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Welcome to the 2017 Shared Lives Handbook

The previous Handbook was published in 2011 after some major changes in legislation which affected the content. Since then there have been relatively few changes to legislation which affect the content of this Handbook and so there are no dramatic changes. The purpose of the Handbook is to provide Shared Lives Carers with an accessible guide to the policies and procedures of the Shared Lives Scheme. This version of the Handbook has been developed jointly with Shared Lives Carers, consequently, the main changes to this version are as a result of feedback from Shared Lives Carers.

The Handbook contains all the policies and procedures you need to be aware of in your role as a Shared Lives Carer. Some of the policies are in summary form where they have been taken from lengthy documents. The intention is that the content of this handbook will remain relevant and current for a period of at least two years and that any important changes or updates which you need to be aware of will be notified to you via newsletters or mailshots.

Please do give feedback to your Shared Lives Social Worker about the usefulness of this handbook and whether you would like to see any changes in future versions.

Thank you!
Introduction to the Shared Lives Carers’ Handbook

In Oxfordshire there are a number of adults who need support or to be looked after but for whom traditional services are not the answer. The best way of providing them with the kind of care they require is to offer them the chance to live or stay in a Shared Lives Carer's home, or alternatively to be supported in their own home and community by a Shared Lives Carer. Shared Lives Schemes rely for their success on the Shared Lives Carers who are happy to share their homes and lives, either on a long or short term basis, with those who need their support and care.

Looking after a vulnerable adult on behalf of the local authority is a significant responsibility. There are some specific rules: - things you can and cannot do. There are a lot of guidelines - things you should and shouldn’t do. There is a massive amount of advice - what is and isn’t a good idea, and there is a lot you need to know - what to do if……etc.

Although you will have covered a lot of this information during your training you cannot be expected to remember all of this - especially during a crisis!

Hopefully this handbook will help. Please tell your Shared Lives Social Worker if it is unhelpful or confusing, or doesn’t tell you what you need to know, and if you have any positive comments please tell us those too. It is important to read it through at least once, having been approved as a Shared Lives Carer, so that you know what is in here, and can find information when you need it.

Thank you for the work you are doing as Shared Lives Carers, hopefully this Handbook will be of some help.
Definitions and Glossary

Person who uses the Service - This means any adult who is receiving services from the Local Authority’s Social and Community Services Department – including Shared Lives. It is the term used by both Oxfordshire County Council and the Care Quality Commission.

Placement or Arrangement - when a person who uses the service is in your care, this is referred to as a “Placement” or “Arrangement”. Some people who use services do not like the term "Placement" as this can sound like something is being done to them rather than a mutual agreement.

Day Care - Taking care of a person for a few hours per day but not overnight. This could be in the evening or during the daytime.

Floating Support or outreach work (in some schemes this is known as kinship support) – Providing care to a person in their own home or another place outside of the Shared Lives (SL) Carer’s home. The carer’s home must be part of this arrangement on occasion e.g. having a meal there on occasion, otherwise this would be classed as domiciliary care and taxable as such.

Short breaks or Respite care - This can be anything from one night to a few weeks at a time and may be a one-off or on a regular basis. Some people find the term "Respite" demeaning as it implies that other people need a break from them so "short breaks" is often used instead.

Emergency Care - when a placement is needed urgently e.g. the same or next day without time for introductory visits for a Service User who is in crisis and not known to the Carer. Shared Lives Carers are approved by the Shared Lives Approval Panel to be able to provide emergency care. In order to minimise risks to Shared Lives Carers and other household members, the scheme only accepts referrals for emergency placements when sufficient information is known about the person using the service to be able to manage risks.

Long term / permanent placement - when the plan is for a person to live long term with a Shared Lives Carer – i.e. anything over 3 months. There is always a trial period first, which will vary according to individual circumstances.
**Shared Lives Social Worker** – This is a social worker from the Shared Lives Scheme and they will be your main contact. They will be in touch regularly and you will be given contact details in case you need to get hold of them in an emergency. (See Section 2 in this handbook.)

**Social Worker/ Care Manager/ Care Coordinator**, these are professionals who are responsible for assessing people's needs and arranging services to meet those needs. Social Workers/ Care managers/ Care Coordinators refer people to the Shared Lives Scheme and will also arrange any additional support that is needed - e.g. a day service. Once a placement is settled and stable the person using the service will probably only see this professional for reviews or if any changes to their services are needed. You will be given the contact number for Social Workers ,Care Managers, or Care Coordinators who work with the people you support.

**Emergency Duty Team – EDT** The emergency duty team will be your main point of contact if anything happens outside normal office hours that you need urgent help with or which you need to report urgently. The number is in this handbook under “Contact Numbers”.

**Shared Lives Plus** - this is the membership organisation for Shared Lives Carers and Shared Lives schemes. Membership of Shared Lives Plus will be arranged for you when you are approved as a SL Carer. Shared Lives Plus provides a Carers’ Support Worker and membership includes legal advice and information about tax and insurance cover. You will receive newsletters from them and can use their e-mail groups to network with other carers. All Oxfordshire Shared Lives Carers have membership paid for by the Scheme.

**The Care Quality Commission (CQC)** - came into effect in October 2010. This is the organisation that registers and inspects Shared Lives Schemes to ensure the care provided is meeting the Health and Social Care Act (2008) regulations.

**Health and Social Care Act (2008)**
This is the legislation which sets the standards for all Health or Social Care, not only Shared Lives schemes but all services like GPs, hospitals, supported living services on the Care Quality Commision website ; - [http://www.cqc.org.uk/_db/_documents/HSCA2008RegulatedActivitiesRegulations2010.pdf](http://www.cqc.org.uk/_db/_documents/HSCA2008RegulatedActivitiesRegulations2010.pdf)

This legislation came into force on 1st October 2010 and replaces the Care Standards Act (2000)

The Shared Lives Scheme will provide a full copy of these Regulations on request.
Contact Numbers

During Office Hours

Please ring 01865 897971 messages can be left with Administrators or on the answer phone if the phones are busy. All Shared Lives Social Workers have mobile phones which can be used but do be aware that messages left on mobile phones may not be picked up in a timely way if the person is on leave so any urgent messages should be left with the office.

Outside Office Hours

If you need to contact someone in an emergency outside office hours please telephone the Emergency Duty Team (EDT) on 0800 833408

If you have an emergency dial 999

For non-urgent medical help dial 111

For non-urgent police matters dial 101
Other useful Contacts/ Health Information

Getting Medical Help

If a service user moves in with you on a long term basis, he or she should register with a local GP. Service users who are staying with you for a short break do not need to register with your GP.

If they are unwell you should contact your own G.P in the same way you would if a friend or relative were staying with you (unless they are still in their own G.P. area). However, if you know you are going to be caring for a service user who is likely to have health care needs whilst they are with you, your Shared Lives Social Worker will advise you to discuss this with your G.P practice.

The Care Quality Commission can be contacted on:

CQC
Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA

Tel: 03000 616161
Fax: 03000 616171

Email: enquiries@cqc.org.uk

Other contact numbers specific to service users (e.g. care manager) can be found in the "Support, Risk and Crisis Plan" or on the "Placement Agreement".
Shared Lives Carers share their homes and lives with service users. They provide friendship, support and care for service users in the same way that a relative might.

These are the things that are important in Shared Lives:

- Being part of the Shared Lives Carer's family or household
- Being part of the community
- Learning and using new skills
- Doing as much as you can for yourself, and being as independent as possible
- Having privacy in your home and life
- Being treated with consideration and respect
- Being given choices and making your own decisions
- Leading the kind of life you want, and achieving the things that are important to you
- Recognising people as equal human beings who all have the same rights
Who can have a Shared Lives Scheme Placement?
Anyone who is eligible for assessment under the Care Act (2014) may be able to have a Shared Lives Placement. This usually means people aged over 18 who have a disability, or mental health problem, or who are elderly and frail.

16 and 17 year olds can also have a Shared Lives placement, if this is specifically part of plans for moving on to adult services under the Care Act 2014.

Types of care or support that can be offered in Shared Lives
Shared Lives can be very flexible, and are arranged specially to suit each person. The types of care and support can include:

- long-term
- short-term (less than 3 months)
- short breaks
- emergency
- domiciliary
- outreach
- day care
- rehabilitation
- befriending
- ‘kinship’ support
- supported living
- parent and child placements
Needs that can be met by Shared Lives carers
The needs that can be met by a Shared Lives Carer could be:

- physical – for example, personal care or help with getting about
- social – for example getting to know more people, or developing new skills
- emotional – for example becoming more confident, or staying in touch with relatives.

Regulations affecting Shared Lives:
The main regulations which Shared Lives must fit with are the regulations of the Health and Social Care Act 2008.

Shared Lives Scheme is registered and inspected by the Care Quality Commission (CQC).

Regulated Activity Provided --- Personal Care

All Shared Lives Carers may be part of sampling visits when these are required within Social and Community Services.
Who’s who in the Shared Lives Scheme

The Registered Owner for all Oxfordshire County Council services is:

Kate Terroni  
Director of Social and Community Services  
County Hall  
New Road  
Oxford  
OX1 1ND  
Tel: 01865 323574

The Registered Manager for the Shared Lives Scheme is:

Sally Ellis  
Unit Manager Shared Lives Scheme  
Abbey House  
Abbey Close  
Abingdon OX143JD Tel: 01865 897971.

The Shared Lives Social Workers are all qualified social workers. They must have a lot of experience of working in care settings before they can join the Shared Lives Scheme, but that experience can be varied because the Shared Lives Scheme works with people with varying needs. Two of these social workers are Senior Practitioners – i.e. they have more experience and therefore supervise others in the team or take the lead in special projects.
There are 3 team administrators, who have varied administrative and financial qualifications.

At times the team may include one or more temporary workers – for example, locum social workers, student social workers or temporary administrators.

**What do members of the Shared Lives Team do?**

These are the main things:

1. Recruiting, training, monitoring and supporting Shared Lives Carers
2. Matching service users with Shared Lives Carers who can meet their needs
3. Working with care managers and other professionals to make sure the placements work well, and practical arrangements are sorted out
4. Making sure placements continue to be successful, and that individual support plans are reviewed and updated regularly
5. Involving service users and Shared Lives Carers in the selection of Carers and in service developments
6. Asking service users and Shared Lives Carers about their experiences, making use of this information to improve the service
7. Making sure the Regulations of the Health and Social Care Act 2008 are met, along with any other requirements of Oxfordshire County Council, the Care Quality Commission, and the Supporting People Team
8. Managing budgets for the service
9. Providing information about the service.
Consultation with people who use the service and Shared Lives Carers

The Shared Lives Scheme arranges meetings from time to time for service users who would like to have a say in how the Shared Lives Scheme works. Service users are asked if they are interested in this before their placement starts and whenever their Support Plan is reviewed. They are also asked for feedback when their Shared Lives Carer(s) are being reviewed.

The Shared Lives Scheme may also arrange a formal survey of service users and their families periodically, and of Shared Lives Carers.

Shared Lives Carers are able to provide feedback about the Scheme during their reviews. Opportunities can also arise in Shared Lives Forums, and as part of sampling of Carers when new developments are being piloted.

Contact with relatives, friends and representatives

Shared Lives Carers will help service users to stay in touch with people who are important to them, when this is appropriate. They will encourage them to visit if the service user wishes this, and make them welcome. Service users will be asked about this before their placement starts, and whenever their Support Plan is reviewed.
Complaints
The Social and Community Services Directorate has a complaints policy and procedure, and more detailed information about this is included within the Service Guide. Service users and Shared Lives Carers can make use of this to complain about any aspect of the Shared Lives Scheme. In addition it is also possible to complain to the Care Quality Commission, as the Shared Lives Scheme is registered and inspected by The Care Quality Commission.

All complaints will be looked in to by the Shared Lives Scheme, following the Social and Community Services procedure. A record of complaints is kept by the Shared Lives scheme, including action taken, and is available for inspection by The Care Quality Commission, and/or managers in Social and Community Services. If you are unsatisfied with the response to your complaint you might also wish to contact the Local Government Ombudsman who can be contacted on 030 061 0614 or at www.lgo.ork.uk
Bandings for Shared Lives Placements

The level of payment for each placement will be agreed between the relevant Social Worker and Shared Lives Social Worker, according to the type of care or supervision required by the individual. It is not expected that any one factor will automatically define the level of payment that a carer receives, but rather a collection of factors.

The basic level of payment includes care or supervision with one or more of the following tasks:

- minimal or partial personal care
- emotional support and companionship
- cognitive stimulation (eg activities which stimulate memory, reasoning, acquisition of knowledge, etc)
- administration of medication as per instructions from a GP (and with training from the Primary Health Care Team when necessary)
- development or maintenance of daily living / independence skills
- development of community links / widening opportunities
- maintenance of family links
- encouragement to undertake the above or other activities
- intermittent supervision to reduce risks to others

A middle level of payment may be applicable when any of the following apply:

- full personal care
- management of single incontinence
- assistance with eating and / or drinking
- behaviour which is occasionally challenging to services (eg occurring regularly, but not daily)
- some mental health issues
- sporadic or short-lived disturbance during the night

- A higher level of payment may be applicable in the following circumstances:
  - constant supervision required to manage risks to the individual or others
  - significant levels of risk, as identified in a formal risk assessment
  - management of double incontinence
  - challenging behaviour (eg occurring daily, but not constantly) including mental health issues
  - frequent or sustained night time disturbance
Standard rates of payment for mainstream Shared Lives

An overnight stay covers a 24-hour period, and usually includes full board as well as accommodation.

Day care is paid at 70% of the applicable overnight rate, and covers a 7-hour period including one main meal. Visits over 7 hours should be paid as an extended day.

Half-day payments cover up to 3.5 hours and do not include the provision of a meal.

Carer’s providing care in the home of the individual will be paid the same rate as would apply in their own homes.
Oxfordshire Shared Lives Scheme
Payment Rates for Carers 2016-2017

<table>
<thead>
<tr>
<th>Description</th>
<th>Band 1</th>
<th>Band 2</th>
<th>Band 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly Rate</td>
<td>303.60</td>
<td>358.77</td>
<td>414.00</td>
</tr>
<tr>
<td>Night Rate (24 hours)</td>
<td>43.37</td>
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<tr>
<td>Day Rate (up to 7 hours)</td>
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<td>35.87</td>
<td>41.39</td>
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<tr>
<td>Extended Day Rate (over 7 hours)</td>
<td>37.27</td>
<td>42.78</td>
<td>48.13</td>
</tr>
<tr>
<td>Half Day Rate (up to 3.5 hours)</td>
<td>15.17</td>
<td>17.93</td>
<td>20.69</td>
</tr>
<tr>
<td>Introductory Session</td>
<td>6.00</td>
<td>6.00</td>
<td>6.00</td>
</tr>
</tbody>
</table>

Mileage is paid at the rate of 40p per mile

Updated June 2016
Carers must complete a claim form and send it to the Shared Lives Scheme office promptly at the end of each month. **This must reach the office by the 1st of each month – otherwise payment may be delayed until the following month.** This applies to all types of care except long-term placements, for which automatic payment arrangements will be set up.

The claim forms can be posted to the office or emailed to **Sharedlives@oxfordshire.gov.uk** Supplies of claim forms and pre-paid return envelopes can be provided on request – just phone and ask one of the Team Administrators.

These are the reasons why it is important that you submit your forms promptly at the end of each month:

- to ensure you get paid quickly and on time;
- to ensure that the people who use the service also get billed promptly for their contributions to their care;
- the individual can only be billed after your claim form has been processed, so if a backlog builds up this can cause them and/or their family enormous problems when they are faced with a large bill.

Payments for all types of arrangements, including long term, will be made into your bank account on the 15th of each month -or the first working day after this if the 15th falls on a weekend.

All bookings will be confirmed on “Care booker” and you will receive an e-mail or written booking confirmation. All visits and stays must be notified in advance to the office, otherwise payment may be delayed while the situation is investigated. In some cases it may not be possible to make payment at all if care has been provided without the appropriate authorisation.

The office contact details are:

The Shared Lives Scheme  
Oxfordshire County Council  
Abbey House  
Abbey Close  
Abingdon  
OX14 3JD  
Tel: 01865 897971

Email: SharedLives@oxfordshire.gov.uk
RATES OF PAYMENTS FOR CANCELLATIONS OF BOOKINGS

Shared Lives Carers can expect to be paid for bookings which are cancelled at short notice under the following circumstances:-

FOR SHORT-TERM CARE:

The notice of cancellation should be the same as the length of stay that has been booked - e.g. one week’s notice if a one week stay has been booked. If less notice has been given, payment will be made in lieu of notice, up to a maximum of 2 weeks. The rate of payment will be 50% of usual banding.

FOR DAY CARE:

The notice of cancellation should be the same as the period of days booked in any one week. If cancelled with less than this, the first day will be paid at full cost, while for all subsequent days the rate of payment will be at 50% of usual banding, up to the maximum of one weeks worth of care.

FOR LONG-TERM PLACEMENTS WHICH END SUDDENLY:

The period of notice required to end a placement is 28 days. If inadequate notice has been given, payment will usually be made at the usual banding rate to cover the whole of the agreed notice period. The exception to this would be if the Shared Lives Carer has given less than 28 days notice to end an arrangement which does not pose significant risk to any party.

FOR PLACEMENTS THAT ARE CANCELLED WHILE AN INVESTIGATION IS CARRIED OUT:

Investigating a serious allegation or complaint about a SL Carer will take some time, and it may be necessary to cancel some or all placements while this is going on. Payment will be made at the usual banding rate for any placements that have to be cancelled in these circumstances, up to the time that the investigation reaches a conclusion.

EMERGENCY PLACEMENTS- see Emergency and Short notice placement policy
Payments for Carer's attending reviews or case conferences for people who use the service receiving day care, outreach, respite and short term placements

Shared Lives Carers are usually* entitled to claim payments for attending reviews or case conferences arranged for the individual when they receive, daycare, outreach, respite or short term support. These may take place in the SL Carers home or elsewhere and their contribution is valuable.

* Exceptions may arise when a special and all-inclusive rate of payment has been agreed - e.g. when the individual's circumstances are exceptional.

Visits made by Shared Lives Social Workers or Social care and health professionals to Shared Lives Carers at home cannot be claimed for. These visits are considered to be supportive to the Carers.

There are no additional payments for SL Carers who have individual's in long term placements as payments include this essential element of support for them.

Training Events and Carer's Meetings

The Scheme will reimburse travel and parking expenses for all training events and carer meetings.

Other than induction training, the scheme will reimburse carer's for attending other training events at the equivalent of band one day/half day as appropriate. This can be claimed using the "miscellaneous" claim form.

Expenses cannot be claimed for attending social events organised by the Scheme.

GUIDELINES FOR MEETING COSTS ASSOCIATED WITH PROVISION OF ACTIVITIES IN SHARED LIVES ARRANGEMENTS

Shared Lives Carers are self-employed and can be expected to incur some costs, which they can offset against their income tax. However, for Shared Lives Carers who provide day care it is not reasonable to expect them to meet all the activity costs associated with supporting a Service User in the community, as these are disproportionate to their earnings. The principles set out below can also be extended to cover not just day care, but other types of Shared Lives where there are significant / unusual / disproportionate costs incurred in supporting an individual. It is normally expected, however, that long term placements incorporate mileage within that placement.
It is not possible to give a set formula as individual circumstances vary greatly. However, it is clearly important to try to avoid situations where the Shared Lives Carer and the person who uses the service cannot engage in reasonable and rewarding activities together because of cost implications. The usual principle is that the individual should cover their own expenses for activities, but not the Shared Lives Carer’s expenses. Options for meeting these and other expenses are listed more fully below. The final selection will vary according to individual circumstances and should be reached by consensus. If it is not possible to reach consensus, or to identify a way of meeting associated costs, then a placement should not proceed.

Possible activity costs:

- Coffees / meals out
- Entry charges for activities
- Cooking ingredients / other equipment
- Bus / rail / taxi fares
- Mileage

It is normally expected that long term placements incorporate mileage within that placement, including the costs of transporting someone to their respite/short break arrangements.

The general rule should be that any expenses/costs must be considered and discussed before a placement starts, and agreed with all parties concerned i.e. the individual, their family, Care Manager, Shared Lives Carer and the Shared Lives Social Worker. Once agreed, the costs should be written up as part of the Financial Agreement form and signed by all parties.

Possible sources of funding which can be considered:

- The individual
- Family
- Personal Budget
- Shared Lives Carer

It is important that activity and transport costs are considered as an integral part of any placement, to be addressed and clarified at the same time as other funding issues, i.e. before the placement begins. It is also important that these decisions are recorded and shared with everyone prior to a placement commencing, as this will avoid incorrect assumptions and later disappointments or complaints.
Mileage and transport costs

As a general rule, mileage is not paid within long term arrangements. Transport to and from respite carers is considered to be the responsibility of the long term carer as it is meeting the needs of the long term carer. If the long term carer does not drive then it is expected that they will cover the cost of the person getting to their respite provision.

Within short term/respite arrangements an allowance of the equivalent 10 miles per day can be claimed if needed.

In some situations, people who use the service have exceptional requirements which can lead to excessive mileage being undertaken. In these situations, an agreement should be made in advance of how these costs will be met. An example of exceptional requirements might be transporting someone to visit family members who live a long way away.

Transporting people to health appointments, social activities etc is not considered exceptional.

In circumstances where people who use the service are paying mileage costs, this should be done by the carer claiming for the mileage and Oxfordshire County Council re-charging the person.
EXPLANATION ABOUT EMERGENCY PLACEMENTS, SHARED LIVES CARERS WHO HAVE BEEN APPROVED TO PROVIDE THESE, SHORT NOTICE PLACEMENTS, AND THE PREMIUMS THAT ARE PAYABLE FOR THEM.

What is an emergency placement?

An emergency placement is one that has to be set up without the usual matching, introductions and preparation that would normally be expected in the Shared Lives Scheme. The need for an emergency placement usually arises because some traumatic event has occurred in a person’s life, which means they cannot carry on staying where they were before.

An emergency placement is not the same as an urgent one. It can be possible to make an urgent placement (ie within a short timescale), while still following the usual requirements for matching, introductions, preparation and paperwork.

