lives South West (referred to as the 'Scheme') regards the promotion of health and safety as a key objective for leaders, staff, carers and volunteers. The Scheme recognises that, while each individual has a personal responsibility for health and safety, it has an over all responsibility for ensuring that its Health and Safety policy is implemented and maintained.

The Leadership team of the Scheme shall: -

1. Take account of all relevant legislation in providing and maintaining safe and healthy working conditions and ensuring a safe and healthy environment for service users.
2. Ensure that the Scheme's activities are planned and managed to minimise risks to employees, carers, volunteers, service users and the general public.
3. Provide training/information and instruction to enable all employees, carers and volunteers to carry out their work safely and efficiently and to protect the health and safety of service users.
4. Regularly review health and safety procedures/practices and instructions to ensure their compliance with legislation and their continuing suitability and effectiveness.

Scheme employees, carers and volunteers shall: -

1. Work safely and in a manner that will minimise health and safety risks.
2. Report incidents that have led to or may lead to injury or damage.
3. Follow Scheme procedures to ensure healthy and safe working conditions.
4. Assist leadership in the execution of their Health and Safety duties.

### 1. Organisation

1.1 The chief executive has overall responsibility for health and safety performance and will monitor implementation of this policy. She will be supported in this by the team leader(s) who will ensure that health and safety procedures are effectively applied and regularly monitored. The Scheme leader, or some other nominated person, will be responsible for periodic inspections of the workplace and will have day-to-day responsibility for health and safety matters.

1.2 The carer is responsible for the safety and well being of the person placed with them and for the safety of their own home. The Shared Lives coordinator will monitor the work of the provider in ensuring the health and safety of the person in the placement.

1.3 Where necessary, safe systems of work will be set down in writing by the team leader and communicated to the people that they affect. They will be revised and updated as required with the authority of the chief executive.

1.4 Risk Assessments will be carried out to evaluate potential hazards and risks and to advise on necessary controls. These will be periodically reviewed.

### 2. Arrangements

#### 2.1 Training

2.1.1 Each new employee, and prospective carer will receive, as part of their induction, training in health and safety delivered by an appropriately qualified person and covering:

- The Scheme's health and safety policy
- Risk assessment including common hazards in the home
- Procedure for reporting and recording accidents
- Dealing with aggression and violent incidents
- Personal safety
- Dealing with harassment
- Control of substances hazardous to health (COSHH)
- Moving and handling

- First aid
- Fire prevention and emergency procedures
- Basic hygiene and infection control (including universal safe working practices)
- Food preparation, storage and hygiene
- Storage and Administration of medication
- Notification of transmittable diseases
- Wearing and use of protective clothing

2.1.2 The Scheme leaders will ensure that staff, and carers receive in addition any specific training needed to enable them to carry out any tasks specific to their role safely. This may include training in use of lifting equipment, risk management strategies associated with the individual placed with them etc.

2.1.3 The Scheme leaders will ensure that staff and carers keep their knowledge and skills up to date.

## 2.2 Electrical/Mechanical Equipment

- All portable electrical equipment within the Scheme office will be subject to an electrical safety check and will be subject to regular inspection. Within the carers' own home all electrical equipment will be checked regularly and only used if it is in a good and safe condition.
- Electrical isolation procedures and the repair of faults on electrical and mechanical equipment will be carried out by authorised/competent persons.

## 2.3 Moving and Handling

If staff, carers or volunteers are required to help with any manual handling task, the Scheme leaders will ensure that:

- A moving and handling risk assessment is first carried out by a competent person.
- A comprehensive plan is drawn up in consultation with the service user and their representatives to manage the risk, involving specialist advice where necessary.
- Any provision of aids, adaptations and equipment follows assessment by an occupational therapist or other suitably qualified specialist and meets their recommendations.
- Workers and carers have received training from a competent person before using aids or equipment.
- There is a satisfactory arrangement in place for the repair and maintenance of equipment in general or individual use, to ensure its continued safety.

## 2.4 Contractors and Visitors to Scheme Offices

- The Scheme must make contractors aware of the Scheme's procedures on safety and must require the contractor to accept full responsibility for complying with all statutory provisions demanded by the work stipulated in their contract. Contractors will be allowed on the premises only if covered by insurance against risks. The Scheme leaders or nominated leaders will monitor the working of contractors to ensure they abide by the provisions.
- The Scheme must provide visitors, on their first visit to the office, with information to ensure their health and safety.

## 2.5 Welfare Facilities in Offices

- The Scheme leaders or nominated leader shall ensure that adequate welfare facilities are available for employees. This is to include washing/toilet facilities, clothes storage, sanitary containers and rest/eating places.

## 2.6 Storage areas/facilities

- Materials will be stored in such a way as to pose minimum threat to falling. Racking will be of suitable strength to allow loads placed upon them to be safely carried.

## 2.7 Ladders/Steps

- All ladders/steps must be inspected before being put into use. They must be effectively secured tied or footed. Ladders or other access equipment must be in good condition.

## 2.8 Communication

- The Scheme recognises the importance of good communication at all levels in ensuring safe working practice.
- The Scheme has a clear procedure for reporting accidents and dangerous occurrences by staff, carers and volunteers.
- Accidents should be recorded on the appropriate accident report form
- A copy of the accident report form should be sent to the Scheme leader or nominated person as soon as possible after the incident
- The Scheme leader must record the details and, where necessary, investigate in order to ensure that the risk of future similar accidents is minimised.
- The Scheme leader is responsible for meeting the reporting requirements set down in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

## 2.9 Display and Screen Equipment

- VDU Users must have a 5 - 10 minute break after one hour of continuous screen/keyboard work.
- The Scheme leader or nominated person will regularly check all workstations in order to identify and minimise any hazards or risks to the health and safety of the VDU operators.

# Operational Policies

## P30- Violence and aggression to Shared Lives Carers and staff.

### Policy Statement

South West Shared Lives Scheme is committed to ensuring the health and safety of its staff and carers. It is the policy of the Scheme to ensure that the risk to Scheme staff and carers of exposure to violence and aggression in connection with their Shared Lives role is kept to a minimum. Violence and aggression to Shared Lives Scheme staff or carers will not be tolerated.

Violence and aggression is defined here as:

‘Any incident or occurrence, in which a person is abused, threatened or assaulted in circumstances arising out of their work with the Shared Lives Scheme’.

This includes:

“Verbal abuse against staff and Shared Lives carers which includes threatening, insulting, obscene, racist or sexist language sufficient to cause fear, intimidation or serious offence”.

### 1. Procedure

In order to minimise the risk of violence and aggression and promote the well being of staff and carers

#### 1.1. The Scheme will:

- Ensure that all those involved in Shared Lives understand that violence and aggression to carers and staff will not be tolerated
- Ensure that scheme leaders and staff have a clear awareness of legislation, guidance and good practice around issues of violence and aggression.
- Ensure that all relevant Scheme documents, policies and procedures take account of issues of violence and aggression.
- Provide safe systems of work for staff (including those who work and travel alone) and for carers (recognising that the nature of Shared Lives means that many carers work and travel alone).
- Ensure that alarms and communication equipment is provided where this is appropriate.
- Provide information, training and advice to staff and carers to enable them to minimise the likelihood of violent and aggressive incidents and to have the skills to deal with any incidents that do occur.
- Ensure Scheme offices and work areas are safe and provide protection to staff from people who could place them at risk.
- Ensure that service users are not placed with carers without a comprehensive assessment of need, a risk assessment and detailed placement agreement and care and support plan which will include a clear risk management strategy, if required.
- Ensure that carers have the knowledge and skills to support the people who are placed with them.
- Ensure through regular monitoring and review that staff and carers follow safe working practices.
- Formally investigate and review any incidents of violence and aggression in order that lessons can be learned and actions taken that reduce the risk of violent or aggressive incidents in the future.
- Keep clear and accurate records of any incident of violence and aggression
- Provide support to people who are the victims of violence and aggression, which may include:
  - Debriefing sessions
  - Contacting the police

- Counselling
  - Additional training and support
- 1.2. Shared Lives Carers and staff will:
- Understand and comply with all guidance, regulations and Scheme policy and procedures relating to Safe Working Practice, Violence and Aggression and Risk Assessment and Risk Management Strategies.
  - Engage fully with any risk assessments undertaken by the Scheme or others.
  - Inform the Scheme or other agreed professional if there is a concern that the service user is becoming violent or aggressive and cooperate with subsequent risk assessment and risk management procedures.
  - Take action to minimise the risk of violence and aggression.
  - Keep clear and accurate records. (incidents and Accidents).
  - Report all incidents of violence and aggression to the Scheme. Staff must ensure the registered manager is made aware of these. CQC will be notified if the person using the service has been injured, the police are involved or a Safeguarding alert arises out of the incident.
  - Inform the Scheme of any perceived risks, unsafe working conditions and training needs.
  - Engage fully with any training and learning and ensure they have the knowledge and skills to undertake their role and to understand the legal implications of their actions.

# Operational Policies

## P31 Communicable Diseases and Infection Control

### Policy Statement

It is the policy of Shared Lives South West (referred to as the 'organisation') to ensure that the carer understands the risks posed by communicable diseases and in particular blood borne viruses and works in a way that minimises those risks through good hygiene and the use of safe working practices.

### 1. Procedure

1.1 The organisation will ensure, through training or explanation, that all Shared Lives carers understand the risks posed by communicable diseases and the working practices that will minimise those risks.

1.2 The organisation will ensure that Shared Lives carers understand that hand hygiene is the single most effective means of controlling infection and will, through training and explanation, encourage good practice in this area.

1.3 The organisation will ensure that Shared Lives carers understand the methods through which the most common blood-borne viruses, Hepatitis B, Hepatitis C and HIV, are transmitted.

1.4 The organisation will ensure that Shared Lives carers are aware of the availability of immunisation against infection by Hepatitis B. The organisation will encourage Shared Lives Carers supporting people considered to be at risk of infection by Hepatitis B (e.g.: people who have lived in large institutions such as long stay hospitals) to seek immunisation.

1.5 The organisation will require all Shared Lives carers (regardless of vaccination) to use the practice of 'universal precaution' when dealing with blood and bodily fluids. Instead of relying on being able to identify "high risk" people the application of universal precautions requires that ALL blood and body fluids should be seen as potentially infectious and appropriate protective action taken. These precautions are:

- To wash hands before and after contact with service users
- To wear gloves, aprons, masks when contact with blood or body fluids, mucous membranes or broken skin is anticipated and to wash hands after protective clothing has been removed
- To change gloves between each service user and contact
- To cover any wounds or broken skin with a waterproof dressing or gloves
- To avoid using sharp objects where possible and where it is essential to take particular care in their handling and disposal.
- To avoid wearing open footwear in situations where blood or body fluids have been spilt or where sharp objects are being handled
- To clear up any spillage of blood or body fluids promptly and disinfect surfaces with 1 part bleach to 10 parts water
- To dispose of any contaminated waste into sealed bags. To take advice from the local continence advisor or GP as to the ongoing safe disposal of waste
- To handle all laundry soiled with body fluids with care and to place in suitable bags prior to laundering. Laundry should be washed with biological detergent using the hot wash cycle of the washing machine to a temperature of at least 80 degrees. If this is not possible the Royal College of Nursing recommend soaking in cold water and biological washing powder and then washing in very hot water and washing powder. (Adapted from UK Health Dept guidance for clinical health care workers 1998)

Application of these precautions will vary according to the amount of anticipated contact that the provider has with blood or other body fluids. The risk of exposure must be assessed for each situation by the provider and the appropriate action agreed.

Gloves and other necessary protective equipment should be used if risk assessments have identified them as being necessary.

# Operational Policies

## P32- Control Of Substances Hazardous to Health (COSHH)

### Policy Statement

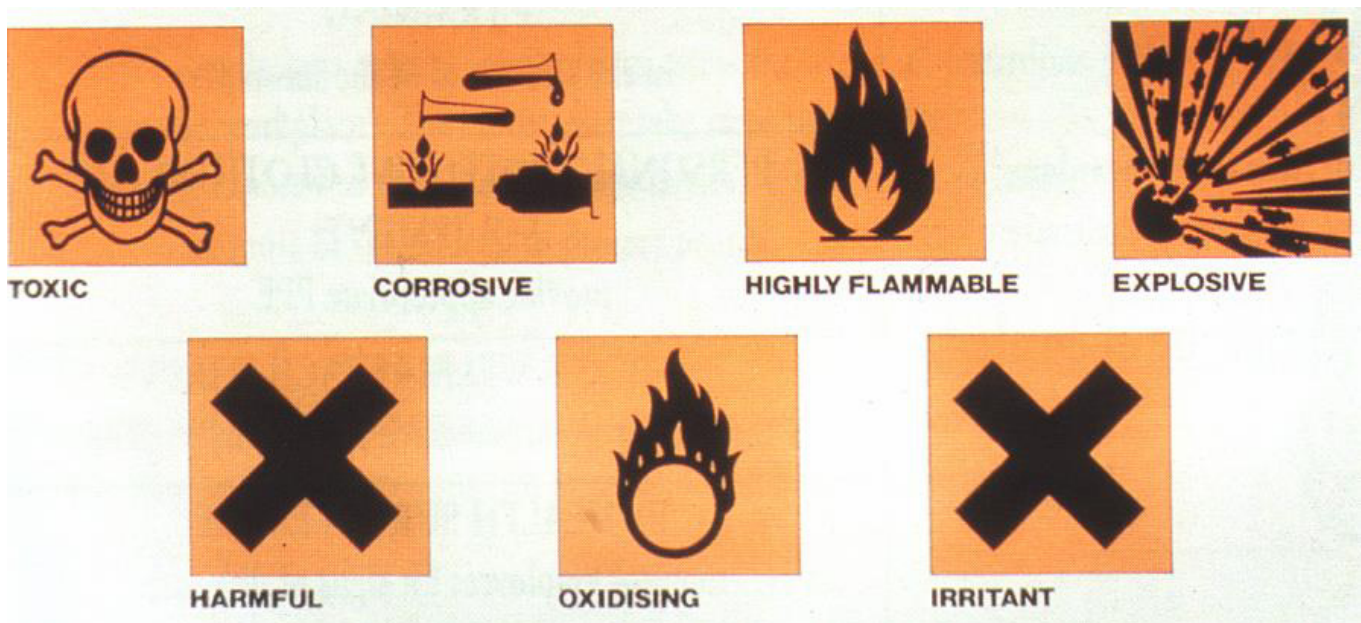
It is the policy of the South West Adult Placement Scheme to safeguard the health and well-being of both its carers and the people placed with them. As part of this policy the Scheme will ensure that its employees and carers understand which chemical and biological substances may be hazardous to health, that the use of such substances is minimised and that where the use of such substances is unavoidable, its employees and carers have the knowledge and skills necessary to deal with such substances safely. The Scheme will support carers to ensure that the people placed with them understand the dangers of any chemical/biological substances and that those substances are kept in a safe place.

### Explanatory Note:

A “substance hazardous to health” is any material or mixture, which is used at a place of work (including in the home of the Carer), and which could prove harmful to a person’s health through absorption through the skin, ingestion through the mouth or inhalation through breathing.

### 1. Chemical Hazards

All these substances, when kept in their original containers, will be marked with one of the following symbols.



