



## Inspection Report on

**West Wales Shared Lives Scheme**

**Carmarthenshire County Council  
Building 8 Parc Dewi Sant  
Job's Well Road  
Carmarthen  
SA31 3HB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

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26/04/2022

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## About West Wales Shared Lives Scheme

Type of care provided	Adult Placement Service
Registered Provider	Carmarthenshire County Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Overall, West Wales Shared Lives endeavours to support people to maintain their independence. The staff team are enthusiastic and want to make a positive difference to people's lives. Carers are focused on the person's needs, to positively impact on their well-being. People say their placements and carers support them well. Many carers feel well supported by the Responsible Individual (RI) and the management team overall, although some feel there is little or no support. Good communication channels are evident throughout the service; however, some people feel the communication is poor. There are robust systems in place to monitor the quality of care provided.

There was no registered manager at the time of the inspection and CIW has not been informed of them leaving the service.

## Well-being

People are satisfied with the service they receive. People say their carers support them well and say, "*they are always there when I need them*". Personal plans reflect each person's support needs, and carers are aware of the importance of the person's well-being.

People say they feel safe with their placement. This gives people reassurance that their needs and personal preferences are really understood and met. People say they know they can speak to their carer if they are worried or unhappy. Each person's privacy and personal information is always protected.

People said, "*I feel like part of the family, I am happy with my placement.*" Another person said, "*I was sick of lockdown, but X helped me with things to do. I am happy here.*" This means people can expect to receive the right support at the right time in the environment that is best suited to them.

## Care and Support

Overall, there are accurate and up-to-date plans for how carers provide support to the individuals placed with them, to achieve their best possible outcomes. The provider considers a range of information to ensure they can meet people's needs before their support is put in place. This includes obtaining information from relatives and external healthcare professionals such as social workers, together with all assessments relating to the person. From this, they develop care records to describe individuals support arrangements and requirements. Placement matches are then made, and information is shared with the shared lives carer to arrange a meeting with the individual. The individual and carers are asked if they are happy with the placement prior to any agreement being made. The individual has the right to say they do not wish to be placed and a different placement is then looked for.

Carers have access to the information on their placement and up to date care plans. There is also held at the office, a master copy of all individuals (shared lives carers and individuals) assessments and care files. Each person has six review/support meetings a year, four unannounced, one announced and a yearly review. In addition, to remain current, care records are regularly reviewed, more frequently wherever support needs change. However, there needs to be consistency with the detail in care files, some are very clear and detailed, and others have a small amount of detail. The provider is aware of this and is working to improve the consistency in paperwork. This will be checked at the next inspection.

Many carers are happy with the support they receive. One person said, *"I have been a shared lives carer for over 10 years now, the support is brilliant that I get, there is always someone I can speak to, and they call us regularly too."* However, some do not feel supported telling us, *"I do not feel I have had any support, I do everything myself"* and *"There are issues with the services communication and support"*.

The provider has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the office and carers are given the information policies and training when necessary. Measures are in place to ensure people are kept safe from infection as far as possible: this includes the monitoring of all visitors and the appropriate use of personal protective equipment by office-based staff.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are clearly recorded and minimised so people can maintain their independence as far as possible. Staff and carers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They say they would go to the manager or shared lives officer initially but would be confident to go to external agencies such as the safeguarding team if they thought they needed to.

## Environment

Each placements environment is assessed, and risk assessed during the application to become a shared lives carer, this assessment includes

- Environment check and risk assessment
- Pets in the home
- Others living in the premises
- Insurances/financial stability
- Any adaptations that might need to be made
- Fire safety and health & safety
- Social history & family net work

This is a live document that is checked and reviewed at each support monitoring review to ensure it is up to date. This assessment is completed with the shared lives carer giving them all the necessary information and policies required.

The office has clear signage and PPE available for staff and visitors to the premises. There is hand sanitiser and handwashing facilities available. On arrival at the office, our ID and LFT were checked, and we were asked to sign in the visitors' book before entering the premises.

Overall, the service is committed to developing a culture which ensures the best possible outcomes are achieved for people. There are clear systems in place designed to monitor peoples' well-being and the quality of support each person receives. The RI identifies all actions needed to improve people's well-being in a six-monthly quality of care report. The management team meet regularly to discuss any issues/concerns/important information. Questionnaires are sent out for feedback to shared lives carers, families, and the people they support.

Regular staff team meetings are held to give all employees the opportunity to discuss their work and to keep up to date with all new developments. Monthly staff supervision and annual appraisals records and shared lives carer monitoring support review records show they are regularly given the opportunity to discuss any issues they wish to raise, in a formal setting and have the conversations recorded.

The provider ensures that carers have the knowledge and skills to provide the right support for people. Pre-employment checks take place before new employees/carers start work - these include reference checks (three for shared lives carers and a GP reference), photo identification, Disclosure and Barring Service (DBS) checks, and application and assessment for applying carers.

The RI has not notified CIW as required by regulation of the manager leaving the service, this has been highlighted to the RI and they have taken immediate action to update CIW. Although this is not an area for improvement at this time, this will be checked at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A



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