Care Managers and Shared Lives Social Workers will work together and with Shared Lives Carers to avoid the need for emergency placements, wherever possible. These are considered only as a last resort.

Who can become an emergency Shared Lives Carer?

Shared lives Carers have to be specially approved by the Approval Panel to provide emergency placements. This is in recognition of both the special skills and special temperament required to do this work successfully. Shared Lives Carers are not approved for this sort of work until they have acquired some experience within The Shared Lives Scheme. If you would like to be considered for approval as an emergency Shared Lives Carers, you should discuss this with your Shared Lives Social Worker. A report would then be written for the Approval Panel, summarising your work to date and the evidence that shows you have what it takes to become an emergency Shared Lives Carer.

Because these placements take place without the benefits of preparation, they involve extra demands on the Shared Lives Carers to help a person who uses the service settle in the placement. For example, the person may be very frightened or upset by what has happened, and this is likely to be reflected in their behaviour. They will need extra help to understand what is going on, to cope with the situation, and to start planning a way forward.
It is therefore important that the Shared Lives Carer is able and willing to ‘stick with it’ despite inevitable difficulties in the early stages.

**Who decides whether an emergency placement is necessary?**

The Shared Lives Social Worker, and sometimes their line manager, will make a judgement about when it is necessary to make use of approved emergency Shared Lives Carers.

The following would be looked at when making this decision:

- lack of preparation and introductions for the placement (less than one week’s notice).
- the trauma and distress the person will be feeling
- the possible challenges and disruption likely to be encountered in the early stages of the placement
- the need for Shared Lives Carers to continue the placement until the agreed emergency period is up (taking into consideration situations where a placement was putting anyone at serious risk).

**Payments for an emergency placement?**

A higher rate of payment is made in recognition of the special demands and skills needed to cope with an emergency placement. This is called an “emergency premium”

This payment is the normal banding of the person who uses the service plus an additional 50%.

The anticipated period of time for the emergency placement will be discussed with you at the time, and written in the Placement Agreement. The maximum possible period is six weeks (see below).

A Placement Agreement and Support, Risk and Crisis Plan will be provided as soon as possible and definitely within 5 working days of the start of the placement.

If the placement ends unexpectedly within 72 hours of the start of the placement, or the person who uses the service does not arrive, the Shared Lives Carers will be paid at the full rate including the premium for 24 hours after the person who uses the service has left the placement (or from the time the placement was due to begin). The exception to this is if the Shared Lives Carer ends the placement for any reason.
**How long would someone stay after being placed in an emergency?**

If the Shared Lives Carer accepts an emergency placement with its additional premium, we would require you to be able to accommodate and/or work with that person for the agreed duration of the placement (up to a maximum of six weeks). This period gives the Care Manager an opportunity to sort out some longer-term care solutions.

If the person who uses the service stays with you beyond the agreed emergency period, this will be because the placement has changed from being an emergency one, to being a planned one, with everyone able to make informed choices about it continuing and all matching criteria having been met.

**The Shared Lives Social Worker is responsible for:**

- making available all information known about the person who uses the service and their situation which may be needed to ensure the safety of the person who uses the service, the Shared Lives Carers and their household.

- providing information for the person who uses the service about key aspects of their placement within one working day;

- ensuring a Placement Agreement and Support, Risk and Crisis Plan are provided and all other matching and placement criteria are met as soon as possible, and within a maximum of five working days;

- supporting the Shared Lives Carer in their work with the person who uses the service;

- working with the Care Manager to plan beyond the emergency period.

- Advising the Care Manager of the cancellation payments policy

**Short Notice/Urgent Placements**

**What are Short notice placements?**

There are occasions when placements need to be made at very short notice – 48 hours or less. Although the placement may be urgent it may be possible to place the person who uses the service with a Shared Lives Carer they know and have had a previous placement with. In this situation Shared Lives Carers do not need special approval as emergency Shared Lives Carers as the needs of the person who uses the service will be known.

In this situation where all parties know each other and have had the usual matching and introductory periods an emergency premium would not be paid. However, there are additional requirements of Shared Lives Carers in these situations as the person who uses the service may be in crisis and distressed,
plans may have to be changed and the person who uses the service may require more support than they usually do. The length of the placement should be agreed in advance where possible.

Situations where another Shared Lives Carer within the household steps in to provide care in the absence of the usual main Shared Lives Carer will not be treated as short notice placements and therefore the short notice premium will not be payable.

**Payments for short notice placements**

A short notice premium is payable for any care provided within 72 hours from the start of the placement. The premium will be one banding higher than the usual banding for band one and two. For band three or specially banded individuals the premium will be an additional 20%

If the placement ends unexpectedly for any reason, i.e. within 72 hours of the placement starting (or within the expected duration of the placement if less than 72hrs), the Shared Lives Carers will be paid at the full rate including the premium for 24 hours after the person who uses the service has left the placement. The exception to this is if the Shared Lives Carer ends the placement for any reason.

**Guidance for Shared Lives Social Worker**

Payment for short notice placements should be agreed in advance and be clear on the Financial Agreement.

The Shared Lives Scheme must clarify the source of the funding before the placement begins.

If the placement is required because of a breakdown in the usual Shared Lives Scheme e.g. a Shared Lives Carers has become unwell, then the Shared Lives Scheme should fund the cost of this placement.
Entitlement to payments when either People who use the Service or Shared Lives Carers are away from long-term placements

Shared Lives Carers offering long-term placements are entitled to holidays or short breaks (sometimes referred to as respite care). People who use the Service may also want to take a holiday or to spend some time with their own families. In addition there may be other periods when either a Shared Lives Carer or person using the service has to be away, for example, if going into hospital. These guidance notes are intended to be of help when deciding whether payments should continue, if either one or both of them are away from home.

As a rule a Shared Lives Carer’s and person using the service’s needs for breaks, and how these can be met, will be discussed, agreed and set up at the beginning of a long-term arrangement. The amount and types of breaks will depend on the individual needs and circumstances of that arrangement, and will be written into the person using the service’s Support Risk and Crisis Plan or equivalent document.

Most long term arrangements allow for the Shared Lives Carer to be paid for up to 42 nights per year when they are not providing support, often referred to as "Respite". However this amount is not obligatory. In some situations a different amount is agreed at the outset. People who use the Service cannot be forced to be away from home so, the situation to aim for is one of mutual agreement and mutual benefit. The "year" is from 1st April to 31st March. Long term arrangements which begin part way through the year will have a "pro-rata" amount of respite.

The general expectation is that this allowance is used, at least partially, if not in full. In many cases it proves to be beneficial for all parties. People who use the service often benefit from the different experience of having a holiday or staying with another Shared Lives Carer. Shared Lives Carers often benefit from time spent away from their caring responsibilities.

It is therefore expected that Shared Lives Carers and their people who use the Service will mutually agree on holiday dates as both are entitled to a say in when and how respite periods are taken. These are then seen as dates when Shared Lives Carers are free from their caring duties.

On rarer occasions it may be that a Shared Lives Carer is away for more than 42 nights, for example due to the carer experiencing a severe illness. Payments cannot continue beyond the 42 night limit. There is an expectation that Shared Lives Carers will not plan to be away for more than 42 nights per year, even on an unpaid basis, due to the upheaval this causes to the person who uses the service.
The philosophy of the Shared Lives Scheme is that people using the service have equal rights and responsibilities as Shared Lives Carers. It is not acceptable for people to have to accept care arrangements which are not of their choosing and therefore, it is essential that Shared Lives Carers allow enough notice for these arrangements to be confirmed before booking and paying for holidays.

The Shared Lives Carer providing the long term arrangement will be responsible for transporting the person to their "respite" carers and ensuring all relevant information about the person's care has been handed over.

The issue of whether a person using the service's holiday is part of the Shared Lives Carer's respite allowance depends on whether the Shared Lives Carer still needs to be 'on call' and available to care while the Person using the service is away. For example, if the person using the service returns to their family home, this counts as "respite" for the Shared Lives Carer unless the Shared Lives Carer has to be on call in the event of problems. On the other hand if a person using the service goes to stay with another Shared Lives Carer or in a nursing home or respite resource centre, there is clearly no need for the long-term Shared Lives Carer to be on call.

If a Shared Lives Carer cannot possibly care at certain periods (e.g. going into hospital themselves), this will form part of the 42 nights allowance. This is the same position as other self-employed people.

If a Shared Lives Carer is away and their person using the service remains in the Shared Lives Carer's home with other support, some costs will continue to be incurred and therefore will be paid to the Shared Lives Carer. The amount will be discussed and agreed with the Shared Lives Carer beforehand.

As no two people's needs or situations are the same, there may well be times when the above guidance just does not cover individual circumstances. If this happens Shared Lives Carers should discuss this with their Shared Lives Social Worker in the first instance.

**Case examples:**

1. Joe Bloggs is in a long-term shared lives placement and has 6 weeks' respite per year. His Shared Lives Carer is going on holiday and Joe goes to another Shared Lives Carer for the week – this is part of the 6 weeks' respite allowance.

2. Joe wants a holiday and chooses to stay with a Shared Lives Carer in another part of the country for a week - this is part of the 6 weeks' respite allowance.

3. Joe spends a week with his parents. They find it difficult to support him and sometimes phone the Shared Lives Carer if things are not going well to see if Joe can go back early. In this situation the Shared Lives Carer is 'on call' so will be paid as normal - this is not part of the 6 weeks' respite allowance.
4. Joe and a friend choose to go on a package holiday together. There are no support staff with them, so the Shared Lives Carer must remain ‘on call’ at home in case of problems – this is not part of the 6 weeks’ respite allowance.

5. Joe has to go in to hospital for an operation. His Shared Lives Carer visits him every day, and keeps him supplied with clean clothes, magazines, grapes etc - this is not part of the 6 weeks’ respite allowance.

6. Joe’s Shared Lives Carer breaks her wrist. She cannot care for him for one month, so he goes to stay with his sister instead. If the Shared Lives Carer is not paid for this period - this is not part of the 6 weeks’ respite allowance. However if the Shared Lives Carer agrees to take this as part of the 6 weeks’ respite allowance, she will continue to be paid as usual.
OXFORDSHIRE COUNTY COUNCIL

SHAREDC LIVES SCHEME POLICY ON “RESTING”

There are occasions when Shared Lives Carers need to take some time out from working for the Scheme. This could be for many reasons but typical examples are, when a new baby arrives, Carers move house and want to get settled, or Carers have family commitments which take precedent over Shared Lives Provision. If Carers need some time off but want to continue being approved for future working they will be classed as “resting” rather than having left the Scheme.

Shared Lives Carers will need to inform their Shared Lives Social Worker as soon as they know they will be taking time out of the scheme. 28 days’ notice is needed if there is a person using the service in a placement with you, unless it is an emergency. The Carer’s Social Worker will remove any paperwork relating to people using the service.

Carers do not have to give detailed reasons for ‘resting’ if they prefer not to but the Social Worker needs to know if the Carer is in poor health in order to support their return properly.

Contact with The Shared Lives Scheme while “resting”

While Carers are ‘resting’ they will continue to receive information from Shared Lives Plus and the Scheme. They will remain a member of Shared Lives Plus. They will be invited to attend any training or Carer meetings or social events provided by Shared Lives Plus or the Shared Lives Scheme. If they are in a position to do so, attending events/training will ensure that their training record is up to date (i.e. they can show that they have kept up their commitment to the Shared Lives Scheme). Meeting up with other Carers and Social Worker’s will also give Carers a chance to catch up with any developments and/or innovations. In any case, the Carer’s Social Worker will be available to be contacted while they are ‘resting’, to help them keep in touch.

If Carers are ‘resting’ for up to 12 months they will be asked to have an Annual Review with their Social Worker to update each other on their situation and the Scheme.

Carers will be expected to rest for no longer than 24 months (i.e. 2 Annual Reviews). Once a Carer has had 24 months without working for the Shared Lives Scheme they will be expected to either
a) return to being available for work as usual,

or

b) resign from the Scheme.

If the Carer would like to rejoin the Scheme later they would be expected to re-apply and undergo the usual approval process. This would include attending all the required training for new Carers, again, and completing any workbooks required of new carers within the required period.

Returning to work after ‘resting’

If Carers are returning to being available for work after a break due to health problems the Scheme requires a note from their GP to confirm that they are medically ready for work. If they wish, Carers can request extra support sessions with their Social Worker in preparation for returning and for an agreed period after their return.

Carers returning from a ‘resting’ period due to other reasons just need to let their Social Worker know when and their availability status will be reinstated on our systems.

Disclosure and Barring Service

In all cases Shared Lives Carers will need a new DBS check if they have been ‘resting’ for more than 3 months unless they have had a DBS check in the previous 12 months. These timescales are in line with the general Oxfordshire County Council policy for returning staff.

Leaving the Scheme

If after a period of ‘resting’, the Carer decides not to return, they are asked to let us know in writing even if they have spoken to their Social Worker about it. The Scheme will then record the letter with a brief note on the Carer’s file which will be archived. The Scheme will inform Oxfordshire County Council’s Finance, and Insurance departments that the Carer has left. Shared Lives Plus will also be informed and their membership closed.
SHARED LIVES CARER TAXATION

Shared Lives Carers are self-employed and are responsible for calculating their own tax liability and completing their own tax returns. Some people employ the services of an accountant to assist with this.

The HMRC have particular arrangements for Shared Lives Carers and Foster Carers. Shared Lives Carers must register as Self Employed.

HMRC’s e-learning package for Shared Lives carers, Tax for Shared Lives Carers, has information on how to register as self-employed, what Qualifying Care Relief is and how to work it out, how to fill in your tax return, what records to keep and tax credits and benefits. It’s easy to follow and doesn't have to be completed all in one go. Shared Lives carers can dip in and out of it as they need. In addition it can be accessed at any time as can their short YouTube video Tax Relief for Shared Lives Carers.

There is also a pre-recorded webinar which is under 15 minutes long and can be viewed at any time on YouTube. Shared Lives Carers and HMRC

HMRC also run live webinars. The details for these are listed on GOV.UK website under the section for webinars for the self-employed, link below:

HMRC Webinars and Videos for the Self-employed

Revised July 2016
Reminder about self-employment status of Shared Lives Carer’s;

Foster carers and Shared Lives Carers are regarded as self-employed by HM Revenue & Customs, which is why you are not on the OCC payroll.

When you are accepted by OCC to do these types of care, you have to register as self-employed,

You’ll need to register for Self Assessment and Class 2 National Insurance as soon as you can after starting your business. You need to do this even if you’ve completed tax returns before. Register by 5 October in your business's second tax year. You can register and find further information online.


This sets you up for both Income Tax purposes and for National Insurance (NIC) purposes. Each self-employed person has to pay Class 2 NICs to HMRC either by monthly direct debit or on quarterly invoice, which builds entitlement to the State Retirement Pension. Class 2 NICs do build up entitlement to State Retirement Pension. Male carers over 65 do not pay these NICs in any case nor do female carers from the date you start to receive their State Retirement pension.

HMRC have issued a further explanatory leaflet for persons setting up their own business. It is leaflet SE2 "Giving your business the best start with tax" on www.hmrc.gov.uk/startingup/working-yourself.pdf. This leaflet has a helpful section about claiming Working Tax Credits, which is a state benefit by any other name for persons in employment or self-employment.

Any person wishing to set up as self-employed in the UK must register as such with HM Revenue & Customs, so if any of the existing SL carers have not done this, you should do so. If you already receive and complete an annual Self-Assessment tax return or you already pay Class 2 National Insurance Contributions or have completed and sent to HMRC a low earnings certificate to be let off paying these NICs, these are clear indications that you are already set up as self-employed with HMRC, so you should not repeat the process.

If a SL carer is already an employee on an employer’s payroll, you must register as self-employed since employment and self-employment are always kept separate in tax law. If a SL carer already has a separate self-employed business as a “sole trader” ie not by means of a Limited Company, you should have already registered with HMRC as self-employed. If you then are accepted to become an SL carer, you don't need to register again as self-employed, and you don't have to pay a second lot of Class 2 National Insurance Contributions but when you get your Self-Assessment return to
complete, you have to fill in a separate self-employment page for each separate “trade” or “business” that you run.

SL carers who engage an accountant or who don’t do that but feel confident enough to complete and send off your Self-Assessment yourselves, are clearly already complying with HMRC regulations. If you have not registered with HMRC and have never declared any "profit" from SL care, you ought to do so now. Just because there is a "profit" doesn't automatically mean that there will be a tax bill because each of us gets a Personal Allowance.
OXFORDSHIRE COUNTY COUNCIL

SHARED LIVES SCHEME

INFORMATION ABOUT THE APPROVAL PANEL FOR EXISTING AND PROSPECTIVE SHARED LIVES CARERS

What does the Approval Panel do?

The Approval Panel supports the work of the Shared Lives Scheme and meets to:

• approve people as new Shared Lives Carer’s

• review the approval of Shared Lives Carer’s when there has been a major change in their circumstances, or if there has been a serious complaint or allegation about them

• consider reports presented following investigations into complaints, allegations of poor practice or safeguarding alerts - whether or not there is a recommendation for changes to approval.

• consider applications for re-approval of Shared Lives Carers if the criteria for re-approval has not been met

• agree to any changes or ending of approval of people who are already Shared Lives Carer’s, or volunteers

• give advice to Shared Lives Social Workers or people who are thinking about becoming Shared Lives Carer’s, if there is something unusual about their application.

• Consider applications from potential carers where the Social Worker has not recommended approval with the Scheme but the applicant would like this to be considered by the panel.
Approval Panel Process

The Oxfordshire Shared Lives Panel meets up to 6 times per year depending on the needs of the Scheme.

The agenda for the meeting will be sent out one month ahead. If Panel members know any of the people whose names are on the agenda, they must inform the Unit Manager or Chairperson straight away, so that they will not be sent the papers or join in the discussion about those people. Panel members will leave the meeting for the duration of such discussions.

Panel reports and papers will be sent out 2-3 weeks ahead of the meeting. The reports will follow Shared Lives Scheme guidelines. The Shared Lives Social Worker will make a recommendation at the end of the report, but the Panel will make its own decision about whether or not to agree with this recommendation.

Any reports presented to the panel will be signed by the Shared Lives Carer’s or applicants. They will be able to add their own comments, and be given a copy of the report.

Shared Lives Social Workers will come to Panel meetings to answer questions about the reports they have written.

A written record will be kept of the decisions taken at Panel meetings, and the Chairperson will also confirm the details of individual approvals in writing.

Attendance of Shared Lives Carers at Panel Meetings

Where a report is being presented to panel following a concern or complaint about an existing Shared Lives Carer, whatever the outcome of the investigation and whatever the recommendation of the report writer, the Shared Lives Carers concerned will be invited to attend the panel meeting if they wish to do so. Attendance at the meeting will be purely voluntary. The purpose of inviting Shared Lives Carers to the panel meeting is so that the process is transparent and Carers have the opportunity to put any questions to the panel and report writer, or to present their comments on the report in person. If the panel have any supplementary questions following discussion of the report, these will be asked by the Panel Chair.

Confidentiality

Panel members must sign the County Council’s Confidentiality Agreement. This means they cannot let anyone else see the reports or papers about the people who will be discussed at the Panel meetings, or talk about them at any time outside of the Panel meetings. Any breach of confidentiality will result in the ending of their membership of the Panel, and may also result in other action being taken, if appropriate.

All Panel reports and papers must be returned to the Unit Manager at the end of the Panel meeting.
Decision Making

At least four Panel members must be present at a meeting to contribute to the decision making.

The final decision is the responsibility of the Panel Chairperson, who has delegated authority for this. The Chairperson will listen to the views of all the Panel members before taking this decision, which will usually be in agreement with the majority of the Panel. If not, the Chairperson will explain why.

In exceptional circumstances the Chairperson can make a temporary decision between Panel meetings. The Panel would then receive reports and make a full decision in the usual way, at the next meeting.

If Panel members cannot agree, the minutes of the meeting will record this.

Applicants do not have an absolute right to know the reason for refusal of approval. This is because some information may have been given by a ‘3rd party’ – i.e. someone who has not agreed that it can be shared, so it has to be treated as confidential. However the concerns of the Panel will be explained to the applicants, wherever possible, and how the decision was reached.

Communication of decisions

The Shared Lives Social Worker will phone straight away to tell the Shared Lives Carer’s or applicants about decisions the Panel has made. This will be confirmed in writing by the Unit Manager within a week.

Appeals

A challenge is only possible where there is a disagreement between the recommendation of the assessor and the recommendation of the Panel. This is because where the assessor has recommended in the Panel report that the applicant should not be approved; the Panel will have taken into account the applicant’s view and any evidence that they have submitted in support of that view in making their decision.

If an applicant or carer is unhappy with a decision made by the panel they should ask the scheme to arrange a meeting with the Panel Chair, outlining the reasons that the applicant thinks that the decision was wrong and including any additional evidence not submitted at the original Panel meeting. If this does not resolve the issue, Oxfordshire County Council’s Complaints process can be followed.
This process does not remove the right of the applicant to make a formal complaint about Panel processes using the organisation’s complaints procedure or to take action on the ground of alleged discrimination by contacting:-

Complaints and Freedom of Information (complaints)
1st Floor County Hall
County Hall
Oxford
Oxfordshire
OX1 1ND
United Kingdom
**Tel:**
01865 815906
complaints@oxfordshire.gov.uk

**People who can be part of the Approval Panel**

- Service Manager for the Shared Lives Scheme, who will be the Chairperson (permanent appointment)
- Care Manager
- Shared Lives Carer – either a retired Carer or a Carer from a neighbouring Shared Lives Scheme
- One or more individuals who use the service
- Councillor
- External professional e.g. Health Professional, Voluntary Organisation
- Other Social & Community services Directorate staff not connected with Shared Lives Scheme - e.g. someone from a day care service or residential service.

A facilitator will work with the people who use the service, when required. He/she will support them in understanding the papers and issues which the Panel will talk about, in asking questions and saying what they think, and in contributing to decisions.

The Unit Manager for the Shared Lives Scheme will attend panel meetings to provide extra information and answer questions about the policies and processes of the scheme.

The facilitator and Unit Manager will not be voting members of the Panel.