All products with such symbols should have a data sheet which can be provided by the manufacturer. These will provide all appropriate information to deal with accidents, over exposure and so on.

#### 1.1 Procedure

The Scheme will:

1.1.1 Ensure that the use of chemical or biological substances hazardous to health is minimised both in the workplace and in the home of the carer.

1.1.2 Ensure that all employees and carers through induction/ pre approval training understand which chemical substances may be hazardous to health, the need to minimise the use of such substances and where the use of such substances is unavoidable have the knowledge and skills to deal with such substances safely. Employees and carers should in particular understand that

where the use of a chemical substance is unavoidable :

- The substance must be stored safely in a locked or secured cupboard away from any child or person who may not understand the dangers of the substance
- The substance must be stored in its original container.
- They must read all instructions and use the substance only as directed.
- They must ensure they have been given suitable and sufficient information; instruction and training for safe use.
- They must be aware of the potential health risks or dangers and what to do if the substance is accidentally ingested, inhaled or absorbed through the skin.

1.1.3 Where the use of a hazardous chemical is unavoidable and required, the Scheme will provide the employee or carers with gloves, aprons or any other protective equipment necessary to minimise.

## 2. Biological Hazards

The most common biological hazards are blood borne viruses such as hepatitis B or HIV.

### 2.1 Procedure

2.1.1 The Scheme will ensure that all employees and carers follow the practice of 'universal precaution' as set out in the Schemes policy and procedure on 'Communicable Diseases and Infection Control'

2.1.2 The Scheme will provide access to training and learning materials in order to ensure that employees and carers understand the importance of the practice of 'universal precaution' and have the skills and knowledge to work safely to minimise the risk of infection from blood borne viruses.

## 3. Drugs and Medication

Carers are often responsible for supporting the person placed with them to administer their own medication or in some cases the direct administration of medication. Any drug or medication is potentially hazardous.

### 3.1 Procedure

3.1.1 The Scheme will ensure, through access to training/learning materials that carers have the skills and knowledge to safely administer and handle medication.

3.1.2 The Scheme will ensure through careful support and monitoring that carers follow the Scheme's policy and procedure on the control, administration, self administration, recording, safe-keeping, handling and disposal of medicines

## References

### Policies & Procedures

- Risk Assessment & Management – P09
- Control, Administration, Recording, Safekeeping, Handling & Disposal of Medicines – P14
- Safe Working Practices – P29

### Relevant Legislation and Statutory Guidance

- Health and Social Care (Community Health and Standards) Act 2003
- Care Standards Act 2000
- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999 (Management Regulations)
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health Regulations (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

# Operational Policies

## P33- First Aid

### 1. Policy Statement

1.1 Shared Lives South West recognises that approved carers will need to have the knowledge, skills and resources to provide emergency first aid to the individuals that they support. Carers should recognise the limits of their first aid responsibilities and be aware of the agencies that they can contact for additional assistance.

1.2 Clear health & safety guidelines must be available for Shared Lives staff to view in relation to both health & safety and first aid.

### 2. Shared Lives Carer Guidelines

2.1 Carers are responsible for accessing, organising and maintaining their own basic emergency first aid training which must include basic life support/cardio pulmonary resuscitation (CPR).

2.2 Carers are required to hold and maintain an equipped first aid kit. The presence of this kit will be checked yearly during the Carer's annual review. Advice on how to equip a kit is given as part of first aid training

2.3 Shared Lives staff members are able to provide information on suitable, recommended first aid providers and share this information readily with carers upon approval and when renewal of certification is due.

2.4 Shared Lives South West will discuss with each carer the limits of their personal responsibility, in relation to each individual that they support, surrounding any accident or sudden illness. This information will be recorded in the documentation pertaining to the individual, the 'Shared Lives Plan'.

2.5 Shared Lives South West will ensure that carers have current contact information for primary health care providers that are relevant to the individuals that they support.

2.6 Support Carers who are working in a formal capacity for a Shared Lives Carer must also obtain a suitable first aid certificate, which must include basic life support//cardio pulmonary resuscitation (CPR), to ensure that any individuals they support can receive first aid if necessary during a time of respite or cover.

### 3. Shared Lives Staff

3.1 Shared Lives South West will ensure that staff are aware of and follow the organisational guidelines in relation to first aid.

3.2 Each office will have at least one nominated and approved first aider. This information will be displayed so that all staff are aware of who the nominated individual is.

3.3 The nominated individual will ensure that there is adequate first aid provision within their office and that the first aid kit is maintained and refreshed at timely intervals.

### 4. Additional Information

4.1 First Aid training may not be an online course and must be a face to face course.

### 5. Review

5.1 This policy will be reviewed every two years or sooner if required.

### 6. Responsibilities

6.1 The Business Leader is responsible for this health and safety aspects of this policy in relation to staff. The registered managers are responsible for the overall service delivery across the Shared Live Scheme.

6.2 Service staff and Shared Lives Carers are responsible for understanding and implementing this policy.

# Operational Policies

## P34- Fire Safety

### 1. Policy Statement

1.1 Shared Lives South West provides Carers and office staff with the support and training they need to ensure promotion of good fire safety and to ensure compliance with relevant regulatory and legislative requirements.

### 2. Provision for Health & Safety Checks

2.1 Fire safety training is covered within the internal Health & Safety course, provided by Shared Lives South West for all carers on assessment. Carers will, as part of this training, be taught how to carry out fire safety and Health & Safety risk assessments in their own homes.

2.2 As part of a Carer's assessment a Health & Safety check will be conducted on their property. This includes aspects relating to fire safety. This will normally be conducted and reviewed by the assessing Shared Lives Co-ordinator and will be submitted as part of the assessment paperwork to the approval panel.

2.3 Annually this Health and Safety check will be reviewed by a Shared Lives Co-ordinator and any advice given and adjustments made as a matter of importance.

2.4 When a Carer moves address a new Health & Safety check will be conducted at the new property to ensure compliance with regulations.

### 3. Placement Procedures

3.1 Shared Lives South West will assess any potential fire risks within a referral for someone wanting to access the service. If any associated risks are uncovered in relation to fire, smoking etc, these will be investigated and communicated prior to matching.

3.2 Risk assessments may be created to manage the associated risks.

### 4. Fire Safety Practice in the Carer's Home

4.1 A Fire Plan should be created and implemented within each Shared Lives household. It is important that Carers and other responsible persons within the home know what to do in the event of a fire and should be familiar with the fire plan. Details of the plan should include:

4.1.1 Knowing the location and safe operation of any fire-fighting equipment

4.1.2 Ensuring that all escape routes are known, unobstructed and free from trip hazards

4.1.3 Knowing how to raise the alarm in the event of a fire

4.1.4 Knowing the evacuation plan which includes an external assembly point. This should be communicated, where possible, to all members of the household, including individuals who use the service

4.1.5 Knowing how to call the fire brigade in the event of a fire

4.2 Shared Lives Carers will also ensure that all shared parts of their home are, so far as reasonably practicable, free from hazards and unnecessary risks. They will also to ensure that their home is of sound construction and kept in a good state of repair, both internally and externally.

4.3 Ventilation, heating and suitable lighting must be provided in all shared parts of the Carer's home.

4.4 Smoke alarms must be installed in the Carer's home in line with the code of practice. All alarms need to be checked regularly to ensure they are in working order.

### 5. Special Circumstances

5.1 Risk assessments may be carried out for any individuals who require increased support during fire evacuations e.g. those with mobility restrictions. Shared Lives South West staff and Carers can also contact the local Fire and Rescue service for advice.

5.2 Shared Lives South West and Carers will need to be aware that additional fire precautions

may be required for a 'non-standard' house e.g. those with more than 2 storeys or unusual layouts. Advice may be sought from the local Fire and Rescue service in such cases.

## 6. Review

6.1 This policy will be reviewed every two years or more frequently if deemed necessary.

## 7. Responsibilities

7.1 The Registered Managers are responsible for promoting a healthy approach to fire safety in the carer homes across the scheme.

7.2 Carers are responsible for ensuring their homes comply with healthy and safety requirements associated to fire safety, for the maintenance of suitable fire prevention devices and fire fighting equipment within their home, and for ensuring that the people living in the home are aware of what to do in the event of a fire.

# Operational Policies

## P35- Food Hygiene and Safety

### Policy Statement

It is the policy of the Shared Lives South West (referred to as the Scheme) to ensure that placements are set up and supported in a manner that encourages and safeguards the health and well-being of both service user users and carers.

Good food hygiene is essential in ensuring that the food that people eat is safe. Poor food hygiene can put people at risk. Harmful bacteria that cause food poisoning can spread very easily, leading to serious illness or even death. This is especially dangerous for people who are very young or old or who are physically ill or vulnerable.

It is the Scheme's responsibility to ensure that service users are supported in a clean and safe environment and that carers have the knowledge and skills necessary to enable them to understand and implement good food hygiene practices.

It is the carers responsibility to ensure that their knowledge and skills with regard to food hygiene are up to date and that they can demonstrate that they follow current food safety guidelines.

### 1. Procedure

1.1. The Scheme will, as part of pre placement training, provide all carers with the training/learning materials necessary to enable them to understand the principles of good food hygiene and to be able to put these into practice, including the cleanliness of kitchens and food areas, good standards of personal hygiene, the importance of the safe purchase, storage, preparation, cooking and disposal of food and methods of preventing cross contamination..

1.2. The Scheme will ensure that Shared Lives coordinators have the knowledge and skills to recognise good practice in relation to food hygiene and to monitor and guide the work of carers.

1.3. The Scheme will ensure that carers continue to be provided with learning opportunities, advice and information in order to ensure that their knowledge and skills with regard to food hygiene are up to date.

1.4. The Scheme will support the carers to inform and support service users to understand where possible, the importance of food hygiene principles and how to put these into practice.

# Operational Policies

## P36 – Safeguarding Children

### 1. Policy statement

1.1 Every child and young person who participates in the organisation's activities should be able to do so in an enjoyable and safe environment and be protected from harm. Keeping children safe is everyone's responsibility. Shared Lives South West recognises its responsibility to safeguard and promote the welfare of all children and young people by protecting them from physical, sexual or emotional abuse, neglect and bullying.

1.2 What is child abuse? Child abuse is when a parent or caregiver, whether through action or failing to act, causes injury, death, emotional harm or risk of serious harm to a child. There are many forms of child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse.

1.3 The right to be safe from harm applies to all children and young people irrespective of whether they are living at home with their families and carers or away from home. It applies to all children irrespective of their gender, ethnicity, disability, sexuality or beliefs.

1.4 Shared lives South West is committed to following guidance from the South West Child Care Procedures which have been accepted by the Cornwall & Isles of Scilly, Plymouth, Torbay and Devon and Somerset Safeguarding Children Boards in relation to passing on concerns for children's welfare and safety.

1.5 Shared Lives South West is registered to primarily provide care and support for adults i.e. those aged 18 years and over. However, we are also able to provide care and support to young adults from 16 years where appropriate. The Children Act 1989 defines a child as anyone who has not reached their 18th birthday. In addition, many Shared Lives Carers have children at home, grandchildren visiting and other contact with children. Shared Lives South West also provides the occasional service for a parent and child. It is therefore very important that everyone knows what and when to report and who to report it to.

1.6 Shared Lives South West operates a 'zero tolerance' policy of abuse against children, young people and vulnerable adults.

1.7 Foundation level child protection training will be offered to carers supporting parents with children, and to Shared Lives staff who support carers.

### 2. Safe recruitment practice

2.1 Shared Lives South West applies the same rigorous recruitment standards to all staff, carers and volunteers across the organisation.

Everyone has an enhanced DBS check, provides references and paid staff undergo a probationary period. Regular supervision and monitoring of staff and volunteers takes place at all levels. Shared Lives South West has a dress code and a code of practice and conduct.

### 3. Guidance for all staff and volunteers

- It doesn't matter if you are a paid worker, a carer, a volunteer or a member of the community, you have a responsibility to act if you are worried about a child.
- Shared Lives South West has a responsibility for child protection and safeguarding issues.
- It is not your responsibility to investigate child abuse but you should tell your coordinator or their leader. It will be this person's job to pass your concerns on. If necessary they will speak to Children's Social Care or the police. The police and social workers can then decide whether they need to investigate your concerns.

## 4. Confidentiality and information sharing

4.1 When working with children and young people, it's important to keep in mind two essential factors:

- timely information sharing is key to safeguarding and promoting the welfare of children. It enables intervention that crucially tackles problems at an early stage
- if a child is at risk or suffering significant harm, the law supports you to share information without consent

## 5. What to do if a young person discloses abuse

5.1 Ideally you should:

- Stay calm
- Reassure the child that they were right to tell, that they are not to blame and take what the child says seriously.
- Do not promise confidentiality.
- Inform the child/ young person what you will do next.
- Listen but don't ask questions.
- Make notes of what has been said as soon as possible, in the child's own words and don't delay in passing on the information to your Shared Lives Coordinator. Sign and date your notes.

5.2 If the Shared Lives Coordinator has or receives concerns about the safety and wellbeing of a child or young person in the family home of a Shared Lives carer then they must report this to a team leader immediately.

## 6. Person alleged to be responsible for abuse or neglect

6.1 Where this person is a Shared lives carer

- The scheme will need to take advice from the local authority but will have to assess the level of risk, if any, to other children and vulnerable adults within their home, and take action accordingly.

6.2 Where this person is a member of staff

- The scheme may need to suspend the member of staff pending investigation, or temporarily change their role to avoid further risk.

## 7. Reporting concerns

7.1 Concerns should be passed to the local Children's Services using the relevant contact information below. The team leader will either do this or delegate to the relevant Shared Lives Coordinator.

7.2 If known you should clearly state where the child is normally resident and have all the information at hand - details of the young person and any written concerns.

7.3 The concerns that you have may make up part of a bigger picture which could help to prevent serious harm to a child. Giving families help at an early stage can prevent abuse and neglect.

## 8. Emergency action

8.1 In rare cases you may need to protect a child immediately - in these situations dial 999.

8.2 The Police are the only agency with statutory powers for the immediate protection of children.

8.3 It is not the organisation's responsibility to decide whether abuse has taken place or not, however we will pass on information to the appropriate authority immediately.

## 9. Further references

- If you have access to the internet, search for the Children's Safeguarding Board website for your area.

You will find much fuller information there. An easy way to find this is to go to [www.swcpp.org.uk](http://www.swcpp.org.uk)

- Working Together to Safeguard Children - A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children (HM Government March 2015)
- The Charity Commission policy paper 'Safeguarding children and young people' published 14/07/14 on Gov.UK
- [www.nspcc.org.uk](http://www.nspcc.org.uk) 'Signs, symptoms and effects of child abuse and neglect' provides an excellent guide to things to look out for in children at different developmental stages.