Anyone connected with the Shared Lives Scheme can make suggestions about who might be suitable for joining the Panel. New people will be invited to join the Panel if they have experience and/or interest in the Shared Lives Scheme, and can add something helpful to the variety of skills and experiences of people who are already on the Panel.
Before joining the Panel, new members will be given information about the Shared Lives Scheme, the role and responsibilities of the Panel, and what it is like to be assessed as a potential Carer. This can be provided on an individual or group basis.

Panel members will usually be able to stay on the Panel for between 3-5 years. They can end their involvement by giving notice in advance. The amount of notice required will be equivalent to two meetings. Similarly, panel membership can be extended to meet the needs of the scheme.

A Panel member may lose his/her membership of the Panel if:

a) he/she has missed three Panel meetings in a row, without good reason;

b) he/she has breached confidentiality;

c) his/her membership of the Panel is making it difficult for the Panel to do its work and reach decisions.

If anyone has any concerns about a Panel member, they should tell the Panel Chairperson. The Chairperson can make the decision to end someone’s membership of the Panel, if necessary.

**Background Papers**

1. **Policies and Procedures:**
   - Confidentiality within Oxfordshire Shared Lives Scheme
   - Equal Opportunities / Anti-discriminatory Practice within Oxfordshire Shared Lives Scheme
   - Procedure for Assessing Shared Lives Carer’s
   - Guidelines for Shared Lives Social Workers’ Assessment Reports
   - Guidelines for Reviews of Shared Lives Carer’s

2. **Regulations of the Health and Social Care Act 2008**

3. **Other references and relevant documentation**
   - Shared Lives Approval Panel – Working Together as a Panel
   - Shared Lives Carer Agreement
   - Competencies for Shared Lives Carer’s
   - Oxfordshire Shared Lives Scheme: Statement of Purpose
   - Shared Lives information leaflets: for potential Carers, and service users and their families
   - Human Rights Act 1998
Re-approval of Shared Lives Carers

The Oxfordshire Shared Lives Scheme operates a system for the re-approval of Carers every 3 years.

The re-approval will be signed off by the Team Manager unless any of the requirements have not been met, in which case a report will be presented to the Shared Lives Approval Panel for advice and decision on re-approval.

Evidence of Competence

Carers are advised to keep a record which will include evidence of the things they have been doing in relation to developing the service they offer. This can be incorporated into the Carers’ orange files and will include the usual records of their Support and Monitoring sessions and also their Reviews. When doing the Annual Review, Shared Lives Social Workers will concentrate on evidence of competence and setting and meeting objectives from year to year. The expectation is that re-approval criteria are discussed at each Annual Review so that all parties are clear about any requirements for the coming year.

Criteria for Re-approval

1) Carers to have attended at least one training session or Carer meeting during each year between re-approvals. This will apply to all Carers not just one of a partnership. Attendance at training or Carers meetings will be discussed at Reviews and Support and Monitoring.

2) Objectives set in Reviews are met during the year.

3) Completion of all 3 mandatory training sessions which must be completed in a 3 year cycle. These are Safeguarding Adults, First Aid and Medication.
Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

As a Healthcare Support Worker or an Adult Social Care Worker, you make a valuable and important contribution to the delivery of high quality healthcare, care and support.

Following the guidance set out in this Code of Conduct will give you the reassurance that you are providing safe and compassionate care of a high standard, and the confidence to challenge others who are not. This Code will also tell the public and people who use health and care services exactly what they should expect from Healthcare Support Workers and Adult Social Care Workers in England.

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. Be accountable by making sure you can answer for your actions or omissions.

2. Promote and uphold the privacy, dignity, rights, health and wellbeing of people who use health and care services and their carers at all times.

3. Work in collaboration with your colleagues to ensure the delivery of high quality, safe and compassionate healthcare, care and support.

4. Communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers.

5. Respect a person’s right to confidentiality.

6. Strive to improve the quality of healthcare, care and support through continuing professional development.

7. Uphold and promote equality, diversity and inclusion.
Purpose

This Code is based on the principles of protecting the public by promoting best practice. It will ensure that you are ‘working to standard’, providing high quality, compassionate healthcare, care and support.

The Code describes the standards of conduct, behaviour and attitude that the public and people who use health and care services should expect. You are responsible for, and have a duty of care to ensure that your conduct does not fall below the standards detailed in the Code. Nothing that you do, or omit to do, should harm the safety and wellbeing of people who use health and care services, and the public.

Scope

These standards apply to you if you are a:

- **Healthcare Support Worker** (including an Assistant Practitioner) in England who reports to a Registered Nurse or Midwife. Healthcare Support Workers reporting to other healthcare professionals are not currently included.

- **Adult Social Care Worker** in England. This could either be in an independent capacity (for example, as a Personal Assistant); for a residential care provider; or as a supported living, day support or domiciliary care worker. The Code does not apply to Social Work Assistants.

How does the Code help me as a Healthcare Support Worker or an Adult Social Care Worker?

It provides a set of clear standards, so you:

- can be sure of the standards you are expected to meet.
- can know whether you are working to these standards, or if you need to change the way you are working.
- can identify areas for continuing professional development.
- can fulfil the requirements of your role, behave correctly and do the right thing at all times. This is essential to protect people who use health and care services, the public and others from harm.

How does this Code help people who use health and care services and members of the public?

The Code helps the public and those who use health and care services to understand what standards they can expect of Healthcare Support Workers and Adult Social Care Workers. The Code aims to give people who use health and care services the confidence that they will be treated with dignity, respect and compassion at all times.

How does this Code help my employer?

The Code helps employers to understand what standards they should expect of Healthcare Support Workers and Adult Social Care Workers. If there are people who do not meet these standards, it will help to identify them and their support and training needs.

Glossary

You can find a glossary of terms and key words (shown in bold throughout the Code) at the end of the document.
Guidance statements

As a Healthcare Support Worker or Adult Social Care Worker in England, you must:

1. be honest with yourself and others about what you can do, recognise your abilities and the limitations of your competence and only carry out or delegate those tasks agreed in your job description and for which you are competent.

2. always behave and present yourself in a way that does not call into question your suitability to work in a health and social care environment.

3. be able to justify and be accountable for your actions or your omissions – what you fail to do.

4. always ask your supervisor or employer for guidance if you do not feel able or adequately prepared to carry out any aspect of your work, or if you are unsure how to effectively deliver a task.

5. tell your supervisor or employer about any issues that might affect your ability to do your job competently and safely. If you do not feel competent to carry out an activity, you must report this.

6. establish and maintain clear and appropriate professional boundaries in your relationships with people who use health and care services, carers and colleagues at all times.

7. never accept any offers of loans, gifts, benefits or hospitality from anyone you are supporting or anyone close to them which may be seen to compromise your position.

8. comply with your employers’ agreed ways of working.

9. report any actions or omissions by yourself or colleagues that you feel may compromise the safety or care of people who use health and care services and, if necessary use whistleblowing procedures to report any suspected wrongdoing.
Guidance statements

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. always act in the **best interests** of people who use health and care services.

2. always treat people with **respect** and **compassion**.

3. put the needs, goals and aspirations of people who use health and care services first, helping them to be in control and to choose the healthcare, **care and support** they receive.

4. **promote** people’s independence and ability to **self-care**, assisting those who use health and care services to exercise their rights and make informed choices.

5. always gain **valid consent** before providing healthcare, **care and support**. You must also **respect** a person’s right to refuse to receive healthcare, **care and support** if they are capable of doing so.

6. always maintain the privacy and **dignity** of people who use health and care services, their carers and others.

7. be alert to any changes that could affect a person’s needs or progress and report your observations in line with your employer’s **agreed ways of working**.

8. always make sure that your actions or **omissions** do not harm an individual’s health or **wellbeing**. You must never **abuse**, neglect, **harm** or exploit those who use health and care services, their carers or your colleagues.

9. challenge and report dangerous, abusive, discriminatory or exploitative behaviour or practice.

10. always take comments and complaints seriously, respond to them in line with **agreed ways of working** and inform a senior member of staff.
Guidance statements

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. understand and value your contribution and the vital part you play in your team.

2. recognise and respect the roles and expertise of your colleagues both in the team and from other agencies and disciplines, and work in partnership with them.

3. work openly and co-operatively with colleagues including those from other disciplines and agencies, and treat them with respect.

4. work openly and co-operatively with people who use health and care services and their families or carers and treat them with respect.

5. honour your work commitments, agreements and arrangements and be reliable, dependable and trustworthy.

6. actively encourage the delivery of high quality healthcare, care and support.
Guidance statements

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. communicate respectfully with people who use health and care services and their carers in an open, accurate, effective, straightforward and confidential way.

2. communicate effectively and consult with your colleagues as appropriate.

3. always explain and discuss the care, support or procedure you intend to carry out with the person and only continue if they give valid consent.

4. maintain clear and accurate records of the healthcare, care and support you provide. Immediately report to a senior member of staff any changes or concerns you have about a person’s condition.

5. recognise both the extent and the limits of your role, knowledge and competence when communicating with people who use health and care services, carers and colleagues.
5. **Respect people’s right to confidentiality**

**Guidance statements**

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. treat all information about people who use health and care services and their carers as confidential.
2. only discuss or **disclose** information about people who use health and care services and their carers in accordance with legislation and **agreed ways of working**.
3. always seek guidance from a senior member of staff regarding any information or issues that you are concerned about.
4. always discuss issues of disclosure with a senior member of staff.
Guidance statements

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. ensure up to date compliance with all statutory and mandatory training, in agreement with your supervisor.

2. participate in continuing professional development to achieve the competence required for your role.

3. carry out competence-based training and education in line with your agreed ways of working.

4. improve the quality and safety of the care you provide with the help of your supervisor (and a mentor if available), and in line with your agreed ways of working.

5. maintain an up-to-date record of your training and development.

6. contribute to the learning and development of others as appropriate.
7. Uphold and promote equality, diversity and inclusion

**Guidance statements**

As a Healthcare Support Worker or Adult Social Care Worker in England you must:

1. **respect** the **individuality** and **diversity** of the people who use health and care services, their carers and your colleagues.

2. not **discriminate** or condone discrimination against people who use health and care services, their carers or your colleagues.

3. **promote** equal opportunities and inclusion for the people who use health and care services and their carers.

4. report any concerns regarding **equality, diversity** and **inclusion** to a senior member of staff as soon as possible.
Glossary of terms

ACCOUNTABLE: accountability is to be responsible for the decisions you make and answerable for your actions.

AGREED WAYS OF WORKING: includes policies and procedures where these exist; they may be less formally documented among individual employers and the self-employed.

BEST INTERESTS: the Mental Capacity Act (2005) sets out a checklist of things to consider when deciding what's in a person's 'best interests'.

CARE AND SUPPORT: care and support enables people to do the everyday things like getting out of bed, dressed and into work; cooking meals; seeing friends; caring for our families; and being part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks: for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

COLLABORATION: the action of working with someone to achieve a common goal.

COMPASSION: descriptions of compassionate care include:; dignity and comfort: taking time and patience to listen, explain and communicate; demonstrating empathy, kindness and warmth; care centred around an individual person's needs, involving people in the decisions about their healthcare, care and support.

COMPETENCE: the knowledge, skills, attitudes and ability to practise safely and effectively without the need for direct supervision.

COMPETENT: having the necessary ability, knowledge, or skill to do something successfully.

CONTINUING PROFESSIONAL DEVELOPMENT: this is the way in which a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring they can work safely and effectively.

DIGNITY: covers all aspects of daily life, including respect, privacy, autonomy and self-worth. While dignity may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect. Dignity is about interpersonal behaviours as well as systems and processes.

DISCRIMINATE: discrimination can be the result of prejudice, misconception and stereotyping. Whether this behaviour is intentional or unintentional does not excuse it. It is the perception of the person discriminated against that is important.

DIVERSITY: celebrating differences and valuing everyone. Diversity encompasses visible and non-visible individual differences and is about respecting those differences.

EFFECTIVE: to be successful in producing a desired or intended result.

EQUALITY: being equal in status, rights, and opportunities.

INCLUSION: ensuring that people are treated equally and fairly and are included as part of society.

MENTOR: mentoring is a work-based method of training using existing experienced staff to transfer their skills informally or semi-formally to learners.

OMISSION: to leave out or exclude.

PROMOTE: to support or actively encourage.

RESPECT: to have due regard for someone's feelings, wishes, or rights.
**SELF-CARE:** this refers to the practices undertaken by people towards maintaining health and wellbeing and managing their own care needs. It has been defined as: “the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital.” (Self care – A real choice: Self care support – A practical option, published by Department of Health, 2005).

**UPHOLD:** to maintain a custom or practice.

**VALID CONSENT:** for consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. This will be the patient, the person who uses health and care services or someone with parental responsibility for a person under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy). Agreement where the person does not know what the intervention entails is not ‘consent’.

**WELLBEING:** a person’s wellbeing may include their sense of hope, confidence, self-esteem, ability to communicate their wants and needs, ability to make contact with other people, ability to show warmth and affection, experience and showing of pleasure or enjoyment.

**WHISTLEBLOWING:** whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called ‘making a disclosure in the public interest’ and may sometimes be referred to as ‘escalating concerns.’ You must report things that you feel are not right, are illegal or if anyone at work is neglecting their duties. This includes when someone’s health and safety is in danger; damage to the environment; a criminal offence; that the company is not obeying the law (like not having the right insurance); or covering up wrongdoing.
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SOCIAL AND COMMUNITY SERVICES

GUIDELINES FOR THE RECORDING AND REPORTING OF ACCIDENTS, ILLNESS AND INCIDENTS INVOLVING PEOPLE WHO USE THE SERVICE OR SHARED LIVES CARERS

Things you need to tell the Scheme about

There are some things which Shared Lives Carers **must** notify the Shared Lives Scheme about. This is to ensure that we are all working within the legal requirements of the Health and Social Care Act 2008. This means reporting incidents direct to the Shared Lives Scheme (or EDT if out of office hours).

The Scheme worker then takes responsibility of making the correct notifications to the Care Quality Commission.

It is essential that Shared Lives Carers notify the Shared Lives Scheme **immediately** (or the emergency duty team outside office hours) in any of the following circumstances

1. Death of a person using the service
2. Serious injury to a person who uses the service
3. Abuse or **allegations** of abuse concerning a person who uses the Service
4. Any incidents reported to, or investigated by, the police which relate to the person using the service or your household e.g a break in.
5. Any event that may stop you from offering a safe placement. This may be failure of a utility for more than 24 hours or damage to your premises or equipment

Please also contact the office in the event of any accidents, severe illness or incidents involving people who use the service, or Shared Lives Carers and other members of their families or households, when this relates to work within the Shared Lives Scheme. This record will be used when reviewing health and safety issues in the Shared Lives Scheme, and specifically to consider what action can be taken to prevent similar occurrences in the future.
It is important that you notify the Scheme of:-

• All significant illnesses or accidents experienced by yourself, and/or other members of your family or household if the accident happens during your work time within the Shared Lives Scheme.

• Accidents to yourself or significant illness which happens outside your work time in the Shared Lives Scheme, if this affects your ability to carry out your caring role.

• Any incidents or unusual occurrences which involve you or the person who use the service.

• Any significant change to your household such as people moving in or out.
Once an arrangement is made with you to support someone who uses the service, a review will be planned after a month. If all is going well at this meeting then the arrangement will then be reviewed at least once a year or sooner if the person who uses the service's needs or circumstances change.

The Support, Risk and Crisis Plan for the person and the Placement Agreement, which explains the terms and conditions for the arrangement can be reviewed at this meeting.

At any formal reviews of the arrangement, the scheme Social Worker will seek the involvement of any other professionals or others that the person who uses the service wishes to be there so as to reduce overlap with other reviews.

Your allocated Shared Lives Social Worker will make regular monitoring visits to see you and this is an opportunity to discuss any aspect of support arrangements that you wish to raise.

The Shared Lives Social Worker will also meet with the person who uses the service, at least once a year, in a setting away from their Shared Lives Carer(s), to make sure that they have an opportunity to discuss the arrangement and may at other times arrange to meet with the person who uses the service separately from the Shared Lives Carer.

People who use the service are often invited to meet with "Experts by Experience" to talk about their support arrangements.
The Shared Lives Scheme has a duty to ensure that, wherever possible, the ending of a placement is part of a planned process and is as positive an experience as possible for all concerned. The Scheme will work co-operatively with all parties in order to achieve this.

The experience of a placement ending can be upsetting for everyone concerned. As a Shared Lives Carer you might feel let down, sad, angry, a sense of loss or a sense of relief, depending on the circumstances. It is important to discuss this with your Shared Lives Social Worker and reflect on this to help you process these feelings and think about whether anything can be understood from this placement that will help you with future placements.

Sometimes it is tempting for Shared Lives Carers to persist in situations where there is clearly an incompatibility, for fear of the financial loss of a placement ending. It is important to recognise when this is happening. Everyone needs an income but this shouldn’t ever be the reason to continue a placement which needs to end.

For people who use the service, the impact of a placement ending will vary according to their own circumstances and life experience. Having some control over that decision and the decision about future arrangements should be the usual case wherever possible.

There are a variety of reasons why a placement may come to an end. These include:

- The person who uses the service wishing to move to a different setting or area
- The aims of the placement have been met and the person who uses the service is ready to ‘move on’
- A change in circumstance of the Shared Lives Carer
- Incompatibility between the Shared Lives Carer and the person who uses the service
- A serious breach of the Placement Agreement on either side
- Reassessed needs of the person who uses the service due to changing health or abilities which cannot be met in the current placement.
- Decisions arising from Safeguarding processes
Responsibilities of Shared Lives Scheme

1. The Shared Lives Scheme will regularly monitor and review all placements. This will enable early identification of any reasons why the placement may need to come to an end and allow for appropriate planning.

2. The Shared Lives Scheme will ensure that appropriate notice period is adhered to, usually 28 days on all sides, unless there is mutual agreement to the contrary or if this would be detrimental to either the person who uses the service or the Shared Lives Carer.

3. The Shared Lives Social Worker will offer any necessary support to both the person who uses the service and the Shared Lives Carer during the ending period in order to alleviate any tensions which may arise.

4. In the event that a placement ends with very little notice, the Shared Lives Scheme’s first duty will be to ensure the safety and well-being of the Person who uses the service in conjunction with the Care Manager or others involved. Following this the Shared Lives Social Worker will review the reasons for the sudden ending with all concerned and agree any actions which need to be taken as a result.

5. The Shared Lives Scheme will consult with the person placed and/or their representative before deciding to terminate a placement because of concerns about the competence or practice of the Shared Lives Carer.

6. If the placement is terminated as a result of a serious breach of any of the Shared Lives Agreements, the Shared Lives Scheme will provide a report to the Shared Lives Panel.

7. Where a placement is terminated or at risk of being terminated as a result of allegations of abuse then the Oxfordshire County Council Safeguarding processes will be followed.
Responsibilities of Shared Lives Carer

1. Shared Lives Carers will participate in regular monitoring and reviewing of Shared Lives placements to ensure that everything is going to plan and to enable early identification of any reasons why the placement may need to come to an end.

2. Shared Lives Carers will work co-operatively with the Person who uses the service, the Shared Lives Social Worker, Care Manager and other interested parties to ensure the smooth ending of any scheme.

3. When a placement ends, the Shared Lives Carer will return all records and other relevant paperwork to the Shared Lives Scheme.

4. Should the Carer’s circumstances change it is their responsibility to advise the scheme who will organise a review to consider what, if any, action may need to be taken. This may include ending placements.
Record Keeping

Shared Lives is all about providing ordinary living and so the amount of recording which Shared Lives Carers need to complete is kept to a minimum wherever possible to reflect this. However, there is some recording which is essential to evidence the safety of the Carer's home and the support they are providing.

During your induction training you will be given detailed information about which records must be kept. As a general guide, Shared Lives Carers are required to complete records relating to fire safety, administration of medication and any unusual occurrences, and to hold records which relate to the people they support.

Any records that are no longer being used by the Shared Lives Carer, must be passed to a Shared Lives Social Worker. These will include medication records, health information etc. If you have any queries regarding old records, please ask your Shared Lives Social Worker.

Information about a person who uses the service

Shared Lives Carers need to ensure all Information and records about the person they support is accurate, up-to-date and easily found when needed. All information about people who use the service should be kept securely and privately so that it cannot be read by anyone other than the person it relates to, Shared Lives Carers and Shared Lives Social Workers.

The person also has a right to see the information that the Shared Lives Carers or the Shared Lives scheme have recorded about them, whether on paper or on computer and to have errors corrected. Oxfordshire County Council has a process for people who wish to see their full records and anyone expressing a wish to see their full records should be directed to their Shared Lives Social worker.

Relatives of the person using Shared Lives do not have an automatic right to view information about the person. Shared Lives Carers should refer all requests to view records, to their Shared Lives Social Worker.
The person may sometimes want their relatives, friends or representatives to be involved in their care or support, or in decisions about this. They will be made welcome and the need for information, advice and support will be respected and when appropriate, responded to.

It is always assumed the person using the Shared Lives service, is able to decide who they want to share their personal information with and be involved in decision making; unless there is clear evidence otherwise.

Personal information will only be shared with the agreement of the person or without their agreement if it is necessary in order to prevent serious harm to the person or others.

During regulatory inspections, inspectors from the Care Quality Commission sometimes ask to see a few of the files of people who are using the Shared Lives scheme. The regulator treats all personal information as confidential. The person’s Shared Lives worker can tell the person using or living in a Shared Lives arrangement more about this if the person wishes.

**Giving information about people to your family:**

You may need to share some of this information with your close family, if they have regular contact with the people who use the service. Please follow these pointers:

- only tell your family what they need to know – nothing more;
- only tell your children what you feel they can cope with, considering their age and maturity;
- emphasise to your family that they must keep these details confidential.

**Giving and getting support from other Shared Lives Carers:**

It is possible that another Shared Lives Carer may have experienced a similar problem to one that you face. It’s OK to ask for general advice from Shared Lives Carer’s. All Shared Lives Carer’s are bound by the same rules of confidentiality.

However:

- do not discuss specific details about a person or his/her background.
- remember to remind the other Shared Lives Carer to keep all information private.
- Do not gossip about the person who uses the Shared Lives service.
Any breach of confidentiality will be treated very seriously. It will be considered a disciplinary matter for Shared Lives workers, while for Shared Lives carer's this would result in a review of their approval by the scheme manager.