## 10. Contacts

### Cornwall:

MARU - 0300 1231 116

Out of hours service - 01208 251300

LADO - 01872 326536

Domestic Violence Helpline - 01872 225629

Isles of Scilly:

Children's Social Care - 01720 424040/39

Out of hours service - 01720 422699

LADO - 02076 416108

### Plymouth

Children's Service, Advice and Assessment Service - 01752 308600

Out of Hours Service - 01752 346984

### Torbay

Children's Social Care - 01803 208100 or email [mash@torbay.gov.uk](mailto:mash@torbay.gov.uk)

Out of hours service - 01803 524519 (Mon to Thurs 16.30 to 9.00 Friday 15.45 to 9.00 Monday)

### Devon

Contact the Multi-Agency Safeguarding Hub (MASH) on 0845 155 1071

Email: [mashsecure@devon.gcsx.gov.uk](mailto:mashsecure@devon.gcsx.gov.uk)

General

Police - 101

NSPCC Helpline - 0808 800 5000

Childline - 0800 1111

### Somerset

Children's Social Care- 0300 1232224 or [childrens@somerset.gov.uk](mailto:childrens@somerset.gov.uk)

Out of house- 0300 1232327

N.B. LADO – phone this number where a professional is suspected of abusing a child, or putting a child at risk of harm e.g. teacher, paid carer, social worker.

## Safeguarding Children Boards

South West Child Protection Procedures [www.swcpp.org.uk](http://www.swcpp.org.uk)

- Cornwall and Isles of Scilly

<http://www.safechildren-cios.co.uk/health-and-social-care/children-and-family-care/cornwall-and-isles-of-scilly-safeguarding-children-board/>

- Devon

<http://www.dscb.info/>

- Plymouth <http://www.plymouth.gov.uk/homepage/socialcareandhealth/childrensocialcare/localsafeguardingchildrenboard.htm>

# Operational Policies

## P38 - Capacity to manage financial affairs.

### 1. Policy Statement

This guidance needs to be read in conjunction with policy guidance no. 3 (The Mental Capacity Act 2005 and Deprivation of Liberty).

It is the policy of Shared Lives South West (referred to as the 'Scheme') to support people in Shared Lives arrangements to achieve the maximum possible level of independence and to make informed choices and decisions in all areas of their life. This includes, where possible, the independence to manage their own financial affairs.

Information held by the Scheme and the Shared Lives carer about the finances of people in Shared Lives services is subject to the Scheme's Policy on Confidentiality.

The Scheme recognises its responsibility to protect people in Shared Lives arrangements from financial abuse and carers from accusations of financial impropriety; and the scheme will fulfil this responsibility through the provision of training and support, through monitoring compliance with financial procedures, and through a clear code of conduct with regard to the financial affairs of people in Shared Lives arrangements.

### 2. Procedure

2.1 The Scheme will record the level of support required to enable the service user to manage his/her own finances and any agreed limitations on this in the individual Service User Plan (called a 'My Shared Lives Plan') and ensure that this is subject to regular review.

2.2 Where there is any doubt about an individual's ability to manage some or all aspects of their money, then we will either request a financial capacity assessment from the local authority or undertake this ourselves. This will be determined by local practice in the relevant local authority and expediency.

2.3 Where SLSW staff carry out the assessment for financial capacity, consistency of approach is recommended. The Torbay CLDT tool, devised in 2009, is the model we use as our standard. It can easily be adapted to suit different needs..

2.4 The outcome of this assessment will be recorded in 'My Money' and on the organisation's database so it is accessible to those who need to know.

2.5 Where an individual is assessed as lacking the capacity to manage their financial affairs, SLSW will apply to take on appointeeship on their behalf. Occasionally a relative may be appointee but it is our policy that carers do not become appointees for the people they support. This to protect both parties.

### 3. Role of an appointee

3.1 The following is an extract from the government website [www.gov.uk](https://www.gov.uk/become-appointee-for-someone-claiming-benefits) , <https://www.gov.uk/become-appointee-for-someone-claiming-benefits> . Appointee's responsibilities As an appointee you're responsible for making and maintaining any benefit claims.

You must:

- sign the benefit claim form
- tell the benefit office about any changes which affect how much the claimant gets
- spend the benefit (which is paid directly to you) in the claimant's best interests
- tell the benefit office if you stop being the appointee e.g., the claimant can now manage their own affairs If the benefit is overpaid, depending on the circumstances, you could be held responsible. Many people who use Shared Lives have some capacity to manage money, even if that is just a small amount each week in their own purse or wallet. This means that most carers will need to be able to support people in managing their money.

## 4. Role of carers

4.1 The Scheme will ensure that the Shared Lives carer has the necessary skills and knowledge to promote and support the service user's financial independence as agreed in their Shared Lives Plan, to enable him/her to:

- To maximise their personal budgeting skills
- To have access to his/her personal financial records
- To be able to save if they wish to
- Obtain professional and neutral advice on personal insurance
- Store his/her money and valuables in a safe place in the home or elsewhere

4.2 Where the Shared Lives Plan identifies the need for the Shared Lives carer to help the person placed with them with their money, the Scheme will:

- Provide support or training identified as necessary to the carers to ensure that the service user, where possible, and as agreed in the Shared Lives Plan, is able to manage their own financial affairs
- Ensure that the Plan explains the carer's power to make financial decisions on behalf of the person, (where they lack capacity) and the role of the Scheme where it acts as appointee. This will include the need to hold a 'best interest' meeting when an unusual/unusually large expenditure is proposed.
- Ensure that the Shared Lives carer understands his/her responsibility to keep clear records of any financial transaction undertaken on behalf of the person placed with him/her in line with the Scheme's Policy on Record Keeping.
- Provide the Shared Lives carer with the support that they need to meet these requirements and monitor financial records at planned visits.

# Operational Policies

## P39 – Duty of Candour

### 1. Policy Statement

1.1 In line with the Health & Social Care Act 2008, Shared Lives South West endeavours to work in an open and transparent way with all who facilitate and use our services. Promoting a culture that encourages candour, openness and honesty at all levels is an integral part of the Shared Lives ethos.

1.2 This policy provides information surrounding requirements for when things go wrong with Shared Lives services, including information about the incident, reasonable support measures and providing apologies.

### 2. Application of the Duty of Candour

2.1 The Duty of Candour applies to incidents whereby moderate harm, significant harm or death has occurred. In the first instance, incidents may not be deemed significant until all information has come to light and may eventually warrant notification to the Care Quality Commission (CQC).

2.2 Harm is defined as:

2.2.1 The death of an individual who uses Shared Lives services, where the death relates directly to the incident rather than the natural course of an illness or underlying condition

2.2.2 An impairment of the sensory, motor or intellectual function of an individual who uses Shared Lives services which has lasted, or is likely to last, for a continuous period of at least 28 days

2.2.3 Changes to the structure of the body of an individual who uses Shared Lives services

2.2.4 An individual who uses Shared Lives services experiencing prolonged pain or psychological harm for a continuous period of at least 28 days

2.2.5 The shortening of the life expectancy of an individual who uses Shared Lives services

2.2.6 The requirement of treatment by a health care professional in order to prevent death or injury, which if left untreated, would lead to one or more of the outcomes listed above for an individual who uses Shared Lives services

2.3 Other useful definitions when interpreting the duty of candour include:

2.3.1 Openness – enabling concerns and complaints to be raised freely without fear

2.3.2 Transparency – allowing information surrounding the truth about performance and outcomes to be shared with staff, patients, public and regulators

2.3.3 Candour – ensuring that any person harmed by the provision of a service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made

2.4 Shared Lives South West takes action to tackle bullying and harassment generally and in relation to the duty of candour. It will investigate any instances where a member of staff may have obstructed another in exercising their duty of candour.

2.5 Shared Lives South West has a system in place to identify and deal with possible breaches of the professional duty of candour by staff that are professionally registered. This is likely to include an investigation that may lead to referral to a professional regulator or relevant body.

2.6 Shared Lives South West ensures that the 'Duty of Candour' forms part of the induction and training process for carers on assessment.

### 3. Actions to take upon a notifiable incident

3.1 Should a notifiable safety incident occur the Registered Manager will:

3.1.1 Complete a CQC notification, ensuring that Duty of Candour is recorded on the submitted form

3.1.2 Notify the individual who uses Shared Lives services or, if necessary, the person acting lawfully on their behalf

3.1.3 Provide reasonable support to the individual in relation to the incident

3.1.4 Provide an account, which to the best of their knowledge is a true, of the incident

- 3.1.5 Advise the individual, or their lawful representative, about further enquiries and actions
- 3.1.6 Offer a meaningful apology
- 3.1.7 Follow up the apology in writing alongside an update on the enquiry
- 3.1.8 Keep a written record of all communication relating to the incident
- 3.1.9 Respect confidentiality and only share information with consent or when we are legally obligated to
- 3.1.10 Share with staff at Shared Lives South West, the lessons learned and improvements to make

#### 4. Supporting Policies

4.1 Shared Lives South West has policies that support the Duty of Candour. These are Whistle-blowing, Harassment, Restrictive Physical Intervention, Accidents & Incidents to Individuals who use Shared Lives services, Carers & Staff and accident & incident reporting under Health & Safety requirements.

#### 5. Review

5.1 This policy will be reviewed once every two year or earlier if deemed necessary.

#### 6. Responsibilities

6.1 The Registered Managers within Shared Lives South West are responsible for ensuring staff are aware of the Duty of Candour and all parts of this policy exercised throughout the service.

# Operational Policies

## P40- Emergency support to carers

### Policy statement

From time to time a situation may arise within the approved carer's family situation, their own health or their home environment that means that they are temporarily unable to fulfil their caring duties.

When such a situation arises, Shared Lives South West will endeavour to support the carer to find alternative care arrangements.

### Guidance

SLSW can offer the following support:

1. Staff are available during office hours at both offices i.e. between 9 a.m. and 5 p.m. from Monday to Friday
2. There is an On Call service on Saturdays, Sundays and Bank Holidays from 9 a.m. to 5 p.m. A member of the team is available on the phone for emergencies. (See the on-call policy).
3. Normal emergency services can be contacted when appropriate and when SLSW staff are not available – Torbay out of hours contact information is in the Carer Handbook.

Every carer who offers long term support to people in their own home is required to identify one or more support carers who can support them in their caring role – either alongside or instead of the approved carer.

Support carers are required to have an up to date (within 3 years) DBS check, up to date (within 3 years) Safeguarding Adults training and ideally an Emergency First Aid certificate. They also undergo an interview with a member of staff, after they have completed an application form.

Support carers will, in most cases, be the people who are asked to provide support. Depending on the situation this may be funded from the respite allowance provided for the person being supported, or from the local authority. Lack of agreed funding would not prevent SLSW from helping to provide support as this could be resolved later.

Every consideration must be given to making the experience the least disruptive it can be for the person receiving support. Ideally they will be supported by someone they know. Where this is not possible, full information regarding support needs must be passed to the alternative carer or carer setting. SLSW staff will assist with this.

The situation will be reviewed as soon as is practicable.

SLSW or the carer/carer's family must inform the persons' family of the temporary change in circumstance.

SLSW will inform the funding local authority and the CQC if appropriate.

## P41 Smoking, Alcohol and Drugs

### 1. Statement of Purpose

It is the policy of Shared Lives South West to ensure all staff, carers and service users have the opportunity to live and work in a smoke free environment and receive advice and support, where necessary, to achieve this.

### 2. Procedure

South West Shared Lives (SLSW) aims to achieve the best possible standards of health and safety. Understanding legislation and policies relating to smoking, alcohol and drugs is essential in meeting the standards required.

Information and advice about the effects smoking, alcohol and taking drugs have on a person's health and wellbeing is very well documented. It is therefore very important to be aware of what the law states and how this needs to be put into practice to safeguard everyone's health and safety.

This policy aims to raise awareness about smoking, alcohol and drugs and how to address these issues in a Shared Lives arrangement and thereby encourage a healthier, safer living and working environment.

### 3. Smoking

Under smoke-free legislation in the United Kingdom smoking is banned in virtually all enclosed public places and workplaces. This legislation recognises the effects of passive smoking on other people and the threat of exposure from cigarette smoke that could have a serious effect on the person's health and safety.

Although the legislation does not include private dwellings Shared Lives carers need to be aware of the potential fire hazards and health risks of smoking affecting themselves and service users.

All necessary steps to reduce risk relating to smoking, passive smoking and fire risk will need to be taken into account and recorded in the following

- The individual's Plan
- Placement/Respite Agreement
- Health and Safety Checks
- Reviews
- Risk assessments

Where carers and/or service users make a clear choice to smoke SLSW staff will ensure the match takes full account of arrangements for this.

As part of the matching process it will be necessary from the start to discuss if the Shared Lives carer or the service user is a smoker and how this might affect the Shared Lives arrangement. It is important that the Shared Lives carer's and the service user's choices in whether or not to proceed with the placement are respected.

Things to consider might include:

- Agreed safe areas to smoke
- Safe disposal of cigarettes
- Safety of others
- Impact on others
- Risk of fire/fire hazard
- Smoking in vehicles
- Information about support to quit smoking

It should also be recognised that Shared Lives schemes have a general duty of care for their staff

(which extends to wherever they are working) and to Shared Lives carers and to people who use Shared Lives arrangements.

It is therefore recommended that during visits by SLSW staff to the carer's home that smoking should not happen. This ensures that workers are protected and not exposed to any of the risks associated with passive smoking. All SLSW premises are smoke free and it is the policy of SLSW that workers do not smoke in the homes of carers.

Shared Lives carers also have a duty of care to the people placed with them and it should be recognised that for anyone failing to take reasonable steps to protect the health of anyone in a Shared Lives placement that this could potentially lead to legal action brought by the person affected.

Further details can be found in the general guidance document 'What you need to know about the new smoke-free law'. This has been distributed to businesses in UK and is also available on the website [www.smokefreeengland.co.uk](http://www.smokefreeengland.co.uk) The following website also provides information for people wishing to give up smoking <https://www.nhs.uk/smokefree>

#### 4. Alcohol

Drinking moderate amounts of alcohol is a normal and enjoyable part of many people's lives and everyone has the right to make choices and lead the kind of life they want.

Drinking alcohol in moderation is recommended in government guidelines including advice and guidance on safe levels of alcohol consumption.

Understanding the effects alcohol can have on a person's physical and mental health is very important. In a Shared Lives placement there needs to be a clear understanding for Shared Lives carers, workers and service users about alcohol consumption.

When a person's consumption of alcohol becomes problematic this could not only be damaging to their health and wellbeing but may also affect their Shared Lives arrangement.

Things to review may include:

- Changes in behaviour caused by drinking alcohol
- Unacceptable levels of alcohol consumption
- Lack of insight in levels of drinking
- Need to supervise levels of drinking
- Risk to physical health
- Risk to mental health
- Patterns of drinking
- Support services and support groups
- Advice from healthcare professionals
- Support for the person to access services

It is important that any concerns about a person's level of drinking need to be discussed with the Shared Lives worker in order for the situation to be assessed.

If these concerns are found to be justified then it will be necessary to do some or all of the following:

- Review risk assessment and risk management plans
- Review care plans
- Review Placement/Respite Agreement
- Provide appropriate advice and information to the person in a format they can understand
- Provide or access appropriate support to the Shared Lives carer and service user.

## 5. Drugs

It is important that everyone in a Shared Lives setting has a clear understanding of the dangers of and the legislation about taking non-prescribed drugs.

The government has clear guidelines on the classification of drugs that are illegal and could result in prosecution of the person found to be in possession of or supplying illegal substances.

In a Shared Lives placement some drugs may be prescribed for the person and these may either be supervised by the Shared Lives carer or the person may self-medicate.

If a person in a Shared Lives placement is undergoing a drugs recovery programme which involves controlled drugs such as methadone this will be overseen by an appropriate professional. It is clearly recognised that working under the influence of alcohol or drugs can seriously affect a person's performance. Some examples might be:

- Inability to concentrate
- Lack of care and attention
- Drowsiness
- Distracted
- Irritable
- Unable to function
- No sense of danger or risk
- Hyperactivity

Everyone has a duty to ensure that they act responsibly in their role. The expectations of Shared Lives workers, Shared Lives carers and volunteers is that they will comply with guidelines of this policy and carry out their role in a competent and responsible way.

If any concerns are raised concerning the use of illegal drugs in a Shared Lives placement this will need to be reported immediately to the Shared Lives worker and to the police.

The use of illegal drugs by anyone in a Shared Lives placement is viewed as unacceptable behaviour.

If a Shared Lives worker or volunteer is found to be under the influence of alcohol or illegal drugs in the workplace then this will be subject to investigation and disciplinary proceedings. As part of this process advice and information will be provided to the person about appropriate support services.

If a Shared Lives Carer is found to be incapacitated due to alcohol or under the influence of illegal drugs, this will result in alternative arrangements being made for the service user/ users until the matter is investigated.

Depending on the outcome of the investigation it could result in the Shared Lives Carer having their approval removed.

# Operational Policies

## P42 - End of Life

### Policy Statement

It is the policy of Shared Lives South West to support anyone using our services, and the carers providing that service, to have as positive an experience at the end of life as possible.

This policy is intended to support Shared Lives carers and staff. It can also be helpful for forward planning for anyone using a Shared Lives service.

Five key areas to consider when forward planning for the end of life:

### 1. Legal and financial considerations

1.1 It is important to think about writing a will so that money and belongings can be passed to the people we want to have them. A will normally names executors – it is their responsibility to ensure the will is carried out according to the deceased's wishes. If a person does not have the mental capacity to draw up their own will, a statutory will can be drawn up via the Court of Protection. If a person dies with no will, their estate will go to their nearest living relative. This relative has to apply for a certificate of administration or grant of probate if the estate is valued at a certain amount. If there is no near relative it will all go to the Crown ([www.gov.uk/inherits-someone-dies-without-will](http://www.gov.uk/inherits-someone-dies-without-will)).

People can also draw up a letter of wishes – this has no legal standing but offers guidance to the person managing the funeral and estate.

1.2 If the person manages their own money it is worth them thinking about appointing a Lasting Power of Attorney. This person will be able to make financial and/or welfare decisions on their behalf when they are no longer able to do this for themselves. [www.gov.uk/power-of-attorney/overview](http://www.gov.uk/power-of-attorney/overview)

1.3 A funeral savings plan is worth considering if the person can afford to save in this way. This removes any worry about paying for the ceremony.

### 2. Organ donation

2.1 It is worthwhile considering this option in order to benefit someone else when a life is lost. Have a look at [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) to find out how to register and what restrictions there may be. You have to have the mental capacity to consent to organ donation at the time of registering.

### 3. End of life care

3.1 If someone needs palliative care at the end of their life, where would they, their family and their Shared Lives carer prefer this to be provided? Not all carers feel able to provide support to people at the end of life and this has to be respected. Likewise, some people may feel safer in a medical environment such as a hospital or hospice. The decision will be individual and determined in part by local resources.

3.2 The GP and community nurse in conjunction perhaps with the hospice and palliative care team will support planning where time allows.

3.3 This is also a time to consider an Advance Decision pertaining to treatment at the end of life. This can only be made when someone has the mental capacity to do this. Further information can be found on this website <https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/>

#### 4. How would they like to be remembered?

4.1 This may be by creating a memory box of photos, significant items and so on, or by preparing messages for people to receive after they have died. Perhaps planting a tree or plant somewhere they have enjoyed going e.g. a day service.

#### 5. Funeral plans

5.1 Shared Lives South West encourages everyone in their 'Plan' to think about their preferred funeral arrangements and writing a will. The funeral plan can include their choice of place, music, type of coffin, cremation or burial, scattering of ashes and so on.

5.2 A funeral savings plan is also worth considering.

5.2 If family members are involved in the person's life it is helpful to know if they would like to make all the arrangements or if they would like to share or need support with this.

#### 6. The role of the Shared Lives Coordinator

6.1 The Coordinator will support the carer to explore the five key areas described and ensure they have the opportunity to seek and receive emotional support.

#### 7. What to do when someone dies

7.1 <https://www.gov.uk/after-a-death/overview> - this website gives a clear overview of the practical steps that must be taken. It is more likely to be the person's family undertaking these, rather than the Shared Lives carer, but the family may appreciate support and guidance at this time.

7.2 Simply, the process is – inform the nearest relative (if they are not present); get a medical death certificate from the GP or hospital doctor; register the death within 5 days (online or in person); plan the funeral; use the 'Tell us once' on-line facility on the [www.gov.uk](http://www.gov.uk) site. This will inform the HMRC, the DWP, the Passport Office, the local council and the DVLA on your behalf. Inform the solicitor. Also, don't forget to inform Shared lives South West. Death of a person using our service has to be notified to the CQC.

#### 8. Emotional support

8.1 Death and dying, even when expected, can take their toll emotionally. People react differently and as a Shared Lives carer or staff member you may be the person others turn to for support. It is important to share your feelings and seek support for yourself – no one is invincible.

Cruse is well known for their expertise in this field and a great deal of useful information can be found on their website [www.cruse.org.uk](http://www.cruse.org.uk).

8.2 Carer Supporters within Shared Lives are also available for carers to talk to if they feel they would like to talk to someone who really understands their role and the feelings they may be struggling with. Shared Lives South West pays the Carer Supporters an hourly rate to provide this service so you need to access it through your Shared Lives Coordinator or their Team Leader.

8.3 There are numerous websites dedicated to the subject of 'end of life'. One particularly useful one is the Marie Curie website.

The link below takes you to a booklet designed for people who are dying and their carers. It covers the last few weeks and days of life; emotional and psychological changes and what happens as death approaches.

<https://www.mariecurie.org.uk/help/support/publications/all/expect-at-end-of-life>

#### 9. Person centred coordinated care for people near the end of life

9.1 This is a way of recording an individual plan for the person who is dying and the people providing their care and support. It is based on a similar plan devised by the National Council for Palliative Care. It is something everyone involved can contribute to but it belongs to the person who is dying and their main carer.

This policy needs to be read in conjunction with Policy 26 'Death of a service user'. This clarifies what the carer can do but also what they should not do.

Shared lives South West has produced a booklet called 'When I Die'.

This can be used to talk to the person you support about their wishes when they die. Once completed it is a very useful reference to support the carer and family with funeral arrangements. It can be found in the members' area of the SLSW website.

# Operational Policies

## P43 – Recruitment and Approval of Shared Lives Carers

### 1. Policy Statement

1.1 The services provided by Shared Lives South West depend on the quality, commitment, values, knowledge and caring natures of our approved carers. Recruiting new carers who meet all of the high standards we demand is therefore one of the most important roles the shared lives team fulfil.

### 2. Introduction

2.1 The overall process must be robust and lengthy, being a blend of checks, references, personal 'interview' and discussion and training. We are interested in how well people communicate, how much and what type of experience they have and their attitude to continuous learning.

2.2 We want new carers to commit to playing a full part in Shared Lives by attending Carer meetings, proactively seeking new learning opportunities and being good ambassadors for the Shared Lives scheme in general.

2.3 It is also essential that the carer lives in a home that is available and suitable for the provision of Shared Lives services. This can be owned or rented so long as the landlord or mortgage provider have given consent.

2.4 The minimum requirement is a spare bedroom (one or more) of good proportions; sufficient bathrooms for the number of people in the property; good amenities such as washing machine and cooking facilities. The home needs to be clean, warm, comfortable and well furnished; well maintained and ideally with some usable outside space, and reasonable access to public transport.

### 3. The Process

3.1 We attract carers through holding promotional events, through editorials and local publications, Shared Lives South West website and Facebook page, social media and transition organisations such as fostering agencies. We also recruit several carers through recommendations from people who have already been approved by Shared Lives South West. For this 'introduction service' Shared Lives South West carers receive a sum of money as a thank you, but this is only paid once the carer applicants have been approved.

3.2 When an individual contacts us by phone or e-mail we talk to them about their application. This gives us a chance to check out if they really understand what Shared Lives is, if they have relevant experience, if their home is likely to be suitable, and if other household members have been involved in the decision. This may screen some people out. If they are still interested, people will be sent a 'carer application pack'. This contains quite full information about what the role entails, the assessment and approval process and an application form. A returned carer application will be scrutinised by a team leader. If there are any parts missing, or not enough information has been given, the leader will contact the applicant to discuss further.

3.3 Applicants that meet the job description and person specification will be contacted to arrange an 'initial visit'. This involves a Shared Lives Coordinator (SLC) making a home visit. This visit is used to exchange further information and also to see if the applicant's property is going to be suitable. The decision to proceed with the application is taken by the team leader, with a recommendation from the worker who did the visit.

3.4 The next stage is for the applicant to attend 'Introduction to Shared Lives'. This gives the applicant another chance to really think through their application and gives Shared Lives South West an opportunity to meet them in a different setting, observe how they operate in a group setting and to learn a bit more about their motivation, values, knowledge and commitment. The way people manage themselves and contribute in training sessions is included as part of the overall assessment.

3.5 If Shared Lives South West has any concerns as a result of their participation Introduction to Shared Lives training, the applicant will receive a follow up visit to discuss any concerns. Likewise, the applicant may wish to discuss concerns with Shared Lives South West. For all applicants that remain interested and meet our criteria, the assessment proper can then begin.

3.6 Foster carers wishing to become Shared lives carers have to complete the full assessment and training process. We pay special attention to the area of the difference between children and adults – particularly a capacitated adult's right to make unwise decisions. We need to satisfy ourselves that the carer will be confident enough to support adults to make their own decisions and to have a good understanding of the Mental Capacity Act in relation to their role.

#### 4. Assessment

4.1 The assessment takes, on average, three months to complete and involves several home visits by the Shared Lives Coordinator.

4.2 During these visits the Shared Lives South West assessment form is followed. This focuses on skills, experience and values and may include specific scenarios to judge how they will respond to particular situations.

4.3 Where possible, a person with experience of using support services helps the Shared Lives Coordinator by conducting the Health & Safety Assessment of the applicant's home. This gives information about the home but also shows how the applicant responds to the individual, including how welcoming they are and how they communicate. This report is written up with the support of the Shared Lives Coordinator and is included in the assessment.

#### 5. Training

5.1 During assessment there are three training sessions which must be completed – Introduction to Shared Lives, Health and Safety/Medication Mental Capacity Act and Safeguarding Adults. An assessment should not be presented to panel until all three sessions have been completed.

#### 6. Pre-approval Checks

6.1 We undertake a DBS check and collect personal and medical references. We ask for permission from the landlord or mortgage company for the person to work as a Shared Lives carer from their home.

6.2 At any stage, if problems or issues arise, they are addressed with the applicant in an honest and open manner. For example, if someone has a DBS check which reveals information they have not disclosed to us, this could jeopardise their application regardless of the issue. This is because they have not been open and honest with us. Other issues will be discussed and a judgement made by the registered manager.

6.3 Placing an adult with care and support needs in to a family home is potentially one of the most risky care settings – Shared Lives South West has to be sure that the carers will work with us in a trusting, honest and open way. If we cannot be sure of this we will halt the process but we will do this in full discussion with the applicant. This 'counselling out' can happen at any stage of the process. Applicants sometimes withdraw themselves when they have gained more insight into what the carer role actually entails.

#### 7. Approval Panel

7.1 Completed assessments are presented to our approval panel which consists of volunteers with relevant experience. The applicant will attend panel, with the support of their Shared Lives Coordinator, and the panel members will ask them questions that have arisen from their reading of the assessment report.

7.2 The Approval Panel can recommend an applicant for approval but it is the Registered Manager who will sign it off.

7.3 Volunteers with relevant experience are recruited by way of an application, references and an interview. The panel guidance document is their working tool and explains de-approval as well as approval.

7.4 Shared Lives South West provides an Approval Panel each month, with alternate months being in Devon or Cornwall.

7.5 Panel members are able to observe a panel before joining, and are offered an annual training event. They are invited to carer events and the whole scheme meeting and to any training that is being provided 'in-house'.

7.6 Following approval the carers receive a visit which incorporates a post panel checklist ensuring all requirements are known and being adhered to.

## 8. Review

8.1 This policy will be reviewed every two years, or earlier if needed.

## 9. Responsibilities

9.1 The registered managers are responsible for ensuring the quality and consistency of carer recruitment.

# Operational Policies

## P44 – Deapproval of a Shared Lives

### 1. Policy statement

1.1 Shared Lives South West are regulated by CQC and responsible for the safety and wellbeing of the people receiving care within the scheme. Where there are concerns about the ability of any Shared Lives Carer to support the scheme in meeting those requirements, the scheme will consider whether a Shared Lives Carer should be de-approved.

1.2 Whilst Shared Lives Carers are self-employed, deapproval will effectively remove their ability to have future Shared Lives placements and may affect their ability to obtain other care work. For this reason, Shared Lives South West must approach deapproval of Shared Lives Carers with particular care and must ensure a fair and transparent process.

### 2. Reason for deapproval

2.1 Depending on the circumstances, deapproval is likely the last resort taken by Shared Lives South West, having explored all possible alternatives to rectify any issues identified. The potential reasons for deapproval are;

2.1.1 There is a proven allegation of mistreatment or abuse by a Shared Lives Carer.

2.1.2 A conclusion has been reached that a Shared Lives Carer has not adopted/cannot adopt fit or safe care practices in line with the standards of care required but has not resigned.

2.1.3 There has been a serious breach of any of the agreements under which Shared Lives Carers and placements operate.

2.1.4 It has been clearly identified that no further suitable business can be offered to match the Shared Lives Carers' experience, skills or living situation.

2.2 This list is not exhaustive and other situations may arise outside of this list where the organisation feels deapproval is warranted.

### 3. The process for deapproval

3.1 Situations that might warrant deapproval should be presented to a Registered Manager for consideration, who in turn will discuss this with the other Registered Managers before reaching a decision to seek deapproval.

3.2 Shared Lives South West will work closely with adult social services to find alternative care and accommodation for any person being supported by a Shared Lives Carer who is being considered for deapproval, to ensure that the person is not left in an unregulated care setting at the conclusion of the deapproval process.

3.3 A deapproval panel will be drawn from the normal pool of panel members, as the panel are responsible for making all recommendations about the approval or deapproval of

3.4 The Shared Lives Carer will be informed that a deapproval meeting is set to take place, will be given details of when and where the meeting will take place, and will receive a copy of this policy.

3.5 The Registered Manager will compile a written report to support the decision for deapproval, which will be provided to the Shared Lives Carer and the deapproval panel members at least three weeks before the deapproval meeting.

3.6 The deapproval panel will consider the written report submitted. The panel can also seek further information, either in writing before the panel meeting or at the panel meeting by invitation of relevant individuals.

3.7 The Shared Lives Carer will be given the opportunity to attend the panel meeting to make a case in person and is permitted to be accompanied by another person of their choosing, for support or guidance.