Unless your Shared Lives Social Worker specifically asks you to pass records to another Shared Lives Carer, please do not do this.

Information given out by the person using Shared Lives:

People who use Shared Lives may sometimes give out very personal details about themselves, during conversations with other people and may benefit from support and guidance about this. Shared Lives Carer’s should always continue to bear the principles of confidentiality in mind, even when the person themselves doesn’t, and discuss the situation with their Shared Lives Social Worker if in any doubt.

Information about Shared Lives Carers

Shared Lives Carers are entitled to confidentiality themselves. It will of course be necessary to share certain basic information about Shared Lives Carer’s with people who are considering a Shared Lives arrangement, or who are already in one, or with other professionals working with those people. Shared Lives Carers are encouraged to produce a profile about their household which contains information and perhaps a photo.

All records kept by the scheme will be shared between the Social and Community Services Directorate and the Care Quality Commission, upon request, when it relates to registration of the Shared Lives Scheme under the Health and Social Care Act 2008. This may include any records relating to Shared Lives Carers.

Information about the Shared Lives Carer’s will be shared with members of the Shared Lives Approval Panel, when this relates to their approval status, to significant changes in their circumstances which may have a bearing on approval, or to concerns, complaints or allegations about the Shared Lives Carer and/or a person using the service. Shared Lives Panel Members have all signed the Oxfordshire County Council Confidentiality Agreement. All reports which are presented to the Shared Lives Panel will have been seen by the person it relates to and they will have the opportunity to comment on it.

It is worth remembering that people who use the service may not be as aware as you are about confidentiality and may share information about you or your household which you hadn’t intended.
Guidelines for Shared Lives Carers about Safeguarding Adults

Most people find it hard to understand why anyone would want to abuse an older person, someone with a physical disability or learning disability, or someone who is unwell. However, this kind of abuse does happen. People who are dependent on others to meet their needs are especially vulnerable. They may not be able to defend themselves, may not be able to get away, may not be believed and may be socially isolated and unable to seek help. Abuse does not have to be deliberate, malicious or planned either. It sometimes happens that people are trying to do their best but don’t really know what is the right thing to do.

Oxfordshire County Council has clear Safeguarding Adults procedures which apply to all people who use the Shared Lives Service.

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop the risks and experience of abuse or neglect.

Sometimes identifying potential abuse and knowing how to respond can be complex and so all Shared Lives Carers are required to complete Safeguarding training which includes knowing what to do if you suspect a person is being abused. This training needs to be refreshed every 3 years, although the refresher can be completed on-line or by attending a training session.

As a rule your Shared Lives Social Worker will be able to advise you if you have concerns that a person is being abused - whether it is a person using the Shared Lives Service or another vulnerable adult. This information is intended to be a guide for you if someone discloses abuse to you or you are faced with a situation, which cannot wait until your Shared Lives Social Worker is available.

This is one circumstance where you cannot promise to keep information confidential. It is essential that you always report concerns or allegations of abuse, regardless of whether you feel they are true. The full Safeguarding Adults policy is available at the Shared Lives Scheme office in Abingdon.
The aims of adult safeguarding are to:

· stop abuse or neglect wherever possible;

· prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;

· safeguard adults in a way that supports them in making choices and having control about how they want to live;

· promote an approach that concentrates on improving life for the adults concerned.

Responding to disclosures

It is possible that a person you support may disclose to you that they have been abused. In this case the following basic principles should be followed:

· Take time to listen to the person rather than directly question him or her.

· Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.

· Tell them what you can do to help.

· Reassure the person that their wishes will be taken into account.

· Don't promise that you will be able to keep what the person says a secret. Make explicit the fact that you may need to share what you are told, but only to people who need to know.

· Explain that you will need to tell another person (Shared Lives Social Worker) but you'll only tell people who need to know so that they can help.

· Explain that someone else may need to come back to them to ask them some questions.
<table>
<thead>
<tr>
<th><strong>Do</strong></th>
<th><strong>Don’t</strong></th>
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<tr>
<td>Listen</td>
<td>Interrupt the person’s account</td>
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<tr>
<td>Give time</td>
<td>Be judgemental- remarks like; “why didn’t you try to stop it?” or “why didn’t you tell me before?”</td>
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<tr>
<td>Explain what will happen next and who you will and won't have to tell</td>
<td>Promise to keep the matter secret</td>
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<tr>
<td>Demonstrate sympathy by acknowledging regret and concern that this has happened</td>
<td>Break the confidentiality agreement and tell anyone who doesn’t need to know</td>
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<tr>
<td>Reassure the person e.g. by telling them that they are right to disclose, you are taking it seriously, it is not their fault.</td>
<td>Ask questions or press for details</td>
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<tr>
<td>Preserve evidence if the police may need this</td>
<td>Promise anything you may not be able to do</td>
</tr>
<tr>
<td>Make a factual written record, date and sign it and report it immediately to your SHARED LIVES SOCIAL WORKER or EDT</td>
<td>Confront other parties (e.g. the alleged abuser) to attempt to verify details.</td>
</tr>
<tr>
<td>Consider other service users who may also need reassurance/support</td>
<td></td>
</tr>
<tr>
<td>Seek support from the Shared Lives Scheme</td>
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**Tips to ensure good record keeping:**

- Make sure information is clear, accurate and factual
- Avoid using acronyms or jargon
- Ensure when you refer to others that it is clear who they are (full name rather than just first name) and what their relationship is to the person with care & support needs
- Ensure they are relevant to the person and their circumstances
- Distinguish between fact and opinion
- Be concise and proportionate, recording too much information can be as bad as too little

**Your duty to report an allegation of neglect, mistreatment or abuse overrides your duty to keep a confidence.**

**Shared Lives Social Workers can be contacted on – 01865 897971**
**Outside office hours contact the Emergency Duty Team (EDT) on 0800 833 408**
General Guidance In An Emergency

⇒ If at any time you feel the person needs urgent medical assistance, call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

⇒ If at any time you have reason to believe a serious criminal offence has been committed, e.g. a physical assault or rape, or the person is at immediate serious risk of harm, call the police—**even if the vulnerable adult specifically says you should not.**

⇒ You must inform the Shared Lives Scheme—tel 01865 897971

⇒ Outside office hours report concerns to the Emergency Duty Team by telephoning 0800 833408.

In most circumstances you may not need to take any immediate action as the person may not have suffered a serious injury or be at immediate risk. However, if you come across someone in serious distress or at immediate risk:

⇒ keep calm

⇒ assess the situation

⇒ make sure that you and the victim are safe

⇒ give any emergency help that may be needed and you are confident and competent to give

⇒ get help

⇒ reassure and take care of the person

All reports of abuse are taken seriously and are investigated. The Care Act 2014 placed adult safeguarding on a legal footing and means that the council has a duty to make enquiries, or ask others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken and if so, by whom.
From time to time allegations of abuse are made against Shared Lives Carers. This can be a very upsetting situation if you find yourself in this position. The Shared Lives Scheme has a dual responsibility to investigate the allegation and to support you as a carer. Both are taken seriously and more detail can be found in the policy “Complaints about a Shared Lives Carer”. Although this safeguarding policy relates to vulnerable adults, please be aware that if you have concerns that a child is or is at risk of being abused or neglected, you should alert your Shared Lives Social Worker or the Emergency Duty Team or the Police. Again your responsibility to report any concerns overrides your duty to keep a confidence.
Shared Lives Scheme

Bath, Shower & Water Temperature

In line with all care providers across Oxfordshire, Shared Lives Carers are required to test the temperature of the water to ensure that it is safe for service users to use (please see attached guidance).

As per attached guidance, in all cases where Shared Lives Carers are supporting or supervising service users in any way with washing, showering or bathing, the water temperature must be tested by immersing the thermometer in the water for one minute and checking the temperature is then 43°C or below before the service user gets in the bath/shower.

If service users would like the temperature of the water to be hotter than 43 °C this must be recorded on the service user plan and signed by the service user, Shared Lives Carers and Shared Lives Social Worker.

Until this document has been signed by all and a copy placed in your home and a copy held by the Shared Lives Scheme water temperature for service users should not exceed 43 °C.

Please contact your Shared Lives Social Worker direct if you need further advice or support.
Safe Bathing – Prevention of scalding and drowning

Relevant Legislation

Health and Safety at Work etc. Act 1974 (HASWA)
Management of Health and Safety at Work Regulations 1999 (as amended) (MHSWR)

Introduction

The risk to vulnerable adults and children from scalding and drowning during bathing is well known. There have been a number of serious and fatal accidents in this activity, so it is especially important that all necessary precautions are put in place.

Purpose

The purpose of this procedure is to raise awareness of the risks of scalding and drowning of vulnerable adults and children and the arrangements that must be put in place to minimise those risks.

Scope

This procedure applies whenever vulnerable adults and children might be bathed, showered or washed by employees and/or agency workers. This includes care settings, day services, children’s centres, nursery settings, children’s homes, special schools, and any other setting in which people may need assistance with bathing.

Those involved in commissioning services should note the contents of this procedure and ensure that social and healthcare providers are required to have similar arrangements in place to manage the risks of scalding and drowning.

The Risks

Scalding

High water temperatures pose a scalding risk and if hot water used for showering or bathing is above 44°C there is an increased risk of serious injury or fatality. Those at particular risk from scalding include babies and infants, young children, the elderly, those individuals with reduced mental capacity, reduced mobility and anyone with sensory impairment, or who cannot react appropriately, or quickly enough, to prevent injury.

Drowning

Babies topple and roll easily and young children may not understand the risks associated with even small amounts of water, a baby can drown in less than 3cm of water. Older people or people with mental or physical impairments may become submerged and drown if unattended – e.g. those who have seizures, those with poor or weak muscle strength, etc.
Oxfordshire County Council managed buildings including schools

In accordance with the Council’s ‘Water Services Hygiene, Legionellosis and Scalding Policy’ Property and Facilities/Carillion will ensure a general assessment of the premises is carried out to identify what controls are necessary overall, and how the water systems should be managed and maintained.

Managers/Headteachers Responsibilities

Managers must supplement the general assessment of the premises and carry out a specific individual risk assessment of the potential scalding and drowning risks in the context of those being bathed.

Questions to be asked as part of the specific individual risk assessment include:

- Is the temperature of the supplied hot water controlled in some way?
- Is hot water easily accessible, e.g. bathroom, public or communal facility, kitchen?
- Is the adult/child physically capable of turning on the taps/shower?
- Is the adult/child likely to try and run a shower or bath/add water when unattended, e.g. ensuite bathrooms? (This is a particular issue for confused service users and those with dementia)
- Can the adult/child get in/out, sit up and/or wash themselves unaided?
- Is the adult/child’s sensitivity to temperature impaired?
- Is the adult/child’s mental state such that they can recognise and react to water that is too hot?
- Is the adult/child’s mobility impaired so restricting their ability to move out/away from hot water?
- Is the adult/child’s physical condition such that they can self-support themselves in a bath or shower?
- Is the adult/child capable of summoning assistance if needed?
- Will any lifting or other aids limit the adult or child’s mobility in the bath/shower?
- Is the adult/child at risk of drowning e.g. through age, seizure?
- Are there any risks to the carer e.g. manual handling etc.?

To prevent scalding, managers must ensure the following precautions are in place and there are systems to monitor these:

- All baths and showers where vulnerable adults and children are being bathed or showered must be fitted with an appropriate Thermostatic Mixing Valve (TMV) or equivalent so that water cannot be delivered at temperatures that may cause scalding (see page 5, table 1 Maximum temperatures).
- Warning notices must be placed in bathrooms instructing all employees/agency workers to check water temperature before immersing or showering a vulnerable adult or child, an example is included in ANNEX 1.
- All carers including new employees and agency staff assisting in bathing must have sufficient training and experience and knowledge to enable them to undertake the task safely and this must be recorded.

A suitable thermometer must always be used to check the temperature of the water before each bath/shower takes place.

A water temperature sheet or log must be maintained giving:
Regular checks are made of the water temperature sheet/log to ensure temperatures are not excessive.

- Managers are responsible for ensuring that a maintenance regime is in place for all associated equipment e.g. hoists as well as the TMV’s which may be arranged via Property and Facilities/Carillion.

- Adequate training and supervision must be provided to ensure that staff assist vulnerable individuals, understand the risks and precautions.

Employee/Agency Worker Responsibilities

When assisting a vulnerable person to bathe employees/carers must:

- Understand and adhere to relevant training, safety procedures and any instructions arising from the risk assessment.
- Always use a safe system of work by following the Bathing, showering and washing of vulnerable adults and children Procedure (page 5).
- Check water temperature with a thermometer before use to ensure it is safe.
- Allow or assist the vulnerable person to enter the bath or shower safely.
- Where applicable use special baths and any associated equipment such as hoists and slings etc.
- Follow any advice given to manage any special needs or behavioural difficulties that the vulnerable person has.
- Follow First Aid and Emergency procedures.

Schools – Installation and Maintenance Costs

Headteachers/Governing Bodies must ensure through their delegated responsibilities and budgets that all actions identified within the scalding risk assessment are implemented including installation and servicing of engineering controls e.g. TMV’s.

Social Care Providers (incl. residential)

All social care providers should have arrangements in place to assess the risks of scalding and drowning and to ensure suitable engineering and management controls have been provided and are adequately maintained.

Engineering Controls – Water Temperature Control

Engineering controls should be provided to ensure that water hotter than stated in table 1 is not discharged from any outlet that may be accessible to vulnerable people.

Types of engineering controls include:

- Type 3 thermostatic mixing valves (TMVs), these should be located as close to the outlet as possible.
- Healthcare (BEAB CARE) approved showers.

All engineering controls must be installed, tested and maintained in accordance with manufacturer’s instructions by a competent person/contractor.
Social care provided in a private, domestic household

The requirement to fit devices (e.g. thermostatic mixer valves) would not necessarily apply to all private domestic premises. Social care providers may need to seek agreement with the person receiving care or in control of the premises to ensure systems for reducing the risk of scalding are in place and the risk is adequately controlled, so far as is reasonably practicable.

For further information:

<table>
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<tr>
<th>Contact</th>
<th>Email and web addresses</th>
<th>Telephone</th>
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<tr>
<td><strong>Specialist:</strong></td>
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<tr>
<td>Health &amp; Safety Executive</td>
<td>Scalding and burning <a href="http://www.hse.gov.uk/healthservices/scalding-burning.htm">http://www.hse.gov.uk/healthservices/scalding-burning.htm</a></td>
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<td>Managing the risk from hot water and surfaces in health and social care <a href="http://www.hse.gov.uk/pubns/hsis6.htm">http://www.hse.gov.uk/pubns/hsis6.htm</a></td>
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<td>Health and Safety in Care Homes (HSG220) <a href="http://www.hse.gov.uk/pubns/books/hsg220.htm">http://www.hse.gov.uk/pubns/books/hsg220.htm</a></td>
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<tr>
<td><strong>UK Homecare Association</strong></td>
<td>Controlling scalding risks from bathing and showering <a href="http://www.ukhca.co.uk/pdfs/BathingShowering.pdf#search=%22scalding%E2%80%9C">http://www.ukhca.co.uk/pdfs/BathingShowering.pdf#search=&quot;scalding“</a></td>
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<tr>
<td><strong>Thermostatic Mixing Valve Association</strong></td>
<td>General information on TMV’s <a href="http://www.bema.org.uk/">http://www.bema.org.uk/</a></td>
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<tr>
<td><strong>Intertek (BEAB-Care)</strong></td>
<td>General information on electric care approved showers <a href="http://www.intertek.com/marks/beab-care/">http://www.intertek.com/marks/beab-care/</a></td>
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<td><strong>ROSPA</strong></td>
<td><a href="http://www.rospa.com/">http://www.rospa.com/</a></td>
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**General:**

| OCC Health & Safety Team                     | Email: healthandsafetyhelp@oxfordshire.gov.uk                                           | 03300 240849    |

**Issue:** October 2015*

*March 2016 - amended body temp.37°C
**Procedure:**  Bathing, showering and washing of vulnerable adults and children

### Table 1. Maximum Temperatures

<table>
<thead>
<tr>
<th>Application</th>
<th>Risk Rating</th>
<th>Maximum Hot Water Temperatures</th>
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<tbody>
<tr>
<td>Bath</td>
<td>High (Full body immersion)</td>
<td>44°C</td>
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<tr>
<td>Shower</td>
<td>High (Full body immersion incl. face)</td>
<td>41°C</td>
</tr>
<tr>
<td>Washbasin</td>
<td>Medium</td>
<td>41°C</td>
</tr>
<tr>
<td>Bidet</td>
<td>Medium</td>
<td>38°C</td>
</tr>
</tbody>
</table>

*Babies and Infants:* When bathing or washing babies and infants the recommended safe water temperature is **body temperature (37°C)**.

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**All vulnerable adults or children should be bathed in the following way:**

- Adequate supervision and assistance must be provided whilst they are bathing/showering in accordance with the risk assessment.
- Where bathing is assisted/supervised carers must have everything ready before the person gets into the bath or shower, so that they need not be left alone: soap, facecloths, towels etc.
- Carers must **never leave a baby or young child unattended**, even to get a towel or a nappy.
- Where a TMV is not fitted the carer should start the bath or shower by turning on the **cold water first** before adding hot water.
- **Ensure that the bathing water does not exceed the maximum temperatures specified** above (table 1) before the person is immersed. **Always check with a thermometer** before the person is immersed in the water and record in the temperature log sheet even when a TMV is fitted.
- In the event of recording high temperatures at an outlet indicating a possible TMV failure then this should be recorded in the temperature log, and escalated to the line manager immediately for corrective action to be taken. Where possible the water supply should be isolated and warning signs displayed and the provision withdrawn from service whenever possible.
- Bath water should never be more than 6-8cm deep for babies and no higher than waist high for older children (sitting). Do not overfill the bath.
- Where appropriate use any lifting equipment (hoist) which is available. Always follow the instructions for use provided. The Manager’s advice must be sought if there is a lack of clarity about the use of the equipment. Slings must be suitable for the individual.
- Products like bubble bath or oil make baths slippery; ensure the bath is fitted with a non-slip mat.
- Seats and supports may also be available to help wash safely; these must be used where provided but only if appropriate.
- Do not allow vulnerable adults or children to stand or sit on the edge of the bath.
- Be vigilant and in the event of an emergency follow the advice given in **ANNEX III** or other specific locally determined arrangements.

All staff involved in the assistance or supervision of bathing or showering of vulnerable adults and children must sign the risk assessment to say they have read and understood these instructions.

Please discuss any concerns or comments about this procedure with your manager.

**ANNEX I**  Example: Safe Bathing Instruction Notices
**ANNEX II**  Bathing & Showering Temperature Log
**ANNEX III**  Emergency & First Aid Procedure
Notice

Keeping safe when having a bath

When filling a bath...

...always fill the bath by turning on the cold water first before adding the hot water.

...do not overfill the bath - use only the amount of water necessary to bathe.

Before getting into a bath...

... check the temperature of the water with a thermometer to ensure it is not too hot. The temperature must not be above:
44°C for Adults
36.4°C for Babies and children

...record this using the temperature log.
Notice
Keeping safe when having a shower

When turning on a shower...

... always start the shower by turning on the cold water first before increasing the hot water.

Before getting into a shower...

... Check the temperature of the water with a thermometer to ensure it is not too hot. The temperature must not be above:
41°C for Adults
36.4°C for Babies and children

......record this using the temperature log
Health and Safety Procedure

ANNEX II Bathing & Showering Temperature Log

Employees / Agency Workers **MUST** follow the safe bathing procedure

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Name of Employee / Agency Worker</th>
<th>Name of Adult/Child bathing/washing</th>
<th>Bathing Location e.g. Main Bathroom or Ensuite</th>
<th>Bath (Tick)</th>
<th>Shower (Tick)</th>
<th>Temp °C</th>
<th>Comments /Observations</th>
<th>Signed</th>
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</table>
Emergency and First Aid

**ANNEX III**

**ACTIONS TO BE TAKEN IN THE EVENT OF EPILEPTIC SEIZURE, loss of consciousness or fall in the bath:**

- Lift the service user’s head clear from the water.
- Pull the plug out to drain the water.
- Call for assistance.
- Follow specific guidelines within the Epilepsy Risk Assessment/Care Plan.

**FIRST AID ACTIONS TO BE TAKEN IN THE EVENT OF SCALDING:**

**What to look for:**

If you think someone has a burn or scald, there are five key things to look for:

1. Red skin
2. Swelling
3. Blisters may form on the skin
4. The skin may peel
5. The skin may be white or scorched

**What you need to do:**

- Stop the burning getting any worse, by moving the casualty away from the source of heat.
- Start cooling the burn as quickly as possible. Run it under cool water for at least ten minutes or until the pain feels better. (Don’t use ice, creams or gels – they can damage tissues and increase risk of infection).
- Assess how bad the burn is. It is serious if it is:
  - larger than the size of the casualty's hand
  - on the face, hands or feet, or
  - a deep burn
- **If it is serious, call 999** for emergency medical help.
- Remove any jewellery or clothing near the burn (unless it is stuck to it).
- Cover the burned area with kitchen cling film or another clean, non-fluffy material, like a clean plastic bag. This will protect from infection.
- If necessary, treat for shock.
- If you are unsure if the burn is serious then seek further medical advice.

This advice is taken from First aid tips and information - St John Ambulance:

Shared Lives Guidance


1.2 Guidance for Shared Lives carers

This Code of Practice on Fire Safety was originally developed in 2004/5 in consultation with:

Office of the Deputy Prime Minister,
Department of Health,
Fire Brigades Union,
Chief and Assistant Chief Fire Officers Association (now Chief Fire Officers Association),
Local Government Employers Association,
National Care Standards Commission (now Care Quality Commission),
National Association of Adult Placement Services (now Shared Lives Plus)

This current Code of Practice is a modified version of the original Fire Safety Code of Practice 2005 and takes account of both care regulatory and other regulation changes. The general principles which underpinned the original Code remain intact.

The care regulators in England, Wales and Northern Ireland do not directly inspect the premises of Shared Lives carers, but it should be noted that should they observe anything of significant concern when visiting a Shared Lives carer, when inspecting a Shared Lives scheme, then they may refer their concern back to the Shared Lives scheme or the if necessary the local Fire and Rescue Service. The Code of Practice supports Shared Lives Plus commitment to ensuring the safety of people in Shared Lives arrangements.