3.8 At the conclusion of the panel meeting the panel will provide the Registered Manager with their recommendation. The ultimate decision rests with the Nominated Individual for Shared Lives South West or, if unavailable, a different Registered Manager than the one that submitted the

request for deapproval.

3.9 The Nominated Individual will write to the Shared Lives Carer to notify them of the outcome of the panel meeting.

#### 4. Appeals

4.1 Any Shared Lives Carer who has been de-approved may appeal against the decision to the Chair of the board of Trustees (c/o of the Devon office of Shared Lives South West).

4.2 The de-approved Shared Lives Carer can appeal against the decision only on the grounds that;

4.2.1 The agreed deapproval panel procedures were not followed

4.2.2 The deapproval panel materially misunderstood the substance of the evidence in the report, or failed to give the evidence due consideration

4.2.3 The application to de-approve contained significant factual errors or omissions or significant information which the de-approved Shared Lives Carer was unaware of.

4.3 A de-approved Shared Lives Carer will not be deemed to have grounds for appeal if they simply do not agree with the outcome but cannot put forward any other reason for the appeal.

4.4 The de-approved Shared Lives Carer must appeal by letter addressed to the Chair of the board of Trustees within 10 working days of receiving written confirmation of the decision about their case, setting out the grounds for their appeal.

4.5 The Chair of the board of Trustees and two other Trustees will form an appeal panel, which will then consider the appeal taking into account;

4.5.1 The original deapproval report submitted by the Registered Manager

4.5.2 Any submission made to the deapproval panel by the Shared Lives carer

4.5.3 The panel record of the deapproval panel

4.5.4 The letter of deapproval

4.5.5 The written submission from the Shared Live Carer setting out the grounds for appeal

4.5.6 Any response from Shared Lives South West

4.6 Any submission by the de-approved Shared Lives Carer to the appeal panel must be received within 5 working days before the appeal panel meeting. All evidence being considered in the appeal will be made available to the Shared Lives Carer at least 5 working days in advance of the appeal panel meeting.

4.7 The appeal panel may ask to meet the Shared Lives Carer in person but is not obliged to do so. The appeal panel shall in all circumstances give reasons for their decision in writing to the applicant.

4.8 The decision of the appeal panel will be final.

#### 5. Support to Shared Lives Carers during deapproval

5.1 Where a Shared Lives Carer has been informed of the request for their deapproval they will be offered access to a Carer Supporter who can provide independent and confidential support.

5.2 Where the Shared Lives Carer is a member of Shared Lives Plus, they can obtain support directly from them during the deapproval process. Details of this support is currently found here; <https://sharedlivesplus.org.uk/what-to-do-if-you-face-de-approval/>

#### 6. Barring referrals to DBS

6.1 Depending on the nature of the deapproval, Shared Lives South West might be required to make a barring referral to the Disclosure and Barring Service (DBS).

6.2 A barring referral must be made if the Shared Lives Carer has been de-approved, or would have been de-approved but resigned, retired or left before that decision was taken, and the carer has either;

6.2.1 Through action or inaction harmed a person they support, or put them at risk of harm, or;

6.2.2 A risk of harm to a person they support exists (the harm test), or;

6.2.3 Been cautioned or convicted of a relevant offence.

6.3 Shared Lives South West are required to follow the guidance and instructions of the DBS on matters of barring referrals, which is current found here;

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

## 7. Deapproval of Support Carers

7.1 There may be circumstances where Shared Lives South West need to de-approve a Support Carer, terminating their Support Carer agreement, including;

7.1.1 An allegation of mistreatment or abuse has been made and the outcome indicates that it would be unsafe for the Support Carer to continue supporting people who use Shared Lives services

7.1.2 Actions relating to a non-compliance or performance issue remain outstanding and have not been resolved in a reasonable timescale

7.1.3 Where the Shared lives carer has indicated that they are no longer happy using the Support Carer and the dispute cannot be resolved

7.2 Situations that might warrant deapproval of a Support Carer should be presented to a Registered Manager for consideration, who in turn will discuss this with the other Registered Managers before reaching a decision.

7.3 The decision of the Registered Manager is final and there is no appeals process for the deapproval of a Support Carer.

## 8. Review

8.1 This policy will be reviewed every two years, or earlier if required.

## 9. Responsibilities

9.1 The Registered Managers of Shared Lives South West are responsible for this policy, and for ensuring that a fair and transparent deapproval process is undertaken at all times.

# Operational Policies

## P45 – Social Media for Carers

### 1. Policy Statement

1.1 Shared Lives South West recognises that the internet and social media have become part of everyday life for most people, presenting many opportunities to be enjoyed, as well as challenges and risks that need to be understood and managed.

1.2 Shared Lives South West encourages the positive use of social media as a platform for building and maintaining relationships, accessing news, exchanging ideas and knowledge, and promoting the organisation or Shared Lives model. However, everyone must work together to ensure that the organisation's values and principles are upheld at all times and that carers and the people they support remain safe whilst using social media.

### 2. General Principles

2.1 The terms "social media" and "social networking" are often used interchangeably to refer to web-based tools and technologies that support online communication and information sharing. Social media is, in effect, a publishing and broadcasting medium and includes: Facebook, Twitter, LinkedIn, Snapchat, Instagram, podcasts, blogging, online forums and YouTube, although social media is not exclusive to these mediums.

2.2 Shared Lives Carers should ensure that they share information appropriately and responsibly. You should be mindful to make clear that any views posted are your own and not those of Shared Lives South West and make sure that any comments you make do not bring Shared Lives South West into disrepute.

2.3 Shared Lives Carers are responsible for understanding how to use social media, checking personal security settings, privacy settings and location settings and the implications of social media being a public and permanent record, in particular where inappropriate pictures or comments could open them up to criticism or scrutiny.

2.4 Shared Lives Carers should apply the same principles, expectations and standards for interacting and communicating online as in other forms of communication.

2.5 Shared Lives South West will offer clear and accessible advice and training on internet safety so that Shared Lives Carers can support people who use our services to use social media with adequate awareness of the potential risks. This will include working with carers to protect people who use our services from posting and viewing inappropriate or pornographic material or having harmful contacts which may put them at risk or subject them to bullying or abuse.

### 3. Professional Boundaries and Confidentiality

3.1 To ensure that personal communication and work communication remain separate; employees should not accept the people who use our services or Shared Lives Carers as online 'friends' / 'followers' on their personal social media networks, and visa versa.

3.2 When sharing photos/videos or information of people who use our services online, consent must be gained from those featured. They must have the capacity to understand that the information is online and the post could potentially be seen by a large amount of people.

3.3 Shared Lives Carers need to respect the principles of confidentiality and the privacy and feelings of others by not revealing privileged or confidential details about work or individuals or people they support.

3.4 When using social media to comment on an issue related to Shared Lives South West, the Shared Lives model, or social care in general, employees, Shared Lives Carers and people who use our services should consider the effect of their comments on their reputation and that of the organisation. Negative viewpoints should therefore be discussed with a Shared Lives Coordinator or Team Leader first.

#### 4.Guidance to Using Social Media

4.1 When using social media, Shared Lives carers must not:

4.1.1 Create or transmit material that might be defamatory or incur liability to themselves or for Shared Lives South West;

4.1.2 Post, forward or repost any inappropriate content which cause offence or affect their reputation or the reputation of the organisation;

4.1.3 Use social media for any illegal or criminal activities;

4.1.4 Broadcast unsolicited views on social, political or religious related matters, or;

4.1.5 Send or post messages or material that could damage their reputation as a Carer, or the reputation of Shared Lives South West's.

4.2 Inappropriate content includes; pornography, racial or religious slurs, gender-specific comments, information encouraging criminal skills or terrorism, or materials relating to cults, gambling and illegal drugs.

4.3 The definition of inappropriate content or material also covers any text, images or other media that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

#### 5.Failure to Comply with this Policy

5.1 If a Shared Lives Coordinator or Team Leader feels that anyone's behaviour on social media is not keeping with this policy, they will raise it with the Shared Lives Carer at an early stage.

5.2 The Shared Lives Carer would ordinarily be expected to remove any comments, posts, images or videos that is in breach with the policy and work towards ensuring the issue is not repeated. Continued failure may be considered a breach.

5.3 If any Shared Lives Carer is in any doubt as to whether their actions would be in line with this policy they should consult their Shared Lives Coordinator.

#### 6.Review

6.1 This policy will be reviewed every two years, or earlier if required.

#### 7.Responsibilities

7.1 All Shared Lives Carers are responsible for adhering to this policy by managing their social media use. 7.2 The Leadership Team are responsible for addressing issues relating to social media as they are presented to them but it would not be practical for the organisation to monitor or police all Shared Lives Carers social media activity.

# Operational Policies

## HR 26 - Whistle Blowing

### 1. Policy Statement

1.1 It is the policy of Shared Lives South West (referred to as the 'Scheme') to ensure that its employees, workers, shared lives carers, and service users feel confident that they can raise concern regarding any aspect of the organisation and the services that it provides without fear of negative consequences.

1.2 Additional policies on Confidentiality, Complaints and Duty of Candour exist in support of this policy.

### 2. Definitions

2.1 This policy concerns the reporting by an employee, shared lives carer or employee, of malpractices within Shared Lives South West and the protection to which employees are entitled in so doing. Such disclosures are protected by the Public Interest Disclosure Act 1998. Early reporting of matters will alert management and may prevent injury, loss of life, cost and damage to the reputation of Shared Lives South West.

2.2 Malpractice may involve a criminal offence, failure to comply with a legal obligation, a miscarriage of justice, danger to health and safety, damage to the environment or a deliberate suppression of information regarding these issues. It may include all forms of harassment, bullying, sexual, physical, emotional abuse or other forms of harm or loss to service users, carers, workers and volunteers.

2.3 Grievances about employment conditions or treatment of an individual employee would not usually be considered issues of malpractice and would be dealt with under the grievance procedure.

### 3. Support to Employees

3.1 Shared Lives South West recognises that individuals may be reticent to express concerns because of loyalty to an individual or the organisation, or fear of victimisation. Shared Lives South West is committed to ensuring that its employees, carers and service users feel able to raise concerns through appropriate channels regarding any aspect of the organisation and the services that it provides.

3.2 Under this policy all concerns communicated to Shared Lives South West will be treated in confidence, subject to necessary resolution of matters and where applicable effort will be made to protect the identity of the person expressing them. It is recognised that in certain instances subsequent referral to an outside body may be necessary.

### 4. Procedure

4.1 An employee, shared lives carer or service user who has a concern about malpractice within the organisation or the services that it provides should follow these procedures.

#### 4.2 Informal Procedure

4.2.1 Many incidents of perceived malpractice can be dealt with in an informal way. The individual with the concern may not understand all aspects of the situation and it may simply be enough to discuss the matter with a leader or shared lives worker who has all the information.

4.2.2 The individual, should in the first instance, contact their line manager or most senior leader available at the time to raise their concern about malpractice. If the concern is about the line manager or shared lives worker, then he/she should contact the chief executive. If the concern is about the chief executive then he/she should contact the chair of the board of trustees.

4.2.3 The employee should make it clear they are raising concerns under the whistle blowing policy.

4.2.4 The leader will attempt to resolve the concern promptly. However, if the concern cannot be resolved informally to the satisfaction of the individual then he/she should feel free to use the

formal procedure.

#### 4.3 Formal Procedure

4.3.1 The formal procedure is designed to ensure a swift and effective response to a formal expression of concern from an employee, shared lives carer or service user, about malpractice regarding the services of Shared Lives South West with a minimum of distress to all parties. It is a separate process to the Grievance Procedure, which is designed to address more personal issues. The formal procedure should be used where the complainant feels that the informal procedure has not received satisfactory investigation or action.

4.3.2 An individual who wishes to pursue the formal whistle blowing policy should register his/her concerns in writing, giving as much detail (e.g. time, date, persons involved) as possible. The letter should normally be addressed to the chief executive.

4.3.3 If, in exceptional circumstances, the individual feels that they cannot raise their concerns through these routes, the individual could also contact any trustee. It should be noted that any trustee contacted will then have a duty to report the matter to the chair of the board of trustees.

4.3.4 All formal complaints brought through the whistle blowing policy will be reported to the board of trustees. Wherever possible the identity of a complainant through the whistle blowing policy will be kept confidential but this cannot be guaranteed.

### 5. Review

5.1 This policy will be reviewed every two years, or earlier if needed.

### 6. Responsibilities

6.1 The Chief Executive is responsible for this policy and for ensuring all complaints and concerns are handled appropriately.

6.2 Leaders within Shared Lives South West are required to be familiar with the policy, understand how it is deployed and follow any procedures related to it.

6.3 The leadership team have decision making responsibilities in relation to the general staff in the deployment of the policy.

# Operational Policies

## D5 - Confidentiality

### 1. Policy Statement

1.1 Shared Lives South West works with vulnerable adults and through its work is party to very personal information about service users, shared lives carers, their families and friends, and staff. Confidentiality is therefore of the utmost importance for all employees and shared lives carers, whether working directly with people or through the handling of data and documents.

### 2. Principles

2.1 All personal paper-based and electronic data must be stored in accordance with Data Protection regulations and must be secured against unauthorised access, accidental disclosure, loss or destruction.

2.2 For the purpose of this policy, confidentiality relates to the transmission of personal, sensitive or identifiable information about individuals or organisations (confidential information), which comes into the possession of the organisation through its work.

2.3 Access to individual records will only be given to other members of staff and/or appropriate professionals involved in the service on a 'need to know' basis and in the interests and welfare of the individual.

### 3. Sharing of Information

3.1 Shared Lives South West will make all efforts to ensure that service users, carers and staff fully understand how their information will be processed when it is collected from them, and who their personal information may be shared with.

3.2 Where a person may be at risk of harm or abuse, it may be appropriate and necessary to share confidential information with other agencies or individuals on a need to know basis. In these circumstances the well-being and safety of the person takes priority over confidentiality.

3.3 Shared Lives South West employees and Shared Lives carers may only breach this code of confidentiality in exceptional circumstances, where they have identified a potential risk or harm to an individual and/or others or to prevent an offence being committed. In this event, the employee or Shared Lives carers will inform the individual (or their advocate) of the need to breach their confidentiality and the reasons for doing so.

3.4 Breach of this code of confidentiality for reasons other than exceptional circumstances is a disciplinary offence for staff and will count as a breach of the Shared Lives Agreement for carers.

3.5 Concerns and/or complaints from anyone involved in the service regarding a breach of confidentiality will be acted upon in accordance with the organisation's Complaints policy.

### 4. Maintaining a Confidential Work Environment

4.1 How we collect, store and maintain records and information is fully outlined in our 'Information and Records Management' policy.

4.2 How we ensure compliance with Data Protection legislation is outlined fully in our 'Data Protection' policy.

4.3 How we ensure that staff correctly use the IT network to safeguard the security, integrity and confidentiality of our records and information is outlined fully in our 'Acceptable Use of IT' policy.

4.4 All employees must also be familiar with the above policies to ensure a confidential work environment is maintained.

4.5 Employees must not, either during or after the termination of their employment, disclose any information of a confidential nature relating to Shared Lives South West. This includes business information and information about service users, Shared Lives carers, households, support carers, or any other person connected with the delivery of a Shared Lives service which they may have obtained in the course of their employment. Exceptions to this will only be in very specific circumstances with the permission of the Business Leader.

## 5. Statistical Reporting

5.1 Shared Lives South West is committed to effective statistical recording of the use of its services in order to monitor usage and performance.

5.2 All statistical records given to third parties, such as to support funding applications or monitoring reports for the local authority shall be produced in anonymous form, so individuals cannot be recognised.

## 6. Contracts of Employment

6.1 Confidentiality will be included in all contracts issued to staff, and in all carer agreements, referencing the requirement to adhere with this policy.

## 7. Review

7.1 This policy will be reviewed every two years, or earlier if needed.

## 8. Responsibilities

8.1 The Business Leader is ultimately responsible for the confidentiality of information within the organisation and promotes compliance with this policy.

8.2 All staff and shared lives carers must be aware of this policy and its contents

## FN 10- Respite

### 1. Policy Statement

1.1 Respite is a break from caring responsibilities for Shared Lives Carers, aimed at supporting well-being through rest and recuperation. Alongside the direct benefits to the Carer, ensuring that Carers take a break from their caring responsibilities helps to reduce the risk of placement breakdown, thus benefiting the people supported as well.

1.2 Shared Lives South West are passionate in advocating for respite and will work to supporting Carers to take as much respite from their role as possible.

1.3 Shared Lives South West strive to implement clear processes and procedures which make respite a simple non-financial component of Carer welfare.

### 2. Managing Respite

2.1 The provision of respite is established in the service specifications of the local authority contracts that Shared Lives South West work under, funded through the Management Fees received.

2.2 As a result, Shared Lives South West are responsible for defining, utilising and managing the provision of respite, ensuring that the needs of the service are met, and the associate costs are proportionate and reasonable.

2.3 Shared Lives South West set, allocate and manage respite allowances such that all Carers can achieve two weeks break from their caring role. However, this is dependent on the alternative care used and the costs associated.

2.4 Respite allowances are managed by Shared Lives South West rather than being providing to Carers as a payment to then self-manage. This is to encourage the use of respite, help the scheme monitor where the people supported are staying, ensures alternative care is provided by approved providers, avoid financial disagreements between Carers, and avoid respite becoming taxable for Carers.

2.5 Finance and Funding & Benefits staff manage the booking and record keeping of respite using internal systems, giving clear guidance to Carers as to how to use them.

2.6 Shared Lives Coordinators will regularly discuss respite and access to support with Carers as part of ongoing support discussions.

### 3. Using Respite Allowance

3.1 Carers are allocated a 'respite allowance' equivalent to two weeks fees (Care & Support plus Rent and Household Costs) they received for the person using the service in their care, each financial year.

3.2 Carers can then use this allowance throughout the financial year to cover the cost of alternative care for the person they support.

3.3 Carers must use the booking system provided by Shared Lives South West to ensure that their respite is correctly recorded and funded.

3.4 Respite allowances can be used to cover alternative care in several ways:

- Where the person supported stays with another Shared Lives Carer
- Where the person supported remains in the Carer household and is supported by a Support Carer
- Where the person supported attends another care setting, such as a care home

3.5 Ordinarily the preference would be that alternative care is provided at the same rate the Carer is paid to ensure two weeks respite is achieve, however, rates are negotiated between the Carer and alternative care provider and can be higher or lower. Where the costs are higher, the Carer might not be able to achieve two weeks respite within the year.

3.6 Respite allowances can also be used to cover other costs which facilitate the Carer either taking a break from their role or achieving suitable rest and recuperation, such as;

- To cover the cost of a DBS Check or First Aid training for a Support Carer
- To cover mileage costs associated with taking or collecting the person from a stay away from the Carer household, either with family or a funded alternative care provider
- To fund the cost of the person using the service going on holiday with their Shared Lives Carer

3.7 Carers cannot insist that a person supported attends or funds a holiday. Actions will be taken in the best interest framework of the Mental Capacity Act for anyone lacking capacity.

3.8 Shared Lives Carers are responsible for developing their own network of support and arranging their own respite.

3.9 Shared Lives Carers must notify the scheme whenever the person supported is not being supported by themselves, even if there are no payments involved. This is because the scheme has overall responsibility for the person supported.

3.10 Respite allowance cannot be used to pay for alternative care provided by a family member of the person supported.

3.11 Respite allowance that has not been used at the end of the year cannot be accrued to the next year, nor can it be paid to the Carer. Similarly, where a Carer leaves the scheme during the year and has unused respite allowance the balance cannot be paid to them.

#### 4. Review

4.1 This policy will be reviewed every two years, or earlier if required.

4.2 This policy requires formal board approval.

#### 5. Responsibilities

5.1 The Chief Executive has overall responsibility for the implementation of this policy.

5.2 Funding & Benefits, Finance and Coordinator staff are responsible for the overall managing and processing of respite.

## C2 Complaints

### 1. Policy Statement

1.1 Anyone to whom we offer a service, or work with in any way, has a right to raise concerns about the conduct and performance of our staff, or our Shared Lives carers or about the quality of our services and have them addressed by an appropriate person within Shared Lives South West.

1.2 We aim to ensure that all complaints are dealt with objectively and with sensitivity, in a timely, transparent, constructive manner.

### 2. Informal Complaint

2.1 A complaint is treated as informal when it is raised, either verbally or over the phone, with a member of staff but the complainant does not wish to put the complaint in writing and/or is not asking for any investigation or actions to be taken and/or does not wish to be informed about any actions taken.

2.2 All informal complaints about our services or staff should be noted by the person receiving the complaint. Whenever an informal complaint is made, the complainant will be told that they can complain formally if they wish and where appropriate they will be encouraged to discuss the matter with the most directly relevant member of the leadership team. The complainant may not wish to do so.

2.3 Any informal complaint will be passed to the most relevant member of the management team and logged on the Shared Lives South West complaint log. The manager will consider the complaint and investigate as required. Any actions (policy change, practice improvement etc.) required as a result of the investigation will be logged and implemented through the management team.

2.4 Any complaint made anonymously will be treated the same way as an informal complaint.

### 3. Formal Complaint

3.1 A formal complaint is any complaint made in writing (including by email) and/or where the complainant wishes an investigation/actions to be taken and/or wants to be informed of any investigation/actions taken.

3.2 Where a formal complaint is received about specific actions of Shared Lives South West or the practice, action or conduct of a member of Shared Lives South West staff or a Shared Lives carer, this will usually be managed with by the relevant team leader or the employee's line manager.

3.3 Where the complaint concerns a member of the leadership team or an organisational wide issue then the chief executive will manage the complaint.

3.4 If the complaint is about the chief executive, this will be dealt with by the chair of the board of trustees.

3.5 All formal complaints will be logged on the Shared Lives South West complaints database and the trustee with responsibility for complaints will be notified.

3.6 The complaint will be acknowledged in writing by the leader within three working days.

### 4. Investigating and Responding to the Complaint

4.1 The leader will discuss the matter with the complainant by phone or in person. They will seek further information about their complaint, and ascertain the outcome they would seek to achieve from making the complaint.

4.2 The leader will investigate the matter fully with all relevant parties to ascertain all views on the matter and draw together all the facts. From this the leader will decide whether the complaint is to be upheld and identify any actions to resolve the matter and ensure the issue does not arise

again, with a timescale for implementation if necessary.

4.3 The leader will communicate with the complainant in writing about the matter, setting out whether their complaint has been upheld and detailing any actions to be taken. The letter will inform the complainant about their right to appeal.

4.4 This process should take no longer than 10 working days. Where it may take longer, the complainant will be kept informed at regular intervals. All steps will be logged and the trustee responsible for complaints will be kept informed.

## 5. Outcomes of Complaints

5.1 The outcome of any complaint will vary depending on the nature of the complaint.

5.2 Where a complaint is received about the behaviour of a Shared Lives carer or the quality of a service provided, Shared Lives South West is required to also follow the requirements of the Safeguarding Adults policy for that location. If a safeguarding investigation is triggered by the complaint, this will always take priority over our own internal complaints processes. However, once any safeguarding issues have been investigated and any action taken, Shared Lives South West will then ensure that its own complaints process is concluded. Shared Lives South West will also follow the notification and complaints processes required by the Care Quality Commission

5.3 Where the complaint is about a member of staff, this may trigger an internal disciplinary procedure.

5.4 All formal complaints will be reviewed by the leadership team, in order to improve our service and report to the board as a matter of course.

## 6. Appeal

6.1 Where the complainant feels that their complaint has not been satisfactorily resolved or has not been satisfactorily investigated by a leader, they can write to the Chief Executive of Shared Lives South West and appeal the outcome. This must be received with 5 working days of receipt of the letter with the outcome of the process, although this can be extended at the discretion of the Chief Executive. The Chief Executive will nominate a suitable person to manage the appeal process.

6.2 If the complaint has already been investigated by a leader, the appeal must be managed by the Chief Executive. If the complaint has already been investigated by the Chief Executive, any appeal would be managed by the trustee responsible for complaints.

6.3 The appeal manager will review the complaint, review how it was investigated and what evidence was taken into account. They will review any actions taken as a result of the complaint.

6.4 If the appeal manager finds that the complaint investigation was unfair, incomplete or did not take into account all available evidence, the appeal manager can agree to uphold the appeal and require different actions to resolve or ameliorate the issue with the complainant.

6.5 The appeal manager will communicate with the complainant in writing within 10 days of the appeal being received. There is no further internal stage of appeal within Shared Lives South West.

## 7. Further Steps

7.1 If the complainant feels that Shared Lives South West has not treated them fairly or not done what we reasonably could, then they may take their complaint to the Local Government Ombudsman (LGO) and ask for it to be reviewed. The LGO provides a free, independent service. To contact the LGO, telephone 0300 061 0614 or email [advice@lgo.org.uk](mailto:advice@lgo.org.uk) or visit [www.lgo.org.uk](http://www.lgo.org.uk).

7.2 The LGO will not usually investigate a complaint until Shared Lives South West has had the opportunity to respond and resolve matters.

7.3 Shared Lives South West is registered with the Care Quality Commission (CQC). CQC will not normally get involved in individual complaints about providers but is happy to receive information

about our services at any time. The CQC can be contacted at:  
Care Quality Commission National Correspondence  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA  
Telephone: 03000616161  
[www.cqc.org.uk/contactus.cfm](http://www.cqc.org.uk/contactus.cfm)

## 8. Review

8.1 This policy will be reviewed every two years, or earlier if needed.

## 9. Responsibilities

9.1 The Chief Executive is ultimately responsible for ensuring the organisation meets its commitments towards handling complaints

# Appendices

# Payment arrangements

## Devon, Cornwall Torbay Payment Arrangements

### 1.1 Exit from the Service

1.1.1 Where there is a breakdown of the Shared Lives Placement, the Scheme may need to terminate the Service early. The Scheme will ensure that all options have been exhausted to prevent the breakdown of a Placement.

1.1.2 Where breakdown of a Placement is not avoidable;

- The Scheme will give the Council a minimum of 28 days' notice of the termination of a Placement. Where the Scheme can no longer ensure the safety and well-being of the person or the Shared Lives Carer, the Scheme may ask the Council to remove the person from the service with immediate effect, depending on the individual needs of the person and after taking into consideration the person's well-being.
- In the event of the Scheme terminating a Placement, the Council retains the responsibility to find a suitable alternative service. Where appropriate, the Scheme will work with the Council to identify an alternative Shared Lives arrangement either as a temporary or permanent Placement.

### 1.2 Changes to Placements

1.2.1 The Council will continue to pay the care and support payment for up to one week following the death of the individual where they had been living in a long term Shared Lives placement.

1.2.2 The Council will continue to pay the care and support payment for up to a maximum of four weeks where an individual is in a long term placement and is expected to return to the Shared Lives placement as their home.

1.2.3 The a further two weeks will paid at 80% of the care and support together with Rent & Household costs.

1.2.4 In any case where a placement ends early and the person is liable to cover the rent element of their service and the Council will ensure the Shared Lives Carer receives the full fee due.

1.2.5 Where a band level re-assessment has taken place this may increase or decrease the fee payable.

# Tax & National Insurance for Shared Lives Carers

As a Shared Lives Carer you are self-employed and are responsible for your own tax and national insurance.

You will need to register as a self-employed person for tax and national insurance with HMRC when you are ready to start offering a Shared Lives arrangement.

You can do this online at: [www.gov.uk/register-for-self-assessment](http://www.gov.uk/register-for-self-assessment) or by phoning HMRC on **0300 200 33100** (Don't answer any of the questions on the automated service and you will eventually be put through to an advisor who can register you) HMRC will send you a UTR number which you will need before you can complete your tax return.

If you want to fill in a paper self-assessment form rather than completing your return on-line you can request one to be sent out to you by phoning **0300 200 3500**

If you are the only Shared Lives Carer in your household, you register as a 'sole trader': if you are a joint carer, and the payments you receive are in both your names, you register as a 'partnership' and 'partners'. This will mean you will share both the qualifying allowances which are explained below. If you register as a partnership, then you will need to complete a partnership tax return as well as personal tax returns.

Once you are registered as self-employed, you'll be asked to send in a tax return each year, covering the period 6 April the previous year to 5 April in the current year. You have until 31st October following the end of the tax year to send in a paper tax return, or until 31st January following the end of the tax year to send in your tax return online. If you register online you will usually be sent email reminders to prompt you to send in your tax return on time.

Be careful however, because HMRC do not provide an electronic copy of the partnership tax return, so you will have to complete a paper copy and file it by 31 October following the end of the tax year – or get an agent to prepare the tax return for you.

As a Shared Lives Carer you can claim 'qualifying care relief' and it is available whether you offer longer term shared lives arrangements, respite, shared lives day support or any combination of the three. Currently this tax allowance means that you can claim £10,000 as a Shared Lives household per annum in addition to £250 a week for each individual you support for a week or part of a week (the number of individuals Shared Lives carers can support as part of your household at any time is 3 in England and Wales and 2 in Scotland. (£11850 for the year 2018 -2019).

There are 2 methods of calculating any income tax you may be liable for as Shared Lives Carers:

- The simplified method – You pay tax on the income you have received as a Shared Lives Carer during the financial year minus your 'qualifying amount' (see below for further information) This is the method which most Shared Lives carers choose to use.
- Profit method – where you pay tax on your Shared Lives income during the financial year minus any eligible expenses and capital allowances as a Shared Lives Carer. If you use this method, you need to keep detailed records of all your expenses relating to your role as a Shared Lives Carer throughout the tax year and keep any receipts as evidence for HMRC.

## How does Qualifying care relief work?

If the amount of money you receive as a Shared Lives Carer (your 'receipts') in the tax year is less than your 'qualifying amount' you will not pay income tax on your Shared Lives income for that year. However, any Shared Lives income you have received for that tax year that is over your 'qualifying amount' is your 'profit' and you will pay income tax on that 'profit'.

# Tax & National Insurance for Shared Lives Carers

## What is your qualifying amount?

Your 'qualifying amount' consists of two parts which should be added together:

- an annual fixed amount of £10,000 for each Shared Lives Carer household.
- plus a weekly amount of £250 a week for each person you support as a Shared Lives Carer (maximum 3 people supported by one Shared Lives household at any one time).