A Shared Lives carer is someone who offers accommodation and support in their own home to a person requiring support. A Shared Lives carer must be approved and supported by a Shared Lives scheme. A Shared Lives carer provides care or support up to three service users at any one time and all Shared Lives carers occupy traditional dwellings’.
People living with Shared Lives carers highly value the domesticity and homely nature of the arrangement. Private dwellings that are used for Shared Lives arrangements should not present an additional risk to life from fire when compared to a single-family dwelling. For these reasons there should be no need for fire precautions additional to those taken by a responsible householder.

**Fire Precautions in Shared Lives Arrangements**

**Fire Plan**

It is important that Shared Lives carers know what to do in the event of a fire and that they make a fire plan. This should include:

- The immediate priority is the safe escape of all members of the household and firefighting should be avoided.
- An evacuation plan with an external assembly point.
- Escape routes that are known, unobstructed and free from trip hazards.
- The means of raising the alarm in the event of fire.
- How to call the Fire and Rescue Service in the event of fire.

Shared Lives carers need to ensure that the fire evacuation plan is explained to, understood by and practiced by each of the people being supported.

**Escape Routes**

- Escape from one or two story dwellings is generally simple. Therefore, it is unlikely that additional provisions will be necessary beyond ensuring that each habitable room either opens directly onto a hallway or stairway leading to the exit of the dwelling or that it has a window or door opening directly to open air through which escape could be made.

- All exits should open easily from the inside, preferably without the use of a key. Shared Lives carers are not, however, expected to compromise the security of their homes. Everyone in the household can be safe, as well as secure, provided that they make sure that they can easily open doors and windows. Keys for this purpose should be easily accessible and kept close to the exits. The evacuation plan should ensure that everyone in the household knows where such keys are kept. It is preferable that exit doors are not locked and are instead fitted with ‘Turnbuckles’ and that keys remain in window locks whilst the house is occupied.

- Common areas and escape routes should be kept free from any obstruction and should not be used to store any combustible material.
Special Circumstances

- The risk assessment carried out by the Shared Lives carer and Shared Lives worker may identify that an individual using or living in a Shared Lives arrangement will need additional fire precautions e.g. where the service user has mobility problems, which may seriously impede their safe evacuation from the house in the case of a fire or if they are inveterate smokers. In such cases the Shared Lives carer with support from the Shared Lives scheme will seek advice from the local Fire and Rescue Service.

- The Shared Lives carer should be aware that additional fire precautions may be needed for a ‘non-standard house’ (i.e. a house on more than three floors). Where the person living in the Shared Lives arrangement’s bedroom is in the basement of the house, there must be a direct escape route out of the house from the basement.

- The Shared Lives scheme, in such cases, should support the Shared Lives carer to take advice from the local Fire and Rescue Service.

Fire Warning Systems

It is considered sufficient for smoke alarms to be installed in circulation areas only. The recommended minimum is for ten-year smoke alarms with sealed battery units to be fitted. Where premises are fitted with smoke alarms which are battery powered with short life batteries these should be replaced with ten-year smoke alarms with sealed battery units.

Smoke alarms should be fitted as follows:

- In a dwelling that has people living in Shared Lives arrangements on more than one storey, there should be at least one self-contained smoke alarm at each available storey level. If more than one self-contained smoke alarm is required in the premises; consideration should be given to connecting them together, so that they all operate their warning signal if any one detector activates. The alarm signal must be capable of being heard throughout the building for all persons within the premises to react and take appropriate action required for their safety. This should only be necessary if the building is of such a size or design that the operation of one detector may not give sufficient warning audibility throughout the premises. The manufacturer’s instructions about the maximum number of alarms that can be interconnected should be followed.

- Each self-contained smoke alarm should be installed in accordance with the manufacturer’s instructions.
• Self-contained smoke alarms must be accessible to carry out routine maintenance, such as testing and cleaning, easily and safely. For this reason, a self-contained smoke alarm should not be fixed directly over a stair shaft or any other opening between floors.

• Smoke alarms should be tested weekly by using the test button on each smoke alarm, and be cleaned annually according to the manufacturers’ instructions.

• Mains-powered alarms are obviously to be preferred and will automatically be installed in newly-constructed dwellings under the Building Regulations.

• Where a mains-powered system is installed to replace a battery-operated system it should meet British Standard BS5839-6.

• The system should be installed by a competent person who should confirm that the system is installed in accordance with the British Standard. You will need a qualified electrician’s certificate when battery operated smoke alarms are replaced by a mains operated (hard wired) detection system.

• The wiring installation should conform to the most recent Institution of Electrical Engineering Wiring Regulations (BS EN 7671).

Reducing the Risk from Fire

Fire Fighting Equipment

As Shared Lives arrangements are in an ordinary domestic dwelling firefighting equipment is not required and Shared Lives carers should be reminded that, should a fire occur, their first priority is the safe evacuation of all occupants of the house.

Heating

• The use of portable heating devices having a naked flame should not be used except in emergency circumstances (e.g. power cuts, etc.). Where such devices are used in such circumstances, then they should always conform to the appropriate British Standard. On such occasions, the heater should be securely anchored in a safe and suitable position and away from draughts.

• Where a portable heating device is to be used, Shared Lives carers should carry out an assessment of risk, involving all members of the household, in order to ensure the safety of everybody occupying the home.
• If considered necessary to safeguard the occupants of the dwelling, a substantial guard constructed to BS8423:2002 specification and securely fixed in position should enclose solid fuel fires and open flame heating appliances. No part of the guard should be closer than 200mm from the heat source; otherwise the guard may get dangerously hot.

• Boilers and central heating systems should be serviced annually by a competent professional and in accordance with manufacturers’ or British Standards guidance. Gas installations should only be serviced by an engineer registered with the Gas Safe Register. The Health and Safety Executive website has the latest up to date guidance and can be viewed at http://www.hse.gov.uk/gas/domestic/index.htm. You can also check to whether someone is registered as a gas safe engineer and the types of work they are qualified to undertake at http://www.gassaferegister.co.uk

Cooking

• Shared Lives carers are strongly advised not to use traditional chip pans, as they are a major contributor to house fires. When deep frying, a thermostatically controlled deep fat fryer should be used.

Furniture and Furnishings

• When new furniture is purchased, it should be fire retardant and conform to the Furniture and Furnishings (Fire) (Safety) Regulations 1988 as amended. Fire retardancy means that the ease with which the furniture catches light and the speed with which it burns will be reduced. **It does not mean that the furniture will not burn.**

• Shared Lives carers should be aware, however, that if their furniture was made before 1988 (the date when the requirements for fire retardancy came into force) that it could be dangerous in a fire because it could catch light very easily and burn very quickly, and also give off toxic smoke.

• Household members should be asked to take extra care, especially if any of them are smokers, and care should be taken with matches and lighters. Both Shared Lives carers and people living in Shared Lives arrangements should take account of other advice concerning smoking in the household.
Electrical Wiring and power sockets

- Electrical equipment is a significant cause of accidental fires. The main causes include:
  - Overheating cables and equipment due to overloading or loose connections
  - Incorrect installation or use of equipment
  - Damaged or inadequate insulation on cables or wiring
  - Combustible materials e.g. paper being placed close to electrical equipment or sockets which may give off heat (heat may be generated when equipment is operating normally or when equipment becomes hot due to a fault or inadequate ventilation) and arcing or sparking by electrical equipment.

There should be no obvious defects in the electrical wiring system.

- Sockets and switches should be securely fixed to the wall.
- Flex to electrical appliances should not be run under carpets or be positioned to cause a trip hazard.
- The use of multiple adapters should be discouraged. Only correctly fused extension leads should be used and should be positioned to avoid a tripping hazard.
- Fuses should be correctly rated for the appliance in use.

Bedtime Routines

A bedtime routine should be followed ensuring that gas and electrical appliances are turned off and that all smoking materials are safely extinguished. Careless use of cigarettes is a main cause of fire in the home and all ashtrays should be emptied in a non-combustible receptacle.

All room doors should be closed at night.
Making a Complaint

If you have a concern or complaint about any aspect of your role as a Shared Lives Carer, such as the support that you receive from Oxfordshire County Council, the training you receive, the information you are given, or any other issue that concerns you as a Carer, there are various ways this may be addressed. Usually, in the first instance, talking to your Shared Lives Social Worker can clear up most problems you might experience. However, it is accepted that this isn’t always possible. In this case you could either raise the concern with the Shared Lives Scheme Manager, or you may contact the Oxfordshire County Council Complaints Department. The registered manager is contactable at the Shared Lives Office.

If you wish to make a complaint about the service you, or someone you care for, receives from Oxfordshire County Council’s Adult Services directorate, which cannot be resolved by raising it directly with the service, please contact the Comments and Complaints Service who can be contacted in the following ways

- telephone 0845 0507666
- fax 01865 783134
- email commentsandcomplaints@oxfordshire.gov.uk
- write to: Comments and Complaints Service, Freepost RRYR-XTBE-GBTZ, County Hall, New Road, Oxford OX1 1ND

All Shared Lives Carers who are approved with the Oxfordshire Scheme are also given membership with Shared Lives Plus. Shared Lives Plus is a membership organisation which is independent of the Oxfordshire Scheme and can provide advice and support to Shared Lives Carers when needed.

The Shared Lives Plus office number is 01512273499

Shared Lives Plus Carer Helpline is 01772723677
If you are not satisfied that the concern has been looked into properly and appropriate action taken, you can report the matter outside the service, for example to the Care Quality Commission. Contact details for the Care Quality Commission are 03000 616161.

There is also a charity that provides information and assistance for people in this position, called ‘Public Concern at Work’ http://www.pcaw.co.uk/. PCAW can be contacted on 0207 404 6609.
Sometimes complaints are made about Shared Lives Carers. If this happens there are procedures which the Shared Lives Scheme has to follow. The Scheme has two roles—to investigate thoroughly and address any concern which is raised about a Shared Lives Carer, and to support you as a Shared Lives Carer if a complaint is made about you.

There is no doubt that it can be very upsetting for Shared Lives Carers to find that a complaint has been made about them, or an allegation of abuse has been made. The Shared Lives Scheme is committed to ensuring that Shared Lives Carers are properly supported, especially at times when they are under particular pressure or experiencing distress themselves. This support may be provided by a Shared Lives Social Worker or by outside services. In any case, it is the responsibility of the Shared Lives Scheme to see that the support is there when it is needed. Criminal investigation is unlikely in relation to standards of care, but where it occurs in adult safeguarding cases, the Shared Lives Carer should be advised of their right to obtain legal advice.

Whatever the situation, another source of support includes the Shared Lives Plus Carer Helpline -01772723677

What will happen immediately if a complaint or allegation is made?

Whenever a complaint or concern about a Shared Lives Carer is raised, a decision will be made about whether this is a safeguarding concern. Allegations of a criminal nature will always be referred to the police in the first instance as well as the Safeguarding Adults team. Decisions to end placements or temporarily remove the person from the care of the Shared Lives Carer will be proportional to the seriousness of the concern raised and the impact on the person who uses the service. If this is a "safeguarding" concern then a decision will be made about whether anyone is at immediate risk and a strategy discussion will be held to agree what happens next.

Difficult decisions sometimes have to be made about how to handle this process in the best interests of the person who uses the service. For example, the need to protect the person from possible ill treatment may have to be balanced against their own wishes and/or the need to avoid abrupt change. People who use the service must always be listened to carefully
before making any decision which affects them but the capacity of the person to make a decision and their Best Interests will need to be taken into consideration.

Following the complaints process - what happens next.

Any complaints or allegations that a Shared Lives Carer may have fallen below the high standards expected of them, for instance, in treating a service user inappropriately or unfairly, or in any other way failing to promote the welfare of services users for whom they are responsible, will result in an investigation process. The term “investigation” can sound intimidating, but in this context it means thoroughly looking into what has happened and what needs to be done to resolve the situation.

Whenever a Shared Lives Carer finds themselves subject to a complaint, they will continue to have the support of their Shared Lives Social Worker and another Shared Lives Social worker will be asked to complete any investigations necessary. There may be exceptions where different arrangements are preferable in order to complete the process in a timely way.

Please see the “payments” section for details of payments in the event of people being moved to alternative arrangements during an investigation.

How will the investigation be carried out?

In most circumstances, the Carer will be advised of the details of the complaint or allegation by their scheme Social Worker. On rare occasions this isn’t possible immediately. The Investigation should be carried out promptly as any concerns are taken seriously and there is no wish to leave you with the matter hanging over you.

The Investigating Social Worker should be thorough and objective, seek to establish facts, not make assumptions and maintain neutrality. At the conclusion of the investigation, a report will be written with recommendations, which Carers will be able to see, comment on and sign. The investigation and report will cover:

The circumstances leading up to this event
Whether there are particular difficulties in working with this service user or his/her family;
What other options/strategies could have been used, and reasons why they were not selected;
Whether the Shared Lives Carer themselves reported the incident to staff;
Any implications relating to the Shared Lives Carer Agreement, and whether the Shared Lives Carer will act within this Agreement in future;
Any training needs;
Any support needs;
What strategies will be used in future?
The Oxfordshire Shared Lives Scheme has a practice of always presenting a report to the Shared Lives Approval Panel whenever a concern has been looked into, even when there is clearly no fault on the part of the Shared Lives Carer. This is so that the Panel can have a role in scrutinising the work of the Scheme and ensuring that Shared Lives Carers are treated equally and fairly. On occasion an investigation may result in a recommendation that approval is changed. Whenever a report of this kind is presented to the Shared Lives Panel, the Shared Lives Carer is welcome to attend the panel meeting in person if they so wish. This is outlined more fully in the section of the handbook about the Shared Lives panel.

When the Approval Panel considers the matter, the Shared Lives Carer will be advised in writing of the outcome of the Approval Panel, and will have the opportunity to appeal against decisions taken.

Where necessary an action plan will be drawn up for the Shared Lives Carer to rectify identified problems within agreed time scales. The Shared Lives Social Worker will monitor and support the Shared Lives Carer in following through with this action plan.
The Oxfordshire Shared Lives scheme promotes ordinary household living whilst ensuring there are safe practices in place. Using chemicals or other hazardous substances can put people’s health at risk and so safe practices must be followed.

Care must be taken when handling any chemicals or substances that may be poisonous or bad for a person’s health. These are known as hazardous substances and manufacturers are required to provide special warning labels on the packaging or containers. Wherever possible the use of these hazardous substances will be avoided in Shared Lives arrangements. However, many substances in common household use can be hazardous to health.

General Principles

1. Shared Lives Carers are required to take a responsible approach to the storage and use of normal household cleaners and chemicals, in line with ordinary family practices.

2. Shared Lives Carers should be aware of any hazardous substances in their home and recognise hazard warning symbols and their different meaning. This applies to substances stored in the home and substances stored in sheds and garages.

3. Hazardous substances must only be used for the purposes intended and used in accordance with manufacturers’ instructions.

4. Hazardous substances are kept in their original containers and are never placed in or decanted to alternative containers.

5. Hazardous substances must never be mixed unless stated within manufacturers’ instructions.

6. Instructions for use will be read and followed (including how to deal with accidental exposure).

7. Protective equipment such as gloves or masks will be used when required.
8. Shared Lives Carers are required to ensure that all medicines are kept in a safe and secure place, which is not affected by extreme heat, cold or moisture.

9. Shared Lives Scheme will provide Shared Lives Carers with training, advice and ongoing support to enable them to carry out their caring role and tasks safely, including risk assessments when appropriate.

Other Action/s to be taken by Shared Lives Carers

Shared Lives Carers must consider whether there is a need for a specific risk assessment in relation to hazardous substances for each person who uses Shared Lives and carry this out if necessary.

Shared Lives Carers must seek immediate medical advice if they suspect a person who uses Shared Lives has suffered injury of any type from a hazardous substance.
Each person who uses Shared Lives will have his or her own individualised epilepsy risk and care plan. The information for this may be provided by a family carer but must be countersigned by a relevant health professional e.g GP, community nurse, consultant.

1. Shared Lives Carers cannot be required to work with people who have epilepsy. If a Carer is willing to support a person who has Epilepsy they must be aware of the importance of their responsibility. Shared Lives Carers must keep within the epilepsy care plan and protocols for their named person.

2. All Shared Lives Carers supporting people who have epilepsy must complete First Aid training which covers how to support someone during and after a seizure.

3. Shared Lives Carers should be provided with information on how to respond to the person’s epilepsy before s/he lives with them. This will be in the form of the epilepsy risk and care plan.

4. The epilepsy risk and care plan must clearly state whether any individualised or specialist training is required by the Shared Lives Carer in order to care for the person safely.

5. The person’s own GP retains overall responsibility for the health and treatments of the person using Shared Lives. It is important to check whether there are any other health care needs.

6. The Shared Lives Carer’s copy of a written epilepsy risk and care plan should include clear guidelines on when to seek help from a qualified medical practitioner, and when the epilepsy risk and care plan is due for review, and by whom.

7. Shared Lives Carers can only administer care and medication within the boundaries of his/her training. As a very general rule, emergency services should be called when:

   a) there is no history of epilepsy, or no agreed epilepsy care plan in place;
   b) there have been injuries which require medical attention;
c) if the person they support is experiencing breathing difficulties;
d) when there is no improvement after administering medication;
e) when the seizure is prolonged (longer than is usual for the person)

8. If emergency services are called, or the person who uses Shared Lives is taken to a hospital, any seizure chart or medication records should accompany him/her.

9. Shared Lives Carers should record seizures (and significant after-affects), any medication administered within the person’s individual system, and notify the Shared Lives Scheme. If community nurses or GPs require copies, these should be provided.
Oxfordshire County Council's Shared Lives Scheme policy on Equality and Inclusion

The Shared Lives Scheme, is opposed to any form of unfair discrimination. Individual differences are respected, and the Scheme aims to ensure that the arrangements for people to use the service or to become Shared Lives Carers are clear and equitable.

The Oxfordshire Shared Lives Scheme is committed to encouraging equality and diversity, and eliminating unlawful discrimination.

The policy’s purpose is to:

• Set out the Scheme's commitment to provide equality, fairness and respect for all Shared Lives Carers, people applying to become Shared Lives Carers, and people who use the service.

• not unlawfully discriminate because of the Equality Act 2010 protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, and ethnic or national origin), religion or belief, sex (gender) and sexual orientation

• oppose and avoid all forms of unlawful discrimination.

The Scheme Commits to:

• encourage equality and diversity in the Scheme

• create an environment free of bullying, harassment, victimisation and unlawful discrimination, promoting dignity and respect for all, and where individual differences and the contributions of all people are recognised and valued

Responsibilities include Scheme Workers conducting themselves to help the Scheme provide equal opportunities, and prevent bullying, harassment, victimisation and unlawful discrimination.

• take seriously complaints of bullying, harassment, victimisation and unlawful discrimination.

• ensure decisions concerning Shared Lives Carers being based on merit (apart from in any necessary and limited exemptions and exceptions allowed under the Equality Act)

• review Scheme practices and procedures when necessary to ensure fairness, and also update them and this policy to take account of changes in the law

• monitor the make-up of the Scheme regarding information such as age, gender, ethnic background, sexual orientation, religion or belief, and disability in encouraging equality and diversity, and in meeting the aims and commitments set out in this Equality Policy
OXFORDSHIRE COUNTY COUNCIL

SOCIAL AND COMMUNITY SERVICES

SHARED LIVES SCHEME

FIRST AID

First Aid in the context of Shared Lives arrangements is considered to be comparable to the level of first aid which would be administered in a family home. However, Shared Lives Carers will be given training which is equivalent to "First Aid at Work" and includes CPR, choking and how to provide first aid to someone during and following a seizure. The training will include an understanding of the limitations of the carer and when it is appropriate to seek assistance from another person or health professional.

Actions

- The Shared Lives Scheme will provide First Aid Training as part of the Carer's induction training. All Shared Lives Carers must complete this training or provide evidence of equivalent training completed within the previous 3 years.

- Refresher training must be completed every 3 years.

- In some circumstances a certificate of competence cannot be issued (for example if a carer is unable to get down to the floor to demonstrate CPR), in these situations a certificate of attendance is acceptable.

- All Shared Lives Carers will have a basic first aid kit available within their home. It will be clearly labelled and show what is in the box. Shared Lives suggest keeping your first aid kit near to where it's most likely to be needed. It should be out of reach of children, but still readily accessible. The Scheme can provide a first aid kit for your use but it will be the responsibility of the carer to keep this kit replenished.

- Shared Lives Carers will only administer first aid within their own level of competence.

- Before giving any medication or dressings, the Shared Lives Carer or trained First Aider will check a person's Support and Risk Plan to find out if the person has any special requirements, allergies or other reasons why they should not receive treatment.
• Shared Lives Carers will seek medical assistance for any treatment outside their level of competence.

• The person's GP or other health professional will be informed when appropriate and follow up treatment obtained when necessary. The person's family or main support provider will also be informed when this is relevant to their situation.

• Shared Lives Carers will bear in mind the need for 'universal precautions' if dealing with body fluids during a first aid situation.

• The Shared Lives Carer will record details of any accidents or injuries and will report them to the Shared Lives Worker or Scheme without delay.
1. Shared Lives Carers and Shared Lives Social Workers should not be appointees, deputy, or other forms of agent for dealing with Service Users’ money. There may be very occasional exceptions which must always be agreed with the Scheme.

2. If the Person Using The Service is unable to manage his/her own finances, some discussion needs to take place with the person and/or his/her family and care manager to determine the best way of dealing with this. In the absence of any suitable alternative, the Money Management Service (MMS) should be asked to take on this responsibility following an assessment of capacity.

3. Where the person using the service is able to manage his/her own finances with some assistance, the source and type of assistance should be clearly identified. As a general rule, Shared Lives Carers should avoid any involvement unless it has been explicitly agreed that this is appropriate, and the type of assistance has been written in to a care plan or Support Plan.

4. Examples of assistance which could be appropriate are:
   - prompting to pay bills
   - help with budgeting
   - developing skills in recognising or understanding money
   - understanding implications of spending decisions etc

5. When the Money Management Service, or a Deputy (appointed by the Court of Protection) is responsible for dealing with a person's finances, consideration must be given to how the person will receive the spending money he/she will require for daily needs.

6. If it is absolutely necessary for money to be channelled to the Service User through the Shared Lives Carer, the reason for this decision should be recorded. The Deputy or Money Management Service should specify what receipts / record-keeping is required from the Shared Lives Carer.
7. The Money Management Service or Deputy holds responsibility for decisions on how Service Users’ monies are spent. However, it is the Scheme worker’s responsibility to undertake negotiations with MMS if any changes are required or desirable. The money management service or deputy must be informed of any changes affecting the Service User’s entitlement to benefits. Shared Lives Carers can communicate directly with the Money Management Service over routine matters.

8. Shared Lives Carers must keep records of any money or valuables handed over to them by the person using the service or their representative. These records will include the date of receipt, the purpose of expenditure, if applicable, and the date the money or valuables are returned.

It also means Shared Lives Carers should not pay any money belonging to a person using the service into an account, unless it is in the name of that person.

9. In all placements, Shared Lives Carers must keep records of any large items brought by the person using the service – e.g. furniture, computers, TV. A full inventory of the person’s belongings should be taken by the Shared Lives Carer at the start and end of long term arrangements, if there is any reason to believe the issue may be contentious – e.g. if packing / unpacking is being done without the person’s involvement, or if there is history of allegations or complaints.

10. If Scheme Workers are involved in carrying cash, valuables or other belongings to a person using the service, a receipt must be signed at each stage of handover. A copy should be left with the person or their Shared Lives Carer, and a copy returned to finance.

11. On bringing cash/cheques etc back to the Money Management service, or for any other reason to a County Council Office, Scheme Workers must hand this over immediately to the finance officer, and obtain a receipt.

12. All receipts obtained by a Shared Lives Carer must be kept and made available to the person’s deputy, money management service or Scheme Worker as appropriate.

13. All receipts obtained by a Shared Lives Social Worker must be scanned on to the person’s LAS record.

14. People who use the service should not make payments directly to Shared Lives Carers – e.g. for mileage costs, these should be claimed on the carer payclaim with a note to re-charge the person who uses the service.
General Principles.

Oxfordshire Shared Lives Carers are self-employed and therefore The Health and Safety at Work Act 1974 does not directly apply but; Shared Lives Carers and Support Volunteers do have a general duty of care that applies to them. Shared Lives Carers and Support Volunteers have a responsibility to safeguard the health and safety of everyone connected with them i.e. people who are using Shared Lives or living in Shared Lives arrangements. Shared Lives Carers' homes are also their workplace and therefore, Shared Lives Carer's can be liable for accidents if they have not maintained their home adequately.

Broadly speaking, this means that everyone involved in supporting someone using or living in a Shared Lives arrangement needs to take steps to reduce the risk of the following things happening to everyone involved in the scheme, or to the general public:

- physical harm and injury
- illness
- trauma and mental health problems
- abuse or neglect
- damage to relationships and personal reputations
- damage to property, or loss of this (including theft)
- death

All Shared Lives carers have personal responsibility for:

- maintaining and cleaning their homes to a standard acceptable to the Shared Lives scheme and ensuring their house is safe from any hazards including fire risks and risks of trips and falls.
- working safely and efficiently
- following instructions for using any special equipment that the person needs, so that the person and they stay safe
- using protective clothing and other protective equipment where necessary
- reporting to their Shared Lives Social Worker or Shared Lives Scheme, any accident, incident, serious illness or dangerous occurrence that has led to injury or damage, or which could do so
- assisting in any investigations of accidents, in order to prevent the same thing happening in the future
- following agreed procedures for safe working
Shared Lives Carers are expected to take reasonable care of themselves and others who may be affected by their actions and; co-operate with Shared Lives Social Worker in all matters relating to the health, safety, and well-being of the people using their Shared Lives arrangement.

Moving and handling

If the care of a person using Shared Lives involves any kind of lifting or assisting people to move around, the Shared Lives Carer will receive training for this prior to the start of the arrangement.

Shared Lives Carers will not use any special aids or equipment until an appropriately qualified person has shown them how to do this properly and safely. The persons Support, Risk and Crisis Plan will contain information about how the individual likes to be moved and what equipment they need for this. This will also include a risk management plan so both the individual and Shared Lives carer can avoid injury.

Shared Lives Carers will ensure that any equipment is in a safe condition to use and where appropriate, regularly inspected and maintained by the manufacturer.

Safety checks for Gas and Electrical Appliances

Shared Lives Carers will ensure that gas and electrical supplies and appliances are in good working order and maintained in safe condition.

Shared Lives Carers who are providing long term arrangements (have people living with them through the Scheme), must ensure that gas appliances are serviced annually, in compliance with the Gas Safety (Installation and Use) Regulations 1998 and a Landlords Gas Safety certificate is issued. Shared Lives Scheme will reimburse Carers the cost of obtaining the Landlords Gas Safety Certificate upon receipt of a copy of the certificate together with a copy of receipt of payment. The scheme can provide Carbon Monoxide Alarms to carers who have any kind of fossil fuel appliance.

Fire Safety.

Shared Lives Carers will carry out and record a weekly smoke alarm test of their home system. Shared Lives Carers will also record when smoke alarm batteries have been changed and when evacuation procedures have been demonstrated.

Please also see separate Fire Safety policy
OXFORDSHIRE COUNTY COUNCIL
SOCIAL AND COMMUNITY SERVICES
SHARED LIVES SCHEME

Food Hygiene, Safety and Nutrition

The Shared Lives Scheme aims to ensure that safety and good health are maintained and promoted within all arrangements, taking into account the ordinary family and community experiences that Shared Lives Carers provide.

Shared Lives Carers are expected to adhere to the basic principles of hygiene and food safety as applicable in ordinary family homes.

Nutrition

Shared Lives Carers will promote a good balanced diet which is important for people’s general health. However, Shared Lives recognises that people who use Shared Lives arrangements have personal likes and dislikes and can make their own choices in respect of what they eat. The food that the person likes and enjoys is just as important for their sense of well-being. Shared Lives Carers will support the person in leading the kind of life that the person wants.

Information about which foods the person likes, or dislikes, and any cultural, religious or dietary needs will be included in the person’s Support, Risk and Crisis Plan. The person using Shared Lives will be offered a variety of foods at mealtimes and should be able to help themselves to snacks and drinks when they want. If there is any reason why this should not be the case, this should be documented in the Support, Risk and Crisis Plan. Shared Lives carer(s) may encourage the person to eat well, when appropriate, but the final choice about what the person eats is for the person themselves to decide unless otherwise documented in the Support, Risk and Crisis Plan.

If the person requires help with eating and drinking, their Shared Lives carer(s) will provide this in a sensitive and unhurried way that maintains their dignity and enables the person to do as much as possible for their self. Priority must be given to the person using Shared Lives in joining the Shared Lives Carer and family in their meals. If there is any concern about the person's ability to swallow or risk of choking when eating or drinking, the Scheme must be notified urgently so that professional help can be sought.
Hygiene and Safety

Diseases and infections can be spread through the preparation, cooking and storage of food and the way that equipment is cleaned. Shared Lives carers will be provided with training and information so that they understand:

- **hand hygiene** is the single most effective means of controlling the spread of diseases and infections
- Shared Lives Carers should not prepare food for others if they are ill with stomach problems, such as diarrhoea or vomiting and for 48 hours after such an episode.

Anyone in a Shared Lives arrangement who is involved in preparing or cooking food will be expected to wash and dry his/her hands:

- before starting to prepare foods
- after touching raw meat
- after touching the bin or handling rubbish
- after touching pets or handling their feeding bowls
- after going to the toilet or helping another person to do so
- after helping another person with their care needs.

Other precautions include:

- separating raw meat from other foods at all times – for example, using separate chopping boards and storage containers and not allowing meat to touch or drip on to other foods in the fridge
- cooking foods until piping hot, including leftovers
- keeping worktops and chopping boards and other equipment clean
- using foods before their ‘best by’ or ‘use by’ dates.
- All food must be stored according to the labelling instructions. Cooked or ready to eat foods must be kept away from raw foods in storage and in preparation.
- monitoring the temperatures of fridges and freezers
- Share Lives Carers will ensure pets are kept away from food preparation surfaces and food storage areas.

If the person using Shared Lives is involved in the preparation and cooking of food as part of their Shared Lives arrangement, the Shared Lives Carer(s) will advise the person on good hygiene and food safety practices, and encourage them to follow the main principles when taking part in food preparation.
CONTROL OF INFECTIONS AND COMMUNICABLE DISEASES

People who have Shared Lives arrangements are usually no more likely than anyone else to be suffering from or carrying infections. However Shared Lives Carers need to have some knowledge of how to protect themselves and others in their households from catching infections, and how to reduce the chances of passing infections on themselves.

Some diseases are easily spread and require particular actions to prevent this. The diseases include things like hepatitis, TB, measles, HIV/AIDS and MRSA.

Shared Lives Carers will be provided with training and information so that they understand:

- how diseases and infections are spread and how to reduce the risk
- that the most effective way to control the spread of diseases and infections is through washing hands (see below)
- what immunisations or vaccinations are available
- the practice of ‘universal precautions’ (see below) and the need to use this whenever dealing with blood or bodily fluids

Hand hygiene is the single most effective means of controlling infection. Shared Lives Carers are expected to follow good practice for washing hands and to encourage or help other people in their household to do the same. This means washing hands:

- before eating or handling food
- after using the toilet
- after handling rubbish
- after coughing, sneezing or nose blowing
- before and after providing personal or intimate care for a person and between caring for different people
- before and after touching a sick or injured person
- after touching animals or animal waste

Alcohol hand gel will only be used in situations when hand washing is not possible or if specifically advised for use by a GP or health professional.

All blood and body fluids should be seen as potentially infectious and appropriate action taken. Shared Lives Carers will therefore be expected to follow ‘Universal Precautions’ in all situation involving blood and bodily fluids.
Universal Precautions are:

- washing their hands before and after touching the person
- wearing protective clothing such as gloves and washing their hands again after removing the protective clothing
- changing gloves between each person
- cover their own wounds, cuts, grazes or chapped or broken skin with a waterproof dressing or disposable gloves.
- avoiding sharp objects if possible, or taking particular care when handling them or disposing of them
- disposing of ‘sharps’ in a special container (provided by the health professional that is responsible for treatment)
- clearing up spillages of blood or bodily fluid with hot, soapy water and disinfecting surfaces as soon as possible
- disposing of any contaminated waste in sealed bags, or according to advice from the GP or other health professional/s
- putting contaminated laundry in to suitable bags before laundering
- washing contaminated laundry in biological detergent and at a hot temperature (at least 80 degrees). If this is not possible the Royal College of Nursing recommends first soaking in cold water and biological washing powder and then washing in very hot water and washing powder.

Disposable gloves and other protective clothing are provided by the Shared Lives Scheme when necessary for ongoing care.

**Immunisation**

A small number of people may present a slightly higher risk of carrying the Hepatitis B virus - e.g. drug users or a small number of people who have lived in long-stay hospitals. As this is a known risk, anyone who is supporting a person who had a drug use problem or has lived in a hospital will be advised to contact his or her GP who will assess whether the vaccine for hepatitis B is required.

**Further information**

Some diseases and infections are ‘notifiable’ ones, which means that the Local Authority must be informed if anyone in your household becomes infected. Shared Lives carers will follow advice and instructions from the GP, if this becomes necessary. The Shared Lives Scheme holds summary information which has been provided by the Communicable Disease Control Team, and which can be made available to Carers on request.

The relevant GP Practice will be able to provide advice relating to vaccination and/or the care of people with Shared Lives arrangement, when required.
Approved Shared Lives Carers are added to the insurance scheme provided by Oxfordshire County Council. If you need to make a claim it is important that you notify your Shared Lives Social Worker as soon as possible.

Shared Lives Carers are advised to notify their own household buildings & contents insurer of their role as Shared Lives Carer and to check whether items belonging to people who use the service are covered by this insurance in the same way as other household members.

Shared Lives Carers using their own car for their Shared Lives role will need to show their Shared Lives Social Worker, proof of motor insurance. The motor insurance will need to have cover for business use for your role as a Shared Lives Carer.

Shared Lives Carers using a car belonging to the person who is using Shared Lives, such as under the Motability Scheme, will also need to provide proof of being covered as driver of that vehicle.

As a Shared Lives carer, part of your payment will cover usual "wear and tear" to your home, such as re-decorating from time to time, replacing bed linen etc. If you have a particular expense associated with your role, such as damage to your home or furnishings beyond usual wear and tear please raise this with your scheme worker who can advise on whether this cost can be met by the scheme or will require an insurance claim.
PUBLIC LIABILITY INSURANCE

INSURED: Oxfordshire County Council (Shared Lives Carers)
INSURER: Zurich Municipal
LIMIT OF INDEMNITY: £5 million
POLICY NUMBER: QLA-18AC04-0013
EXCESS: £500 in respect of property damage claims

Cover

The Insurer will indemnify the Insured in respect of all sums which the Insured may become legally liable to pay as damages and claimants costs and expenses for:
Bodily injury, property loss or damage caused by the Insured, for which the Insured is legally liable, which arises out of the caring of the client provided that such carers
1) are approved by the County Council, and
2) are not entitled to indemnity from any other source

Relevant Exclusions

1) Products liability under contract
2) Liquidated or punitive damages
3) Professional liability
4) Pollution or contamination

All Risks Insurance

INSURED: Adult Family Placement Carers
INSURER: Zurich Municipal
SUM INSURED: £50,000
POLICY NUMBER: QLA-18AC04-0013
EXCESS: £100 each and every claim
**Property Insured**

Property (comprising buildings and contents but excluding motor vehicles) belonging to families registered with the County Council under the Adult Family Placement Scheme.

**Cover**

In the event of DAMAGE to the property insured the Insurer will pay the value of the property at the time of the DAMAGE or the amount of such DAMAGE or, at the Insurer's option, replace, reinstate or repair the property or part of it, subject to the following endorsements:

1) the sum insured is the limit of the Insurer's liability for any one household
2) the cover is only operative
   a) when DAMAGE is due to the actions (wilful or otherwise) of the adult family placement client
   b) where there is no other insurance in force in respect of the DAMAGE

**Relevant Exclusions**

1) Depreciation
2) Corrosion, rust etc
3) Pollution or contamination
4) Mechanical or electrical breakdown
5) Disappearance, unexplained or inventory shortage
6) Any testing, repairing, adjusting, servicing or maintenance operation

**General Note**

The above is a summary of cover only.
The policy documentation and a list of the providers covered is held by the Insurance Team and can be inspected on request.
To whom it may concern

Insurance Team
Corporate Services
Oxfordshire County Council
County Hall
New Road
Oxford
OX1 1ND

Dale Stevens
Insurance Manager

05.12.2016

This matter is being dealt with by Michal Antoniak
Email: Michal Antoniak@oxfordshire.gov.uk

Shared Lives Scheme – All Risks Policy Claim Procedure

In the unfortunate event that your property is being damaged due to the action of the Shared Lives Scheme client, please report the incident to your Shared Lives Social Worker at your earliest convenience.

Formal letter of claim should be sent to the Insurance Team within 21 days of the incident occurring, so that it can be forwarded to the Council’s Insurers for their consideration. To help to reduce our carbon footprint at the office and enable us to process your claim without unnecessary delays we would like to encourage you to forward all future correspondence in relation to this incident via email to insurance@oxfordshire.gov.uk, although you can still send it by post to the address given above. Your letter of claim should include:

1) Full name, telephone number and address of the claimant
2) Full description of the incident circumstances including date and time
3) For building damage, i.e. damage to the carpets, walls, bathroom fittings etc. photographic evidence of the damage and minimum two independent estimates for the reinstatement works.
4) For contents damage, full list of the damage items including their age and original price, original purchase receipts if available, photographic evidence of the damage and quote for like for like or nearest matching replacement.

Upon receipt of claim documentation our insurers will either give authorisation to proceed with building reinstatement works/damaged items replacement, or appoint specialist contractor to arrange damaged property/contents assessment. Please note that no reinstatement works should be carried out without prior authorisation, this exclude any remedial works/repairs, which should be carried out to minimise the damage.
Once authorisation given, all invoices must be paid for by the claimant in the first instance, unless agreed otherwise. All invoices should be send within 6 months from the date of the incident.

Please note that Shared Lives Scheme All Risks Policy is subject to £100.00 insurance excess which applies with regards to each incident resulting in claim. We would recommend you to contact your Shared Lives Social Worker to discuss this matter further.

Please note settlement of your claim will only be made if the claim procedure is followed. If you have any queries regarding this matter please contact Michal Antoniak on the telephone number given above.

Yours faithfully

Michal Antoniak
Insurance Officer
SHARED LIVES SCHEME
GUIDELINES FOR THE CONTROL, ADMINISTRATION, RECORDING,
SAFEKEEPING, HANDLING AND DISPOSALS OF MEDICINES,
INCLUDING NON-COMPLIANCE

Statement of intent

The Shared Lives Scheme aims to ensure that safety and good health are maintained and promoted within all placements, taking into account the ordinary family and community experiences that Shared Lives carers provide.

Shared Lives encourages and supports people who use the service to take responsibility for their own medication wherever possible. When this is not possible, the Scheme will ensure that Shared Lives Carers understand the principles behind the safe handling of medication and follow these procedures for the control, administration, recording, safe keeping, handling and disposal of medicines.

This policy should be read alongside other Shared Lives policies on ‘Health and Safety’ and ‘Risk Management’, which can be found in the Carers’ Handbook.

General principles

1. People living with Shared Lives Carers should, wherever possible, be encouraged and supported to take responsibility for their own medication if they may safely do so.

2. All forms of medication are potentially harmful if misused and care needs to be taken in obtaining, storing, administering, recording, disposing and controlling them.

3. The Shared Lives Scheme will ensure that Carers have the knowledge and skills that they need to handle and administer medication safely. Training is provided by the scheme and must be attended by all Carers and a refresher completed every 3 years.

4. If Carers are asked to carry out specific medical procedures, they should only do so after first discussing with the Shared Lives scheme whether they are allowed to do this and whether this should be with the supervision and support of a Health Professional. Any special training or assessment of competence must be documented and added to the Shared Lives Carer’s record of training.

5. Medication, whether self-administered or given with assistance, should be stored in a safe place that is not affected by extreme heat, cold or moisture. Where medicines need to be kept cool they should be stored in a refrigerator between 2 and 8 degrees and clearly marked as medication. If carers have young children in the house then keep refrigerated medicine on the back of a top shelf.

6. Where the person is self-administering their medication they are to be asked to bring their medicines in a suitable clearly marked container in order to make sure that other people in the house cannot take them, whether by accident or on purpose.
7. The support people need with managing their medication will be documented in the persons Support, Risk and Crisis Plan (or equivalent). Likewise any risks associated with this, if applicable, or any issues relating to consent to treatment (see separate section below).

8. Administration of medication for people who use the service, will be subject to review at formal reviews, or when a change of circumstances necessitates it.

**Action to be taken by Shared Lives Carers**

1. If any information relating to medication is unclear or inconsistent, Shared Lives Carers must check with the Shared Lives Social Worker and the persons GP and/or other relevant Health Professional before proceeding.

2. SL Carers must check with the persons Support, Risk and Crisis Plan (or equivalent) before giving any medication, whether prescribed or non-prescribed. The Carer must check with a Pharmacist or GP regarding possible contraindications for the person, with particular reference to any prescribed medication and any known allergies for that person before giving any non-prescribed medication such as paracetamol or cold remedies.

3. Wherever possible medication must be dispensed in a calendar system (pre-filled by a pharmacist). Wherever a Shared Lives Carer assists with medication it must be in a calendar system filled by a pharmacist, or the original container which clearly states the name of medication, dose, frequency and expiry date.

4. The same applies when it has been agreed that a Shared Lives Carer can be responsible for filling a dosette box: the medicines must be taken from their original containers. Carers must not give medicines from dosette boxes filled by other people as there is no way of verifying what the medication is.

5. Carers should check the expiry dates of medicines before administering them.

6. Medication that has been prescribed for a person who uses the service must never be given to any other person, or vice versa, or for any other purpose than for which it has been prescribed.

7. Any refusal to take medication should be recorded, and also reported to the Shared Lives Scheme as well as the GP / District Nurse / Community Nurse for information and advice if it is repeatedly or consistently refused.

8. Errors in the administration or self-administration of medication must be reported immediately to the GP for advice and appropriate remedial action, and to the Shared Lives Scheme. The scheme will take a supportive approach when errors occur. Errors include giving the wrong medication, wrong dose, wrong time or not giving the medication.

9. If Carers have any concerns about the ability or willingness of the service user to self-administer medication, they must report these to their Shared Lives Social Worker. The Shared Lives Social Worker will similarly record and act upon information provided by the Carer.
10. Carers should monitor the condition of service users and report to the relevant Health Professional any concerns or unexpected change in condition that may be due to the side effects of the medication.

11. Carers should return all unwanted or out-of-date medication to a Pharmacist for disposal. If a service user dies while in placement the Shared Lives Carer should retain their medicines for at least 7 days before disposal, as this may be required by the Coroner.

12. The Carer will record the following details regarding medication:
   • name and dosage of medication, as prescribed -and also any non prescribed medication given -such as paracetamol.
   • each time medication is administered;
   • any incident where medication has been refused;
   • any significant information relating to medication – eg periods of illness such as vomiting or diarrhoea which may affect absorption of medication;
   • any advice / instructions received from Health Professionals, including suitability of non-prescribed medication;
   • the date of the return of surplus or out-of-date medicines to a Pharmacist.

A ‘Medication Record Form’ will be provided by Shared Lives Scheme for Carers to record every time medication is given. This will be completed even if the Carer’s responsibility is limited to prompting and/or supervision of medication, rather than administering it directly. These forms and other significant information will be kept on the service user’s file held by the Shared Lives Carer.

Where medication is not taken and the Carer is responsible for prompting and/or supervision of the medication then the date, time and reason for not taking the medication must be recorded for every instance for every dose. If someone else is taking responsibility for doing this - for example a family member on a day out, this must be recorded on the form. Carers must also notify the Shared Lives Scheme when medication was not given/taken. Some medicines must not be stopped suddenly or their could be consequences of a missed dose - e.g medication to prevent seizures. In these cases, The person’s GP must be notified of a missed dose.