### PLEASE NOTE

A week runs from Monday – Sunday and the full weekly amount allowance of £250 is applicable for any part-week that you support an individual. i.e.:

- Lisa stays Monday – Thursday Qualifying amount applicable = £250
- Sayid stays Friday – Tuesday Qualifying amount applicable - £500

as Sayid stayed Friday, Saturday and Sunday of week one and Monday and Tuesday of week two.

Please refer to the following examples...

## What counts as your Shared Lives income (your receipts)?

Your total receipts are:

- The payments you receive (including any payments you receive to cover respite) from your Local Authority, HSS Trust, Health Service body or Shared Lives scheme for providing the Shared Lives arrangement(s) for the individual(s) you support.
- Rent (this will often be paid through Housing Benefit) you receive from any person(s) living with you in a Shared Lives arrangement(s).
- Any payment you receive from the individual(s) e.g. for food and utilities.
- Any additional monies you receive towards petrol etc. from an individual that you support or from your Shared Lives Scheme.

Using Jane's example on the next page:

So using qualifying care relief Jane would not be liable to pay any income tax on her Shared Lives income because this financial year her Shared Lives income (her receipts') is less than her 'qualifying amount' and she has therefore no profit.

# Tax & National Insurance for Shared Lives Carers

## Example 1

Jane is a sole Shared Lives carer for Tony and Mike.

They have lived with her for the full financial year.

Jane's 'qualifying amount' would therefore be:

- £10,000 – fixed amount
- 2 x £250 per week for Tony and Mike – weekly amount (£500 x 52)

£10000 Fixed amount

+ £26000 Weekly amount

£36000 Qualifying amount

During the tax year Jane has received in total £325- per week for caring for Tony and £325 per week for caring for Mike.

This is made up of £90 rent (through housing benefit) for each person £55 service user contribution from each person for food and utilities and a £180 payment for each person from the Local Authority

Jane's total Shared Lives income (her 'receipts') would therefore be: £33,800

(£325x 52 x2) for caring for Tony and Mike

## Example 2

Shanice and her husband Tom share their lives with Molly and Elsa. Elsa has lived with them for many years and Molly joined the family on 2nd June this year. Shanice and Tom also provide short break support for Jordan who spends 2 weeks per year with the family, staying from Wednesday – Tuesday (for tax purposes this would mean Shanice and Tom are can claim the weekly amount tax allowance for 4 weeks as Jordan stays for 2 part-weeks each time he visits the family)

Shanice and Tom are registered with HMRC as a partnership and share the £10,000 fixed amount and weekly amounts.

Their **qualifying amount** is:

10000 – fixed amount - shared between Shanice and Tom

+£13000 for Elsa (52x£250)

+£11000 – for Molly (44 weeks x £250 as Molly did not join the family until 2nd June)

+£ 1000 – for short break support for Jordan (4 weeks x £250)

35000 – Qualifying amount for Shanice and Tom

Shanice and Tom receive two payments of £375 per week for caring for Elsa and Molly (made up of £110 rent (through housing benefit) for each person £60 service user contribution from each person for food and utilities and a £205 payment for each person from their independent Shared Lives Scheme They also receive £350 for each of the 2 short break support weeks they provide for Jordan.

Their total Shared Lives income (their 'receipts') is:

£19,500 - £375 x 52 for caring for Elsa

+ £16,500 - £375 x 44 for caring for Molly

+ £700 - £350 x 2 for providing short break support for Jordan  
36,700 – Total Shared Lives income

So for Shanice and Tom using qualifying care relief since their total Shared Lives income is £36,700 and their 'qualifying amount' is £35,000, their taxable income will be £1,700 - £850 each.

### Example 3

As a Shared Lives Carer, Pauline offers day support in her own home and also some respite care. Over 40 weeks of the year she has supported James Lola and Marvin for three half days a week Monday to Wednesday and Paul and Jamil for 1 full day a week on Thursdays.

Over 8 of these weeks, Pauline has also provided Friday-Sunday respite for Amy and Gemma and during periods when she has not been providing day support she has provided two full weeks of respite for Jane.

Pauline's 'qualifying amount' is:

£10,000 fixed amount +

£40,000 - 32 weeks x 5 people x £250 = £40,000

+£14,000 - 8 weeks x 7 x £250 = £14,000

+ £500 - 2 weeks x £250 = £500

£ 54,500 Total

Pauline's total 'qualifying amount' is therefore £54,500

Pauline has received payments of £30 per person for each half day she has provided day support and £60 per person when she has provided support for full days. For the respite she has provided, Pauline has received payments of £52 a night. Pauline's Shared Lives income (her receipts) over the financial year is therefore: 32 weeks x £390 (£90 each for James Lola and Marvin and £60 each for Paul and Jamil) +8 weeks x £390 +£208 (£390 for day support and £104 each for week-end respite for Gemma and Amy) +2weeks x £364(respite for Jane) Total Shared Lives income: £16,536 So for Pauline since her total Shared Lives income is £16,536 and her 'qualifying amount' is £54,500 she has no profit and therefore no income tax to pay on her Shared Lives income this year

If for the relevant tax year, your Shared Lives income is less than your 'qualifying amount', the full amount of your personal allowance will be used against any other income registered on your tax return.

If for the relevant tax year, your Shared Lives income is more than your qualifying amount you still may not pay tax for that year because HMRC will deduct your 'personal allowance' from your Shared Lives 'profit' and any other 'income' you register on your tax return.

It is important to remember that qualifying care relief does not affect any income you may have from other sources, for example, from employment or from investments. Such other income will be taxed in the normal way.

### Completing your tax return

If you have received the SA200 Short Tax Return and wish to take advantage of the qualifying care relief, please phone the Self-Assessment Helpline on **0300 200 3310** and ask for form SA100 Tax Return to be sent to you, or you can complete the SA100 Tax Return online.

The following guidance is for Shared Lives Carers who wish to take advantage of

Qualifying Care Relief and have received a paper SA100 Tax Return.

Self-employment pages are supplementary to the main tax return and you should request these at the same time that you request a paper tax return. Make sure you complete the Self-employment (short) pages – form SA103S as these are much easier to complete.

Note that if you are a partner (in other words you registered as a partnership with another carer in the same household), you would not complete the self-employment pages, but partnership pages. Enter the following details on the Self-employment (short) pages:

- If your total receipts from qualifying care are not more than your qualifying amount
  - Enter 'Qualifying carer' in box 1, put 'X' in box 4 and enter zero, '0', in box 31
  - Leave the rest of the Self-employment (short) pages blank
- If your total receipts from qualifying care exceed your qualifying amount and you use the simplified method
  - Enter 'Qualifying carer' in box 1 and fill in boxes 2 to 8, as appropriate
  - Enter your total receipts in box 9, your qualifying amount in box 20 and the net amount (profit) in boxes 21 and 31.

### National Insurance

When you register as self-employed with HMRC you are also automatically registered for national insurance. As a self-employed person, you will be generally required to pay class 2 contributions. If you are not required to pay class 2 contributions, it would be advisable to consider whether you should pay class 2 contributions to HMRC voluntarily as class 2 contributions provide eligibility for particular benefits. If your profits from your Shared Lives income together with any other self-employed income reach the criteria you will also be liable to pay Class 4 National Insurance contributions. You will be informed about any National insurance contributions owing with the information you are given by HMRC about any tax you are due to pay

Please refer to <https://www.gov.uk/self-employed-national-insurance-rates> about this topic.

### FAQs

**Is Qualifying Care Relief a payment?** No this is a tax allowance. It means you can receive payments up to this amount without paying tax

**What if I am also a Foster carer, do I get two £10,000 fixed amounts?** No, If you are both a Foster carer and Shared Lives Carer, you will receive only one £10,000 fixed amount allowance but can claim £200 per week for each foster child you support under the age of 11 and £250 for each foster child aged 11 or over and each individual you support in a Shared Lives arrangement.

**What if I become a Shared Lives Carer part-way through the tax year?** You will be entitled to the relevant percentage of the £10,000 fixed amount tax allowance for that year i.e. if you become a Shared Lives Carer in October, you would receive £5,000 tax allowance.

**What if I support many individuals in different ways throughout the year?** It is important to keep detailed records so that you can work out your tax allowance on a weekly basis.

If as a Shared Lives Plus Carer member you need further assistance, please contact: Shared Lives Plus Carer helpline on **0151 227 3499** (a message will be taken and one of the support team will call you back. ARAG Tax advice helpline **0117 9171 698** for general tax advice. Sue Stephens at BWM accountants on **0151 2361494** where you can ask for your tax return to be completed and submitted for you. (a reduced rate is offered for Shared Lives Plus members. Currently £150 + VAT).

# Just Next Door Qualifying Criteria

In order for a JND service to be provided the following characteristics need to be in place:-

1. Both accommodation and support is provided by the Shared Lives Carer. (Supported Living is where the landlord is different to the support provider).
2. The accommodation needs to be in very close proximity to the Shared Lives Carer's home; that is within the grounds of the Shared Lives Carer's home. Examples include; granny flat or annex, bungalow in the garden, chalet or caravan in the garden; two semi-detached properties. In common with all of these examples is that the JND accommodation provides the facilities to cook, has its own bathroom facilities and sleeping area (sleeping area could be bedroom/lounge).
3. JND still includes the offer of time spent joining in some aspects of family life of the Shared Lives Carer, although this may not be at the carers home.
4. JND can be offered on top of a regular Shared Lives service as an additional service. Generally this is recognized as a providing a long term service but a short break carer may be considered
5. The JND carer will need to have worked with Shared Lives South West and have adequately demonstrated the values and ethos of Shared Lives South West . Carers will not be recruited to ONLY provide JND.
6. Once the JND carer has demonstrated to the scheme's satisfaction that they are able to support the needs of people in the house and in the JND accommodation, paperwork will be completed evidencing their change of status.
7. The maximum number of people placed with a Shared Lives Carer at any one time is 3; regardless of whether the care is a single or joint carer. Joint Shared Lives Carers can also support an additional 3 people as part of the JND service. It is highly unlikely that a single carer will be able to evidence that they can spend time/make sure that all people supported receive the care and support being commissioned.
8. People who live in a JND service will be working towards and developing their independence. Generally at the start of the service the banding is likely to be to a band 3. There will be clear outcomes to develop independence with a view to moving to a band 2 within 26 weeks.
9. JND is not suitable for anyone requiring night time support.

# Guidance- Who pays for what?

In everyone's daily lives there are items we need to purchase and activities we want to do which cost money. The issue of who should be expected to cover these costs when someone lives in a Shared Lives arrangement can be both problematic and at times contentious. In order to assist both Shared Lives Carers and schemes to reach decisions with people who use Shared Lives services (or their advocates) that are fair to all parties, Shared Lives Plus worked with Shared Lives members to develop the guidance below. It is important to note that Shared Lives members believe there will always be a need for flexibility in this area and this guidance is not intended to create new rules but more to suggest an approach that we hope will be helpful to all concerned. For 'grey areas' dependent on individual circumstances, judgments need to be reached through discussion with relevant parties i.e. the people who use our services or their circle of support (e.g. family members, advocate, social worker, the Shared Lives Carers, scheme representative) then the decision recorded.

Yes

| Payment for  | By person using our services | By Shared Lives carers | Comments  | Potential issues  |
|--|------------------------------|------------------------|---|---|
| Activities/entrance fees (person using the service)                                      | Yes                          |                        |   |   |
| Activities/entrance fees for Shared Lives carers supporting                              |                              | Yes                    | For an activity only for the benefit of the person he/she would be asked to pay the Shared Lives Carers's entrance fee (In some situations carers will go free or receive a discount).<br><b>(Evidence and a brief record would protect all parties)</b>  | Who makes the judgment of who is benefiting?  |
| Proportion of Holiday costs when going as part of Shared Lives Carer's family/ household | Yes                          |                        | Those using the service would pay the appropriate share of costs for petrol accommodation and other holiday related expenses. If the person needs support with money management, a proposed budget for meals etc. out could be agreed in advance and recorded   | Can be difficult to calculate some elements on family holidays.   |
| Personally selected holiday for the person using our services                            | Yes                          |                        | If the person is going on his/her chosen holiday and wants his/her Shared Lives Carer to be the person to provide the support he/she needs he/she would be expected to cover both people's essential holiday costs. <b>(Evidence and a brief record would protect all parties)</b>                                      | Clarity needed about which holiday costs are essential and in some cases for how many Shared Lives Carers   |
| A person who uses our service's independent holiday (not to meet respite needs)          | Yes                          |                        | A person using our services would not be expected to pay food and utilities payment to long-term Shared Lives Carers for this period.   |   |
| Disability equipment /adaptations  |                              |                        | Grants through Social Services and/or housing departments can be available for adaptations and equipment with the person using the service being financially assessed. Small pieces of equipment would be paid for by the person using the service.   | To be eligible for a grant the person would need to be deemed as living in their own home therefore longer term Shared Lives arrangements may attract adaptation funding more easily. |
| Snacks out with day service  | Yes                          |                        |   |   |
| Meals out with day services  |                              |                        | If it has been agreed in the service user plan that a packed lunch is provided then an agreed contribution by the Shared Lives Carers (cost of packed lunch) could be made if the person on occasions chooses instead to have a meal out. If this occurs frequently then the person should cover the cost of meals out. |   |
| Snacks out with Shared Lives Carers  | Yes                          | Yes                    | Each cover own costs unless Shared Lives Carers invited by the person in which case he/she would pay  | Can be difficult in family outing situations  |

| Payment for   | By person using our services | By Shared Lives carers | Comments   | Potential issues   |
|---|------------------------------|------------------------|--|--|
| Meals out with Shared Lives Carers  |                              |                        | <ul style="list-style-type: none"> <li>If only for Shared Lives carers convenience, Shared Lives Carer pays.</li> <li>If a mutual arrangement each covers own cost.</li> <li>If at the person's special request then he/she could be expected to pay both for himself/herself and the Shared Lives Carer/s</li> </ul> <p><b>(Evidence and a brief record would protect all parties)</b></p>  |  |
| Meals out without Shared Lives Carers   | Yes                          |                        | The person using the service to pay own meals out if Shared Lives carer/s is expected to provide meals as part of Shared Lives arrangement and person chooses to eat out.  |  |
| Day centre attendance fee (if applicable)   | Yes                          |                        | The person using the service, also has to cover the cost of transportation or lunch costs (see above)  |  |
| Dietary requirements and non-prescribed health items or services eg cough syrup chiropody | Yes                          |                        | Any special dietary requirements for medical reasons that incur additional costs to Shared Lives Carer/s should be taken into account when the initial carer/s payment is agreed (and at review times) with the scheme/care management. Non prescribed health items and chiropody costs would be met by the person could potential be considered as a Disability Related Expense which would reduce the financial assessment                   |  |
| Cigarettes  | Yes                          |                        |  |  |
| Drinks in pub with Shared Lives Carers  | Yes                          | Yes                    | If the person with sufficient income is out with Shared Lives Carers, encouragement to take a turn at buying a 'round' may be appropriate. Otherwise the person would buy own drinks   |  |
| Clothes   | Yes                          |                        |  | Difficulties can arise when people who use our services do not want to replace needed clothing |
| Toiletries/ hairdresser   | Yes                          |                        |  |  |
| Birthday and Christmas gifts people using our services                                    | Yes                          |                        |  |  |
| Furnishings/ decoration   |                              |                        | Those using long term services pay to live in a furnished/well decorated home but can be expected to purchase any additional items they want for their own room eg additional shelving for CDs particular chair etc. and pay a contribution for redecoration of their room if the change relates to choice rather than need. <b>(Evidence and a brief record would protect all parties)</b>  | Disagreements about when 'need' and when 'choice' should be discussed with the scheme          |
| Holiday home  |                              |                        | Cost to be shared between all people present for rented accommodation. For Shared Lives carers owned property an agreed amount would be contributed by the person based on the contribution they would make in similar rented accommodation. <b>(Recorded evidence would be needed to demonstrate that the person has had choice both about the kind of holiday and regularity of visits to the holiday home in order protect all parties)</b> |  |