Carers do not have to complete a ‘Medication Record Form’ if the person who is using the service is administering the medication him/herself, and taking full responsibility for remembering to do so. This will be made clear in the persons Support, Risk and Crisis Plan.

The person’s dignity and privacy and preferences will be respected when they are given or taking medicines. The person has a right to give or withhold consent for any medical treatment or examinations. If the person who uses the service is unable to make decisions or give informed consent, this will be discussed with a person’s doctor or dentist (and the persons representative, when appropriate) to agree a way forward that is within the law and in the persons best interests. Shared Lives carers must not ever administer medication covertly -for example by hiding it in food or drink.
Sharing information with other Shared Lives Carers

When a person who uses the service moves between Shared Lives Carers, for example for a short break, the Shared Lives carer must pass over all information about the medication, and ensure there is sufficient supply for the duration of the stay. Each Carer retains their own records but should advise each other if there have been any missed doses or other problems with medication.

Ordering medication

For Long term arrangements, the Shared Lives Carer is often the best placed person to be overseeing the arrangements for ordering new prescriptions. Many pharmacists offer a repeat prescription service which can be accessed as long as the person using the service agrees.

Over the Counter medication

Before administering any "over the counter" medication, advice should be sought from a pharmacist or the person's GP. Any medication administered or taken after prompting by a Shared Lives Carer, needs to be recorded on the medication record.

Controlled Drugs

In the event of someone being prescribed Controlled Drugs. The scheme will advise on any particular storage and administration requirements.

Medical emergencies

Normal emergency aid procedures should be followed and appropriate medical assistance summoned by Shared Lives Carers as a matter of urgency in any situation that appears to be life threatening.
Some people require support to meet their personal care needs. The Oxfordshire Shared Lives Scheme understands the importance of responding to a person’s individual needs and preferences around this, and of providing support in ways that maintain their privacy, dignity and self-respect.

Within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, the definition of personal care now includes prompting, together with supervision of a person, in relation to a number of activities that are listed below.

The activities in personal care cover:

“(a) Physical assistance given to a person in connection with:

(i) Eating or drinking (including the administration of parenteral nutrition)
(ii) Toileting (including in relation to menstruation)
(iii) Washing or bathing
(iv) Dressing
(v) Oral care
(vi) The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist) and;

(b) The prompting and supervision of a person to do any of the types of personal care listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.”

Prompting and supervision

“Prompting and supervision” occurs where Shared Lives Carers need to prompt and directly supervise a person when they are carrying out the activities outlined above. Supervision will normally include direct observation of the action as it is carried out or otherwise checking on how it is carried out, but will not normally include merely encouraging someone to perform the activity, or checking at some point afterwards on whether it has been done.

It is very important to everyone’s dignity and sense of well-being to be able to have as much choice and control over their lives as possible. Shared Lives Carers have an important role in supporting people to make choices about clothing and style of dress, as well as choices about how personal care is provided.
How will this happen?

Before providing any Shared Lives arrangements, Carers receive information and, if appropriate, training that enables them to provide personal care safely and sensitively. This includes the following practices:

- closing doors and knocking before entering wherever possible to provide privacy;
- allowing the person time on their own in the bathroom or toilet, wherever possible;
- explaining clearly to the person what they are doing;
- using respectful language;
- being flexible about the times of bathing, getting up, going to bed, etc (within normal family schedules);
- enabling the person to do as much as possible for themselves.

Shared Lives Carers need to be aware of individual needs and preferences around personal care which will be explained in the Support, Risk and Crisis Plan and regularly reviewed as part of this. If a person who uses the service expresses a preference this should be respected. If the person who uses the service is not able to express a preference or make choices for themselves, we will ask their family or representative, or try to work out your preferences in other ways.

If the person who is using the service has cultural or religious customs these can have implications for their personal care, you will be properly informed about these. Wherever possible the Shared Lives Carer providing intimate care will be of the same gender as the person receiving care.

Moving and handling training will have been provided prior to you commencing work as a provider. Any equipment needed to undertake this will be provided after assessment by an appropriate professional, as will any technical aids or equipment. The use of aids and equipment will be kept under review as part of a Support, Risk and Crisis Plan and reassessments arranged when necessary.

When care is shared between Shared Lives Carers and a family and/ or other service providers, or between two different Shared Lives arrangements, you will need to work in partnership with the family or other SL Carers in order to ensure that there is consistency and continuity of care for the person who uses the service.
OXFORDSHIRE COUNTY COUNCIL
SOCIAL AND COMMUNITY SERVICES

SHARED LIVES SCHEME
Policy on supporting people whose behaviour can be challenging and physical intervention

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 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 him/her and others from harm.

Before starting any Shared Lives arrangement, 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 ongoing basis when necessary. The arrangement will not go ahead or continue unless Shared Lives Carers have the knowledge and skills to support the person safely and constructively, as well as 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.

Physical Intervention refers to the use of force to restrict movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by the service user. Any kind of holding on to someone, or restraining them in any way is physical intervention. The Shared Lives Scheme considers that Physical Intervention should be used as infrequently as possible, and only ever a last resort when no other method of intervention is possible and in order to
prevent harm. If used, all possible steps should be taken to preserve the dignity of the person using the service and to avoid injury.

General Principles

1. Shared Lives Carers will be encouraged to effectively manage and defuse situations in order to avoid the need for physical interventions.

2. It is the aim of the Shared Lives Scheme to establish a culture in which the use of physical intervention is a last resort. Shared Lives Carers will be offered training, advice and ongoing support on working practices which avoid the need for physical interventions.

3. Any use of physical intervention should only be done employing ‘reasonable force’. The use of reasonable force is likely to be legally defendable in an emergency. The concept of reasonableness in terms of physical intervention will be determined by:-
   - the seriousness of the incident
   - the relative risks arising from using a physical intervention compared to using other strategies
   - the age, cultural background, gender, stature and medical history of the service user
   - the application of gradually increasing or decreasing levels of force in response to the person’s behaviour

Actions to be taken by Shared Lives Carers

1. Shared Lives Carers will familiarise themselves with all risk assessments provided to them by Shared Lives Social Workers and will ensure that all risk management strategies are rigorously followed to enable them to effectively manage situations where the service user is acting in a way which threatens others or him/herself.

2. Shared Lives Carers will avail themselves of any training available in the use of physical intervention or related topics especially when they offer a placement to someone who may pose a risk of dangerous or harmful physical contact.

3. Shared Lives Carers will report any use of physical intervention to a Shared Lives Social Worker as soon as is reasonably possible, and within 24 hours. Shared Lives Carers will keep a written record of the use of any physical intervention and the outcomes.
Actions to be taken within the Shared Lives Scheme

1. Where there is a known risk of dangerous or harmful physical contact by a Service User, the relevant Shared Lives Social Worker will ensure that a full risk assessment is carried out and that Shared Lives Carers are fully informed of risks and ways in which the risks can be minimised.

2. Where necessary, Shared Lives Social Workers will seek the support of appropriate professionals to advise Shared Lives Carers on strategies for de-escalation and defusion which can avert the need for a physical intervention.

3. The Shared Lives Social Worker will keep a record of all reported incidents of restrictive physical interventions. This record will be available for inspection by the Care Quality Commission, and managers within Oxfordshire County Council.

4. Following any reported incident Shared Lives Social Worker will work with Shared Lives Carers, service users and other professionals to consider whether preventative practices and measures can be put in place to prevent the occurrence of a similar incident.
OXFORDSHIRE COUNTY COUNCIL
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SHARED LIVES SCHEME
RISK MANAGEMENT IN SHARED LIVES

Each person using or living in a Shared Lives arrangement has the right to feel safe and secure while they are in the arrangement. They also have the right to choose the risks they want to take, as long as there is a sensible balance between the person’s individual needs and preferences, and the well-being of Shared Lives Carers and their families or others in the household.

Taking risks is a normal part of a lifestyle that maximises independence. Shared Lives Carers will support the person living in the Shared Lives arrangement to have the kind of life and experiences that the person wants, doing the things that are important to the person and enabling the person to take risks in a responsible way.

Everyday events and activities can involve some hazards or potential harm for the person or other people around them. Wherever possible, people using the Shared Lives arrangement will be enabled to take and manage risks in their lives by considering the risk/s and making informed choices.

Shared Lives Carers have an important role in identifying potential harm. Risk assessments and risk management plans should always be put in place if someone may be harmed by a behaviour or activity. If there are likely to be any restrictions on the person’s choices and freedoms which might constitute a “Deprivation of Liberty” then a Scheme worker must be involved so that they can ensure the correct processes are adhered to.

Judgements about a person’s ability to understand / consent / choose levels of risk may sometimes be difficult. Judgements must be based on evidence and be specific to each decision. Where there is uncertainty about a person’s capacity to make a decision about the risk being considered Shared Lives Carers will refer to their Shared Lives Social Worker. An assessment of capacity must be conducted. If the person does not have the mental capacity to make an informed choice a “best interests” meeting should be held with relevant professionals and friends/family of the service user to agree the way forward and record this.

Any risk assessment and risk management plan will be reviewed regularly and the person and/or the person’s representative will take part in the reviews. This will happen at least once a year, or more often if required, and will usually take place alongside a review of the persons Support, Risk and Crisis Plan.
The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The Mental Capacity Act (MCA) makes it clear who can take decisions on behalf of others, in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person.

This applies whether decisions are life changing events or more every day matters and is relevant to individuals over the age of 16, regardless of when they lost capacity.

The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

The MCA has five key principles which emphasise the fundamental concepts and core values of the MCA. You must always bear these in mind when you are working with, or providing care or treatment for people who lack capacity.

The five principles are:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

2. People must be supported as much as possible to make a decision before anyone concludes that they cannot make their own decision. This means that you should make every effort to encourage and support the person to make the decision for themselves. See part 5 of this booklet for more information on how to do this. If a lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

3. People have the right to make what others might regard as an unwise or eccentric decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. You cannot treat them as lacking capacity for that reason.

4. Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests. See part 7 of this booklet for more information on how to go about deciding what is in the best interests of the person you are providing care or treatment for.

5. Anything done for, or on behalf of, people without capacity should be the least restrictive of their basic rights and freedoms. This means that when you do anything to or for a person who lacks capacity you must choose the option that is in their best interests and you must consider whether you could do this in a way that interferes less with their rights and freedom of action.
What is Mental Capacity?
We all have problems making decisions from time to time, but the Mental Capacity Act is about more than that. It is specifically designed to cover situations where someone is unable to make a decision because the way their mind or brain works is affected, for instance, by illness or disability, or the effects of drugs or alcohol.

1. A lack of mental capacity could be due to:
2. • a stroke or brain injury;
3. • a mental health problem;
4. • dementia;
5. • a learning disability;
6. • confusion, drowsiness or unconsciousness because of an illness or the treatment for it; or
7. • substance misuse.

Having mental capacity means that a person is able to make their own decisions. The Mental Capacity Act says that a person is unable to make a particular decision if they cannot do one or more of the following four things.

• Understand information given to them.
• Retain that information long enough to be able to make the decision.
• Weigh up the information available to make the decision.
• Communicate their decision - this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Shared Lives Carers will usually be involved in supporting people to make day to day decisions about their lives. When a bigger decision needs to be made, such as the decision to move accommodation, if there is doubt about a person's capacity to make the decision, you should always contact your Shared Lives Scheme worker for advice.
OXFORDSHIRE COUNTY COUNCIL
SOCIAL AND COMMUNITY SERVICES

SHARED LIVES SCHEME

Safe Friendships and Relationships

Friendships and relationships are important to everyone. The Shared Lives Scheme recognises that people who use Shared Lives have a right to lead the kind of life they want, and their right to personal, intimate and family relationships. People in Shared Lives arrangements should have the same opportunities to develop and maintain a range of relationships as anyone else in the community.

How will this happen?

Before a placement starts, Shared Lives Carers will receive general information and training about people’s rights, and how to support people in their daily lives.

Shared Lives Carers will also be given information about any particular needs and wishes, and the person’s Support, Risk and Crisis Plan. This will tell you about any relevant friendships and relationships and interests the person already has, and about any hopes and wishes for the future so that you can support the person in the way that you want.

Any person who uses Shared Lives should have the opportunity to share in the Shared Lives Carer’s family life, and in the community links they already have. It is hoped that Shared Lives Carers will also support any person using Shared Lives in building new links and relationships, by, for example:

- supporting them to find out about people or groups in the community that have similar interests to them;
- supporting the person in making contacts;
- supporting the person in finding out what is available locally, and in trying new activities;
- supporting the person in getting a job or starting voluntary work.

Friendships can sometimes turn into loving relationships or partnerships. This is a natural and positive part of life, and choices, privacy and dignity should be respected in relation to these. It is expected that friends and relatives will be welcome to visit the person who is staying with you. However, it is expected that this is done in consultation with yourself and with consideration for other people in the household.

There are sometimes risks associated with relationships, including the risks of abuse or neglect. Rights to lead the kind of life the person using Shared Lives wants, with relationships they choose, will need to be balanced with the right to be safeguarded from harm. There is more information about this in our policy on Safeguarding against Abuse and Neglect.
A sexual relationship that a service user has not consented to is wrong and illegal. If this appears to be happening, advice should be sought immediately from the Shared Lives Social Worker or Shared Lives Scheme.

If at any time you become concerned that the person you are supporting may be involved in an abusive friendship or relationship, then you should immediately inform the Shared Lives Social Worker. If your concern is about immediate safety and/or harm to the person, then inform police and Shared Lives Scheme.

It is illegal for any care workers to have a sexual relationship with a person he or she is involved in providing care for, if that person has a mental disorder. This applies to Shared Lives Carers and Shared Lives Social Workers, and any incident or concerns about this will be reported to the Police.
Shared Lives Scheme Policy regarding People who use Shared Lives going on holiday with Shared Lives Carers

Often Shared Lives Carers want to have a holiday which includes the person they are supporting through the scheme. Sometimes people who use the service ask Shared Lives Carers to support them to have a holiday they wouldn’t otherwise be able to enjoy. In both situations a question arises over "who should pay for what"?

In all cases when a person who uses Shared Lives is approached by their Shared Lives Carer to go on holiday (even in the U.K) or to have a break away from their home, the Shared Lives Carers must inform the person, of all the information available on the holiday. This will be all costs, type of accommodation, travel times/duration and key safety information (including temperatures, weather etc).

Who should pay for what?

Where Shared Lives Carer/s have their own accommodation e.g. caravan or cottage, timeshare, it is unlikely there will be an accommodation cost therefore the person using the service should not incur additional costs or contribute to services outside those usually expected in the placement and defined in the Placement Agreement.

In other situations, the person using the service would usually be responsible for their own proportion of accommodation and travel costs.

In any situation where the person is being asked to meet the costs of the Shared Lives Carer, this must be discussed and agreed with that person and (or) their Deputy, and the Shared Lives Scheme. This may be appropriate in some circumstances but must always be agreed beforehand.

Shared Lives Placements include the provision of meals. When on holiday, meals may often be taken at restaurants, cafes etc. Therefore; a decision about how these costs will be met must be agreed with that person and (or) their appointee/deputy, and the Shared Lives Scheme before the start of the holiday.

There must be clear documentation showing how the cost of the person’s contribution has been arrived at and this must be made available to the Shared Lives scheme or the person’s representative upon request.
In all cases where cost to the person who uses the Shared Lives service is being proposed that person will be encouraged to consult with an independent person e.g. relative, friend or other independent person; so as to discuss what is being proposed, the cost and how this is to be paid. This is important to ensure, as far as possible, fairness to all parties and to reduce the possibility of disagreement at a later stage. This needs to happen before any costs are incurred by the person. If an independent person is not available, the function will be managed by the person’s Shared Lives Social Worker.

**General Information**

In general, the guidance below relates to taking people who use Shared Lives abroad rather than holidays within the UK as it is much easier to address problems which might occur during a holiday in the U.K.

In all cases Shared Lives Carers must inform their Shared Lives Social Worker of all arrangements made for breaks whether in the UK or outside of it. This includes all financial arrangements affecting the person who uses Shared Lives, including where there is no cost to the person.

The Shared Lives Carer should take the same care and precautions in planning the holiday as they would do for any family member. However, when supporting vulnerable adults there are often additional factors to consider such as-

- Has the person ever travelled abroad - and if not, how will you prepare them for what to expect?
- What would happen if the person is taken ill or has an accident?
- What would happen if the Shared Lives Carer is taken ill?
- Does the supported person have any health needs which might be affected by a different climate/time zone etc?
- Who will pay for what?

**Travel insurance**

In all cases travel insurance needs to be for the individual and not a general policy, this will entail informing the insuring body of the person who uses Shared Lives care needs including physical and mental health. It is particularly important to establish what would happen if the Shared Lives Carer is unable to support the Shared Lives person.

No holiday/break should be undertaken without adequate insurance which covers risks to the cost of flights, accommodation, personal injury, property damages and losses, cash losses, specialised risks, medical expenses, legal assistance, travel delays, financial losses, public liability and other possible consequential losses.
In the event of the Shared Lives Carer(s) becoming unable to support the Shared Lives person, e.g. through severe illness, injury or death or having been arrested, it is essential that repatriation for the person using Shared Lives is included in the policy and the repatriation is appropriate for the Shared Lives person which may mean ensuring they are accompanied at all times.

A Travel Health Information form must be completed for each Shared Lives person for use when accessing health, hospital, doctor etc in the event of the Shared Lives Carer being unable to support them.

**Vaccinations and Inoculations**

Where vaccination or inoculation is required for the country or countries to be visited Carers must ensure that all persons have received any vaccinations and or inoculations necessary before the date of departure.

**Medication**

All the medication needed by the person being supported by Shared Lives Carers must be carried in the original containers (or nomad system) used by the person. This should also be accompanied by the NHS Prescription list as provided to the person. If travelling by air, the Airline/Travel Agent may need prior notification for medication to be carried during the flight.

**Visas and Passports**

The Shared Lives Carer who books the holiday needs to ensure that everyone travelling has the correct passport and visa to meet the requirements for each country to be visited and to return home should there be any delays.

Details of passports may be obtained from the UK Passport Service’s website ([http://www.ukpassportservices.co.uk/](http://www.ukpassportservices.co.uk/)) and from selected Post Office branches.

**Issues with Passport Control when travelling with people in your care**

Recently Shared Lives Carers have reported some difficulties when travelling outside the E.U whereby they have had to evidence their relationship to people they are supporting. If you are travelling outside the E.U, please ask your Shared Lives Social worker to provide you with a letter to carry with you.

**Hazardous countries**

Where necessary, checks may need to be made through Foreign and Commonwealth Office as to whether a particular country has any travel warnings. People who use Shared Lives must not be taken to any destinations where there is Foreign Office advice not to travel.
Contacts

Emergency contacts are especially important if any of the holiday party, be they people using Shared Lives or Shared Lives Carer, become ill, injured or die. The details of these contacts are to be given to the Shared Lives Scheme or a member of the Carer’s family or the person using Shared Lives family. The person being notified must be someone who can take responsibility for informing the Shared Lives Scheme of any such incidents.

Risk assessment

All breaks/holidays, to whatever location, must be assessed for the risk for the person using Shared Lives, which identifies the benefits and what can be achieved without putting the person and/or Carers at unacceptable risk.

Any special needs including learning, behavioural, medical needs or specific circumstances need to taken into account and catered for before the holiday/break is booked

Foreign & Commonwealth Office Advice

(For more detail please refer to The FCO).

The FCO have a LOCATE service so they can get in touch with you if something goes wrong, you will need to contact them for this.

Make sure you and the person/s being supported fill in the emergency contact details in your passport. This will make it much easier for FCO to contact someone if necessary.
OXFORDSHIRE COUNTY COUNCIL
SOCIAL AND COMMUNITY SERVICES

SHARED LIVES SCHEME

Shared Lives Support Volunteers

Shared Lives Support Volunteers can provide Shared Lives Carers and people who use the service with temporary support. They can bring new skills and be a source of fresh ideas and energy. Support Volunteers do not replace Carers; rather they support, complement and enhance the Carer’s work with People who use the service.

Oxfordshire Shared Lives Scheme recognises they have a responsibility to make sure Support Volunteers are screened in a similar way to prospective carers, that they have the information and training to equip them for their role, and that their health, safety and well-being are safeguarded as well as that of other people using or working in the service.

Definition

A Support Volunteer is an adult offering their time and skills without remuneration for the benefit of the Shared Lives Scheme, its Approved Carers and people who use the service. A Support Volunteer can be a person identified by the Approved Shared Lives Carer or by the person who uses the service.

Support Volunteers supplement the work of paid Carers, and do not replace them or undertake tasks that are the responsibility of paid Carers. When organising for a Support Volunteer role it is important that it is used as an aid to the person who uses the service user and not as a replacement for the Shared Lives Carer.

A Shared Lives Support Volunteer is someone on whom the Approved Carer occasionally relies in supporting people who use the service in the short-term and helps the Carer to meet the provisions and requirements of the Oxfordshire Shared Lives Carer Agreement either by:

- Providing additional support alongside the Carer or;
- Substituting for the Carer when the Carer is away.

“Occasional” is that support which is intended for use as needed, but not essential or in constant use.

“Short-term” means a period not exceeding 8 hours and does not include overnight, unless by specific agreement with the Shared Lives Scheme.

Discussions and proposals for additional support should always include the person who is using the service, the Shared Lives Carer, the placing local
authority where appropriate, the Care Manager/Care Management Team and the Shared Lives Scheme.

When Support Volunteers are envisaged being used they must be included within the service user plan with an acknowledgment that the service user is aware and the service user knows and accepts the Supporter. The Support, Risk and Crisis plan will include the role of the Support Volunteer including tasks and outcomes (see Roles & Tasks below). Where it is proposed for a Support Volunteer to be used a written risk assessment must be completed to ensure, as far as reasonably practical, that Support Volunteers are not exposed to risks to their health and safety.

Support Volunteers are to be given clear written guidelines on their role, the tasks they should carry out, and also the tasks they should not be involved in.

Roles and tasks can include
- Befriending
- Accompany to hospital/surgery appointments
- Stand-in for SL Provider for short periods
- Help with literacy/numeracy (if appropriate)
- Using public transport.