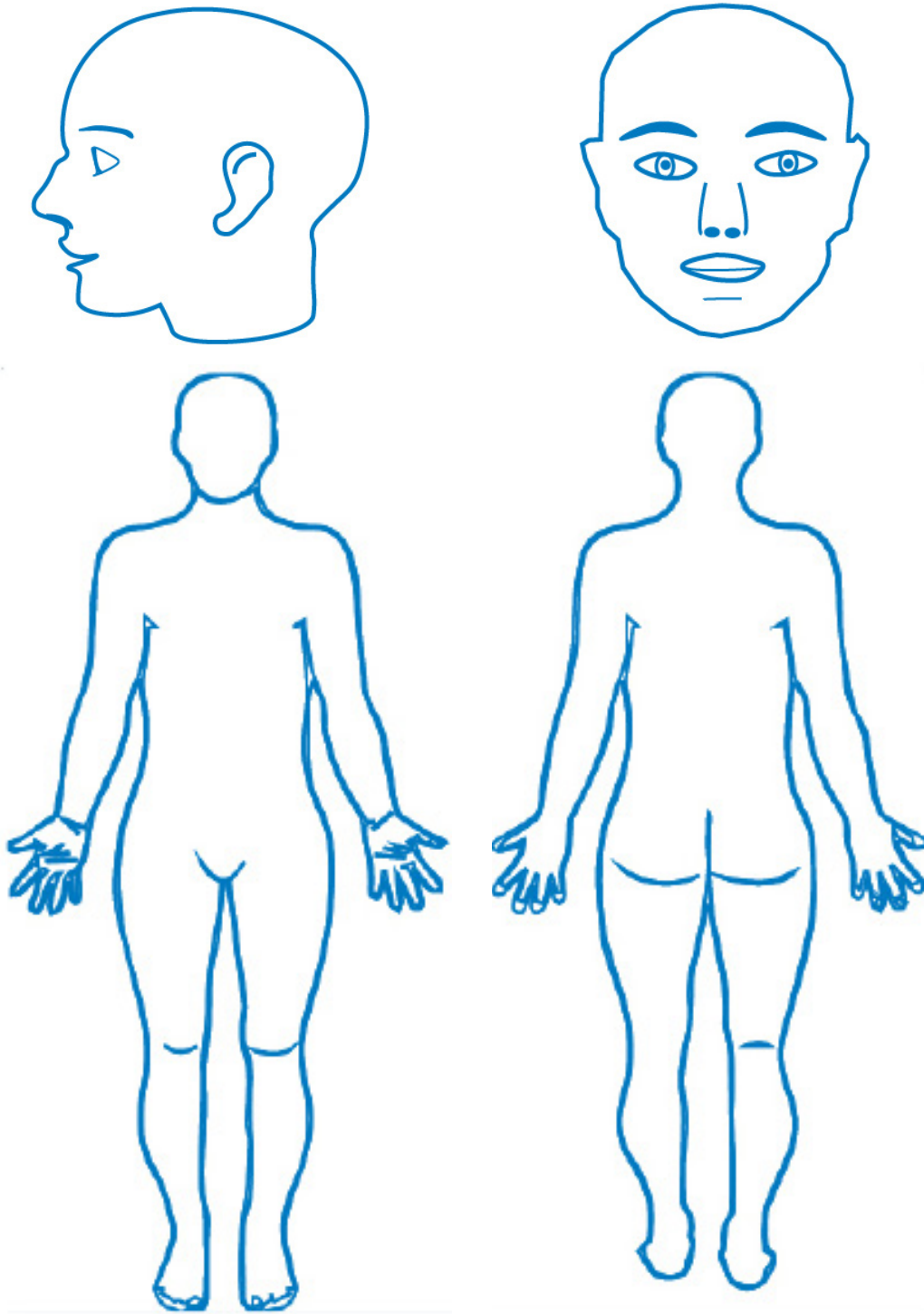
| Payment for   | By person using our services | By Shared Lives carers | Comments  | Potential issues |
|---|------------------------------|------------------------|---|------------------|
| Journeys to medical appointments  | Yes                          |                        | □ Infrequent, short journeys may be viewed as part of the Shared Lives Carer payment  |                  |
| Journeys to meetings (e.g. person- centred planning or day service review)        |                              | Yes                    | The supported person would not be expected to contribute if their Shared Lives Carer's participation is required at the meeting.  |                  |
| Journeys to visit relatives of the person in Shared Lives                         | Yes                          |                        |   |                  |
| Journeys to social events<br>- the person in Shared Lives independently attending | Yes                          |                        |   |                  |
| Journeys to social events<br>- Shared Lives Carer supporting                      | Yes                          |                        | Costs to be shared if the Shared Lives Carer would have been attending independently.   |                  |
| Journeys to respite   |                              | Yes                    | Agreement should be reached between the main Shared Lives Carer, respite carer and the scheme worker. Such agreements should be reached before the respite break- starts.<br>Carers can claim reimbursement/payment from respite pot. |                  |
| Journeys to household social event<br>e.g. Shared Lives Carer's family party      |                              | Yes                    | The supported person could be expected to pay a proportionate amount or, since the Shared Lives Carer(s) would be going anyway, the carer might be expected to cover the travel cost for the whole household.                         |                  |
| Journeys to days out with Shared Lives Carers' household                          | Yes                          | Yes                    | Costs should be shared proportionately, unless the outing is only for the benefit of the person in Shared Lives.  |                  |
| Journeys to Short breaks away with Shared Lives family                            | Yes                          | Yes                    | Costs should be shared proportionately, unless the outing is only for the benefit of the person supported.  |                  |
| <i>Journey to go on household holiday</i>   | Yes                          | Yes                    | Costs should be shared proportionately, if this is a planned holiday for the whole family/household.  |                  |
| Leisure journeys during household holiday   | Yes                          | Yes                    | as above  |                  |
| Journey to go on holidays/ short breaks independent of Shared Lives Carer         | Yes                          |                        |   |                  |

# Forms





# Body Map



Completed by:  
Name of the person injured:  
Date:  
Completed accident form:  
Yes      No  
Any other comments:

# Accident and Incident Form

Copy to be retained by SLSW Carer

Copy to be sent to nearest Shared Lives South West office within 24 hours

## Accident and Incident reporting

When to use this form:

- Missing person
- Injury requiring first aid intervention
- Physical or verbal assault
- Accidents
- Medication error – missed or wrong dose given
- Alcohol or drug abuse
- Incident to which police are called
- Admission to hospital
- Serious illness or injury requiring hospitalisation
- Any significant behavioural changes

|  |  |                        |  |
|--|--|------------------------|--|
| Name of person completing this form  |  |                        |  |
| Address  |  |                        |  |
| Telephone number   |  |                        |  |
| Email address  |  |                        |  |
| Name of person affected by accident/incident   |  |                        |  |
| Relationship to the person completing this form  |  |                        |  |
| Date of the accident/<br>incident  |  | Time incident occurred |  |
| Please describe the accident/incident (Please include anything observed or reported in the build up to the incident or accident) |  |                        |  |
|  |  |                        |  |

|  |
|--|
| Any injuries sustained and to whom?                      |
|  |
| Does a body map need completing?                         |
|  |
| Were the emergency services called? Please give details. |
|  |
| Any other immediate action taken?                        |
|  |
| Have SLSW been notified?                                 |
|  |

Signature of the person completing this form:

Date:

**PLEASE RETURN TO**

Shared Lives South West (Devon, Plymouth & Torbay): Suite 3, Zealley House, Greenhill Way, Kingsteignton, Devon, TQ12 3SB

Shared Lives South West (Cornwall): Trewellard Farm, Wheal Rose, Scorrier, Redruth, Cornwall, TR16 5DH

Shared Lives South West (Somerset): The Wagon House, Eaglewood Park Dillington, Ilminster, Somerset TA19 9DQ

**To be completed by Shared Lives South West staff:**

|  | Yes | No |
|--|-----|----|
| Incident created on the SLSW database                    |     |    |
| Safeguarding notification (LA safeguarding adults board) |     |    |
| CQC notification   |     |    |
| Name of staff member who made the notification           |     |    |
| Has operationsteam@ad.sharedlivesw.org.uk been notified? |     |    |



# Holiday Booking Form

A separate form should be completed for each person using our services

|  |                |
|--|----------------|
| Name of the person using SLSW services   |                |
| Confirm the names and status of everyone else who will be going on the holiday |                |
| Who is the named responsible person  |                |
| Holiday destination  |                |
| Holiday date   |                |
| Type of holiday  | Self -catering |
|  | Half board     |
|  | Full board     |
| If travel is abroad, have you applied for travel insurance                     | Yes            |
|  | No             |
| If hiring a car, do you have appropriate insurances                            |                |
| <b>Please attached evidence of appropriate insurance information</b>           |                |
| Additional travel costs:<br>(e.g. airport transfer, taxi's, support)           |                |
| Cost of any additional activities  |                |
| Additional personal spends   |                |
| Cost of meals:<br>(e.g. airport meals)   |                |
| Total cost of holiday  |                |
| Cost to be made by the person using SLSW services                              |                |
| How has cost been calculated for individual                                    |                |

| How have you involved the customer in choosing the holiday?   | <b>Communication mode. Tick if applicable</b> |    | <b>Please explain</b> |
|---|---|----|-----------------------|
|   | Internet                                      |    |                       |
|   | Brochure                                      |    |                       |
|   | Previous experience                           |    |                       |
|   | Media   |    |                       |
|   | Other   |    |                       |
| Tell us why this is in the persons Best Interest?   |   |    |                       |
| How have you come to this decision  |   |    |                       |
| Have you identified any risks?  | Yes   | No |                       |
| Have you completed a risk assessment?<br>(If yes, please attach to form)  | Yes   | No |                       |
| Are all helpers who are going on the holiday approved by the scheme?<br><b>Only people who are approved by the scheme can support the customer on this holiday.</b> | Yes   | No |                       |
| Your contact details including phone numbers  |   |    |                       |

|   |  |
|---|--|
| <b>Contact details of a relative/friend in the UK to contact in the event of an emergency</b> |  |
|---|--|

|                      |                                |
|----------------------|--------------------------------|
| Contact name         | Contact address/Contact number |
| <br><br><br><br><br> | <br><br><br><br><br>           |

|                                 |  |
|---------------------------------|--|
| Shared Lives Provider signature |  |
| Date                            |  |

|                                    |  |
|------------------------------------|--|
| Shared Lives Coordinator signature |  |
| Date                               |  |

|                                    |  |
|------------------------------------|--|
| Shared Lives Team Leader signature |  |
| Date                               |  |

|  |  |
|--|--|
| <b>To be completed by Shared Lives Coordinator</b> |  |
|--|--|

|   |  |
|---|--|
| Date sent to finance team                               |  |
| Date sent to Team Leader if risk assessment is attached |  |

# EASY READ COMPLAINTS PROCEDURE

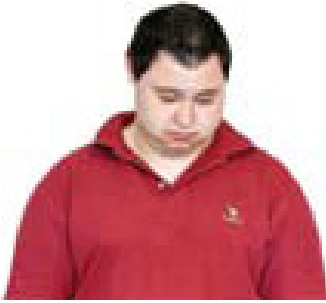
This leaflet is from  
Shared Lives South West



## Making a complaint or a compliment about your Shared Lives service

### Are you happy or unhappy with the help you get?

If you are unhappy with the support you get from your Shared Lives service you can tell someone.



### This is called making a complaint.

We would like to hear everyone's complaints so we can try and make things better for them.

---

If you are happy with the support you get from your Shared Lives service we would like to know.



### This is called a compliment.

We would like to hear everyone's compliments so we can tell the



Shared Lives carers and the staff when they are doing something well.

We all learn from complaints and they can help us make things better.

If you complain we may need to speak to other people who know you to find out more.



If you complain, you will be treated fairly and be helped and supported to solve the problem.



If you complain we may need to speak to other people who know you to find out more.

# Your complaint or your compliment may be about...

Where you live



The Shared Lives South West Carer who helps you



How you spend your time or what you do



The coordinator who visits you from Shared Lives South West



How we write to you or explain things



Anything else....





## How do I complain?



The first thing you need to do is to talk to your Shared Lives carer.

They will try to help you sort out the problem.



You can also talk to the Shared Lives co-ordinator and they will help you sort out the problem.

## If you are still unhappy



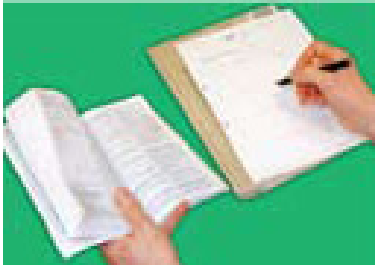
You can fill in the form called From Me at the back, tear it out and send it to Shared Lives South West in the envelope provided.



**Or you can speak to us.**  
We will listen to your problem  
Our phone number is

**Devon: 01626 360170**  
**Cornwall: 01209 891888**  
**Somerset: 01460 477980**

## What happens next – a complaint



We will try to make things better. We use something called a complaints procedure to help us do that



To do this someone will come and talk to you.

This person may ask other people some questions.



They will send you a letter with an answer. They might want to talk to you again.



If you are still unhappy you can ask for your complaint to be looked at again.

## Can someone help me make my complaint?



You may like someone you trust to help you speak up.

The person helping you is called an advocate.



They can help you fill in the complaint form or write letters.

They can go to meetings with you.

## How can I get an advocate?



You can ask Shared Lives South West to find someone to help you.

You can phone us on:

**Devon: 01626 360170**

**Cornwall: 01209 891888**

**Somerset: 01460 477980**

# Notes



[www.sharedlivesw.org.uk](http://www.sharedlivesw.org.uk)  
Email: [enquiries@sharedlivesw.org.uk](mailto:enquiries@sharedlivesw.org.uk)

### Devon

Shared Lives South West  
Suite 3 Zealley House  
Greenhill Way  
Kingsteignton  
Newton Abbot  
Devon TQ12 3SB  
☎ 01626 360170

### Cornwall

Shared Lives South West  
Trewellard Farm  
Wheal Rose  
Scorrier  
Redruth  
Cornwall TR16 5DH  
☎ 01209 891888

### Somerset

Shared Lives South West  
The Wagon House  
Eaglewood Park,  
Dillington  
Ilminster  
Somerset TA19 9DQ  
☎ 01460 477980