A Support Volunteer is not;

- An employee. Oxfordshire County Council has no obligation to Support Volunteers to offer volunteering opportunities and Support Volunteers are under no obligation to take up any volunteering opportunities offered.
- Someone in paid employment by the Shared Lives Carer.
- Allowed to support people who use the service who are under the age of 18 years.
- A family member of the person who uses the service (as this will be an informal arrangement made within the family).
- Another person who is using a Shared Lives service.
- Someone who is an advocate for, or a person who is independently supporting, the needs and aspirations of the person who is using the service.
- Someone in paid employment by the Shared Lives Carer.
- Someone who will support the person who is using the service to be away overnight from the approved Shared Lives home of the person who is using the service.
- Someone who can support a Shared Lives person who is assessed as Shared Lives band 3, unless by specific agreement with Shared Lives and subject to risk assessment.
- Someone who can support people who use the service whose needs or behaviours are such that the Support Volunteer would require specific training such as epilepsy or challenging behaviour/s.
• Used when the person who is using the service is attending a Doctor, hospital or other appointments where the support of the Approved Carer is needed.
• Used where the circumstances are not appropriate according to individual person’s vulnerabilities’ and a risk assessment is not in place.
• Someone who can keep or manage medication for a person who is using the service, other than by reminding.
• Someone who can assist people who are using the service, with personal care.

How will Support Volunteers be Approved?

As Support Volunteers are likely to be independently supporting people who are using the service, Disclosure and Barring Service (DBS) checks must be carried out in line with Approved Shared Lives Carers.

Support Volunteers are selected through a process which includes:
• Completion of a simplified application form which will also identify training needs.
• A minimum of two personal references and where possible a current or recent employer reference.
• Disclosure and Barring Service enhanced disclosure in line their role in supporting vulnerable people who are using the service. Anyone that has not been a resident in the United Kingdom for the last 5 years consecutively must supply Shared Lives with an equivalent to a Disclosure and Barring Service certificate from their country of origin or country of residence translated into English. (Please ensure that the Disclosure and Barring Service are aware the application is for “VOLUNTEER”. This ensures that the DBS will process them FREE of charge).
• Employment/experience history in which all gaps/anomalies are satisfactorily accounted for.
• An interview in which they demonstrate they have the attitude and abilities for the role and tasks they will be undertaking.

Support Volunteers can be approved by the Shared Lives Approval Panel and/or the Shared Lives Scheme Unit Manager.

Induction & Training

As part of their induction, Support Volunteers will be provided with copies of the Council’s policies and procedures relevant to their role.

Support Volunteers will only be given training appropriate for their role and tasks and where it will enhance their support to the benefit of the people who use the service, the Shared Lives Carer and Shared Lives Scheme. This will be identified by the Shared Lives Social Worker but will include Safeguarding guidelines.
Monitoring and Support

The Approved Shared Lives Carer is responsible for:

- Notifying the Shared Lives Scheme of any incidents, changes, concerns, risk or other condition that affects the Support Volunteer and or service user relationship.
- Informing the Shared Lives Scheme of how the Support Volunteer’s role affects the person who is using the service with whom they provide support.
- Providing Support Volunteers with regular opportunities to talk about how they are getting on, any problems encountered and future plans in their role with the person using the service.
- Identifying any training needs and discussing these with the Support Volunteer and Shared Lives Social Worker.

The Carer’s Shared Lives Social Worker is responsible for:

- Monitoring and Support for the Support Volunteer through their minimum quarterly monitor and support visits with the Carer.
- Annual Review of the Support Volunteer, which can be completed through the Annual Review for the Carer.
- Ensuring that they have met with the Support Volunteer at least annually

Termination

If the work or conduct of Support Volunteers does not meet the standards required by the service, their involvement will be ended. Termination of involvement will be immediate and the Support Volunteer will be given written explanation of the reason(s) for this. The volunteer can appeal against this decision by writing to the Comments and Complaints department.

Safeguarding

Support Volunteers will be made aware that in cases of suspected abuse or neglect of a vulnerable adult or child or young person, they have a responsibility to refer directly to the Shared Lives Scheme or their Shared Lives Social Worker or when these cannot be contacted, to Oxfordshire Emergency Duty Team.

Insurance

Support Volunteers are insured under the same policy as Shared Lives Carers. Where a support volunteer is over the age of 70 years, the insurers require a risk assessment to be carried out on an annual basis to ensure the person is able to carry out the role. Support Volunteers will need to contact their vehicle insurers to ensure that their policy will cover them whilst performing this role.
Equal Opportunities Policy

Oxfordshire County Council is opposed to any form of unfair discrimination and is publicly committed to be an equal opportunity organisation. The Council shall ensure that all volunteers are dealt with in accordance with its Comprehensive Equality Policy.

Support Volunteers in receipt of State Benefits

Volunteering should not affect a person’s benefits, as long as they continue to meet the requirements for their particular benefit, and that it is clearly genuine voluntary work. Support Volunteers are to be advised to notify and consult with their individual Benefit Agency. It is important:

- to avoid volunteers carrying out activities which seem to contradict their reason for being on the benefit and;
- to inform volunteers that it is compulsory for volunteers to notify benefits advisers.

Health & Safety

The Oxfordshire Shared Lives Scheme has a duty of care towards its volunteers. It shall avoid exposing volunteers to risks to their health and safety by applying the Council’s Health & Safety Policy and the Directorate’s Health & Safety Policy. Volunteers shall be made aware of these policies during their induction and training.

Support Volunteers are also advised that under The Health and Safety at Work Act 1974 they have a general duty to ensure the health and safety of themselves and others who may be affected by what they do, or pay to do.

Confidentiality

Support Volunteers must comply with the same duties of confidentiality as the Council’s employees. Support Volunteers must comply with the Council’s Confidentiality Statement and in particular, must maintain the confidential information of the Council and its clients. Volunteers will sign the Oxfordshire County Council/Shared Lives Confidentiality Agreement.

Complaints & Grievance

It is hoped that concerns or complaints can be resolved in the first instance by the Shared Lives Social Worker responsible for supporting the support volunteer. When this is not possible then complaints should be addressed to the Unit Manager of the Shared Lives Scheme.

People who use the service can make complaints about volunteers via their Carer or Shared Lives Social Worker or direct to the Shared Lives Scheme or to Adult Services Comments and Complaints Team.
Training for Shared Lives Carers

Why do Carers need to complete training?

Shared Lives Carers often work on their own and do not have colleagues to help them or to offer advice. Even though there is the back-up of the Shared Lives Social Workers, as a Shared Lives Carer you need to be equipped to deal with the many day to day situations which will arise when you are supporting someone in the home environment, or supporting an Adult rather than a Child. You need to understand the legal framework you are working in and the policies and procedures that you are expected to comply with. Most of these are in place to support good practice and ensure the well-being and safety of the people you support, you, and your family. Although it is sometimes possible to complete training on-line or on an individual basis, there are many benefits from coming together as a group with other Shared Lives Carers and Social Workers. This means there is an opportunity to share experiences, meet other Shared Lives Carers and help each other.

The Oxfordshire Shared Lives Scheme is regulated by the Care Quality Commission. The Scheme is required to ensure that the service provided is:

- Safe,
- Effective,
- Caring,
- Responsive
- Well Led.

The induction programme and ongoing training is one of the ways in which the Scheme can evidence this.

Which training needs to be completed as part of the approval process?

Shared Lives Carers in Oxfordshire are required to complete induction training before they can begin supporting people. Generally this is completed before the Shared Lives Panel consider your approval but sometimes this isn’t possible and one or two sessions have to be completed after you are approved. In this instance you will not be able to start work until the training is complete. If one or two sessions have been missed for good reason, the Carer’s assessment can still go to panel but the Carer cannot begin supporting people until they have completed all sessions.

It is preferable that Carers attend formal sessions but it is acceptable, under certain circumstances, that one or two sessions are delivered on a one to one basis if needed and if agreed with your Shared Lives Social Worker.
The induction programme comprises 5 days training which cover the Care Certificate Standards plus an additional half day session on how to safely assist people to move or help them after a fall.

The induction programme includes a one day certificated first aid training. If you have an equivalent certificate which is current, for example from an employer, this can be accepted.

Previous training and Experience

Many people who apply to become Shared Lives Carers have relevant experience as Foster Carers, or as health and social care professionals and may wonder why they are required to complete the training programme. Even with this considerable and valuable experience, the Scheme still needs to ensure that Shared Lives Carers know what the role of the Shared Lives Carer is and the different requirements of supporting Adults compared to children.

Where carers are applying to become approved with a partner then both partners are required to complete the training, even where the intention is that one person will be the “main” carer, and the other person is intending to be a “back-up” carer. This is because you will be supporting people to be a member of your household. The “main” carer may require the support of the “back-up” carer. The expectation is that all household members may be involved and that all household members are in agreement that they want to do this and understand what their role involves.

Across England and Wales, people who are new to working in the field of Social Care are required to complete a “Care Certificate”. All new Shared Lives Carers are required to complete all of the induction training and to achieve a Care Certificate if possible. To achieve a Care Certificate you will need to be assessed against the various standards - some of this will involve being observed when working with People Who Use the Service. On occasion it may not be possible to achieve a Care Certificate - for example it may not be possible to be observed providing personal care.

In most care settings, employees have to achieve a Care Certificate within the first 12 weeks of their employment. It is recognised that this isn’t always possible within Shared Lives and that this process will usually extend beyond the first 12 weeks following approval.

What are the training requirements for Shared Lives Carers already approved with the Scheme?

In addition to the pre-approval training Oxfordshire Shared Lives Scheme is also committed to providing ongoing training.

Specific training may be identified by the Shared Lives Social Worker as being beneficial for your ongoing development or to support you after something
which was challenging. Shared Lives Carers are able to access training provided to Oxfordshire County Council Employees if it is relevant to their role. From time to time the Shared Lives Scheme will advise of other training opportunities, usually via the Carer Newsletter.

There are 3 sessions which must be refreshed every 3 years in order to remain approved as a Shared Lives Carer. These are:-

Safeguarding - this can be completed on-line or by attending a session
Medication - attending a session
First Aid - attending a session

As part of their ongoing re-approval requirements, Shared Lives Carers are expected to complete a training session or attend a carers meeting at least once a year. Courses on first aid, medication and safeguarding contribute to this requirement as well as any other relevant certificated training done by the Carers.

Payments and Expenses

Applicants attending the induction training may claim the cost of travelling to the venue plus any parking charges.

There is no other payment to applicants for attending training prior to approval with the Scheme. This includes any induction sessions which need to be completed after the panel process but before starting work with the Scheme.

Once the induction training is complete and applicants have been approved as Shared Lives Carers, payment can be claimed for attending ongoing training sessions as well as travel expenses. Payment is equivalent to band one, day, half day or extended day rate, depending on the length of the training. Payment is not made for time spent travelling to the venue.

If arrangements need to be made to support the people who live with you through the Shared Lives Scheme, this can be arranged by your Shared Lives Social Worker and does not affect your respite entitlement.
OXFORDSHIRE COUNTY COUNCIL
SOCIAL AND COMMUNITY SERVICES

SHARED LIVES SCHEME

GUIDELINES FOR DEALING WITH VIOLENCE TOWARDS
STAFF AND SHARED LIVES CARERS

Statement of Intent

The Shared Lives Scheme (THE SCHEME) aims to ensure that safety and good
health are maintained and promoted within all placements, taking into account
the ordinary family and community experiences that Shared Lives provide.

It is not acceptable for Shared Lives staff and carers to be subjected to
violence within the course of their work and the Scheme takes seriouShared
Livesy any incidents of violence or aggression towards staff or Carers.

This policy fits within the Oxfordshire County Council Violence to Employees
policy and the Policy and Practice Guidance on Risk Management in Shared
Lives. It should be read in conjunction with these policies.

Definition

For the purpose of this policy violence is defined using the Department of Health
definition:

‘Incidents where persons are abused, threatened or assaulted in
circumstances related to their work, involving an explicit or implicit
challenge to their safety, well-being or health.’

Actions to be taken by the Shared Lives (SHARED LIVES) Carer

1. SHARED LIVES Carers will familiarise themselves with all risk
assessments provided to them by Shared Lives Social Workers and
will ensure that all risk management strategies are rigorouShared
Livesy followed to enable them to effectively manage situations where
the service user is acting in a way which is threatening.

2. SHARED LIVES Carers will avail themselves of any training available in
the use of de-escalation techniques or related topics especially when they
offer a placement to someone who may pose a risk of aggression.

3. SHARED LIVES Carers will report any incidents of violence or
aggression to a Shared Lives Social Worker within 24 hours.
4. When any incident of violence or aggression involves a service user, SHARED LIVES Carers will also keep a written record of the incident on the file they hold for the service user.

**Actions to be taken within the Shared Lives Scheme**

1. The Scheme will consider any risks of violence related to people who want to use the service referred to the scheme and seek as much information as possible to decide whether it is appropriate to accept the referral.

2. Where there is a known risk of violence or aggression by someone who uses the service, the relevant Shared Lives Social Worker will ensure that a full risk assessment is carried out and that Shared Lives Carers are fully informed of risks and ways in which the risks can be minimised.

3. Where necessary, Shared Lives Social Workers will seek the support of appropriate professionals to advise Shared Lives Carers on strategies for de-escalation and defusion which can reduce the risk of violence.

4. Following any reported incident the Scheme will work with Shared Lives Carers, people who use the service and other professionals to consider whether it is appropriate for the placement to continue and what preventative practices and measures can be put in place to prevent the occurrence of a similar incident.

5. Any decisions to terminate a placement or the complete service should be made jointly between the Scheme, Shared Lives Carers, Care Managers and any other professionals involved.

6. The Scheme will work with Shared Lives Carers to decide whether the incident should be reported to the police. This is particularly relevant if the incident involves someone other than a service user but should also be considered when a service user is the aggressor.

7. The Scheme will keep a record of all reported incidents of violence and aggression. This record will be available for inspection by the Care Quality Commission, and managers within Oxfordshire County Council Adult Services.

8. When Shared Lives Team members are subject to violence or aggression, Oxfordshire County Council’s policy and procedures for ‘Violence to Employees’ will be followed.

9. The Scheme will provide support to people who are the victims of violence and aggression, which may include:
   - Debriefing sessions
   - Contacting the police
   - Additional training and support
Shared Lives Scheme

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 number of people to use the service 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 time, any restrictions must be in specified cases only and noted in the Support Plan together with the reason for this.

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.

Heating

Those parts of the home available to the person staying 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 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, Service Users 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 member’s rooms is not acceptable – e.g. moving children for a weekend to accommodate a respite 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 using the 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 the Code of Practice for Fire Safety – a summary of this is in the Carer Handbook.

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.

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 the service should be allowed and encouraged to personalise their room with pictures and ornaments, etc. People using the service 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 other 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.

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 offered and provided and, within reason, no time restrictions enforced on entering and leaving the home. The Shared Lives Scheme must be advised if the person refuses a key or a key has not been provided or if the key is being withdrawn. Assessment may need to be made following Deprivation of Liberty Safeguards (DoLS). All actions in respect of keys or free access in or out of the home must be recorded together with the reasons for any actions. This does not include reasonable requests by SL Carers of the person as to when likely to return, as would be requested of family members on the grounds of their personal safety and well-being.

Visitors should be encouraged and made welcome at reasonable times.

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 service users of any hazards identified.

All electrical and gas appliances should be safe and regularly serviced. A landlord’s gas safety certificate must be provided annually by all carers providing long term placements. The Shared lives Scheme will meet the cost of this if a copy of the certificate and receipts are provided. 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 of the Code of Practice for Fire Safety must be adhered to (a summary is in the Carer’s 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 Oxfordshire County Council Fire Service.

**Meals**

The payment to Shared Lives Carers includes the provision of all meals. 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.

**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 carer and person placed regarding payment for calls).
Shared Lives Guidance

Smoking, alcohol and drugs

Smoking can be a serious fire risk and a serious health risk (to smokers and non-smokers) and is illegal in many places including the workplace. Certain drugs are illegal. Both alcohol and drugs can be a serious health hazard and affect people’s behaviour and relationships as well as their ability to do their job. All of these things mean that the Oxfordshire Shared Lives scheme has to take action to work within the law and to safeguard the health, safety and well-being of all people involved in Shared Lives arrangements.

Smoking

On 1 July 2007 legislation to reduce exposure to second-hand smoke in enclosed public places and workplaces came into effect in England. Similar comprehensive smoke-free legislation is also in force in Wales, Northern Ireland and Scotland. It is estimated that the smoke-free law will prevent significant numbers of deaths among non-smokers each year in the UK from heart disease, lung cancer, stroke and respiratory disease.

Shared Lives carers provide care and support to individuals matched to their particular skills, abilities and circumstances within their own homes. Private dwellings are not in general covered by the smoke-free law. However, Shared Lives schemes and their approved carers should take steps to minimise the risks of exposure to second hand smoke where the Shared Lives carer, the person they support or both are smokers. Recognising that exposure to second hand smoke, also known as passive smoking, increases the risk of lung cancer, heart disease and other illnesses should be seen as central to this. Ventilation or separating smokers and non-smokers within the same air space does not stop potentially dangerous exposure.

It should also be recognised that Shared Lives schemes have a general duty of care for their Shared Lives workers (which extends to wherever they are working), to Shared Lives carers and to people who use or live in Shared Lives arrangements. In turn Shared Lives carers have a duty of care to the people placed with them. This duty of care includes protecting the health of Shared Lives workers, Shared Lives carers and people using or living in a Shared Lives arrangement with them. It should be recognised that failure to take reasonable steps to protect the health of any of the parties could lead to legal action being brought by an affected person.

Further details can be found in ‘Everything you need’, guidance to the smoke free law. This has been distributed to businesses in UK and is also available on the website www.smokefreeengland.co.uk The following website also provides information for people wishing to give up smoking http://gosmokefree.nhs.uk The Royal College of Nursing have also produced some helpful guidance for domestic settings www.rcn.org.uk/__data/assets/pdf_file/0006/78702/003043.pdf These should be read alongside this guidance.
Aims of this guidance

- To reduce exposure to second hand smoke for Shared Lives workers, Shared Lives carers and people using or living in Shared Lives arrangements
- To encourage a healthier, safer living and working environment

1. Shared Lives carers

1.1 Shared Lives arrangements are made by sharing clear information about the needs, skills, likes and dislikes of the individuals involved. Though it may have been agreed that a person using or living in Shared Lives is happy to live or stay with a Shared Lives carer who smokes the new legislation gives us the opportunity to revisit such Arrangement Agreements to determine a safe and fair approach to each situation.

1.2 Where a Shared Lives carer or a member of their family smokes they should consider the impact of this on the person using or living in the Shared Lives arrangement and discuss, with their Shared Lives worker and the person, what they can do to minimise the risk of second hand smoke on others.

1.3 Shared Lives Arrangement agreements should include the approach to smoking in vehicles in which the person using or living in a Shared Lives arrangement may travel.

1.4 An agreement should be drawn up outlining any particular arrangements.

2. People using or living in Shared Lives arrangements

2.1 Whether smoking is acceptable or not within a Shared Lives carer’s household, should be talked about at the start of a Shared Lives arrangement as part of the matching process. If the Shared Lives carer does not smoke but is prepared to provide an arrangement for someone who smokes it is usual practice for any arrangements to be recorded in the Shared Lives Arrangement Agreement and the Service User Plan.

2.2 In situations where the person and the Shared Lives carer smoke, it is a good idea to think about the impact of this on a household and consider whether or not there are steps that can be taken to minimise the impact of smoking on each other and on visitors to the house e.g. Shared Lives workers

2.3 These issues should be discussed at placement reviews and any arrangements recorded.

3. Shared Lives workers

3.1 Shared Lives workers are governed by the smoke free policy which states that all work premises are designated smoke free areas. They also carry a general duty of care to those they come into contact with in the course of their work.

3.2 Shared Lives workers should not smoke in the homes of Shared Lives carers or in their cars, particularly if they are accompanied by anyone in the context of their work.
3.3 Shared Lives workers should not be asked to work in a smoky environment. Much of the Shared Lives worker’s role involves visiting Shared Lives carers and people living in Shared Lives arrangements in their own homes, so we would ask that Shared Lives carer’s homes remain smoke free, whilst the Shared Lives worker or other professionals connected to their role as a Shared Lives carer are visiting. Ideally Shared Lives carers, members of their family and the person living in the Shared Lives arrangement are asked not to smoke in the room where the meeting will take place for up to an hour before the start of the meeting.

Further guidance on smoking, alcohol and drugs

Each Shared Lives carer will have particular house rules for their own home and some of these may relate to smoking or drinking. The person will be given information about these house rules before making a decision to go ahead with a Shared Lives arrangement, so that the person can decide whether it is the right kind of Shared Lives arrangement for them. The information about house rules will also be written in their Shared Lives Arrangement Agreement. If the person disregards the house rules or the responsibilities they have in their Shared Lives Arrangement Agreement this may lead to the ending of the arrangement.

Shared Lives carers and Shared Lives workers in the scheme have to be able to undertake their work safely and competently at all times. For this reason their consumption of alcohol, medication or other substances must be limited so that they can be in full control of a working situation at all times. If they place the person and/or other people and/or themselves at risk by working when under the influence of alcohol or drugs, this will usually be considered a conduct or performance issue, in which case this will be dealt with through disciplinary proceedings for Shared Lives workers and for Shared Lives carers through having their approval reviewed by the Shared Lives panel and the scheme manager.

If Shared Lives carers are found to be under the influence of alcohol or drugs while supporting or caring for a person in a Shared Lives arrangement, the risks in the situation will be assessed and suitable alternative care and support arrangements made i.e. this could be a short-term arrangement covering a single incident or a longer-term arrangement if necessary.

Drinking moderate amounts of alcohol is a normal and enjoyable part of many people’s lives and the person has the right to make choices and lead the kind of life they want. However if their own use of alcohol is affecting their behaviour and/or relationships in the Shared Lives arrangement, their Shared Lives worker will discuss this with you. If the problem cannot be resolved, this may mean that the Shared Lives arrangement has to end.

The illegal use of drugs anywhere in the service will be reported to the Police. Where a person in a Shared Lives arrangement is in drugs recovery which involves the use of controlled drugs such as methadone then this will need to be under the supervision of an appropriate health professional.