

# Cambridgeshire Shared Lives Carer's Handbook



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## **Welcome to the Shared Lives Handbook**

The purpose of the Handbook is to provide Shared Lives Carers with a guide to the policies, procedures and guidelines of the Shared Lives Scheme.

The Handbook contains all the policies, procedures and guidelines 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. Full copies of these documents can be obtained by asking your Shared Lives Coordinator or by contacting the office on 01354 750084.

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 information documents.

### **Aims of the Cambridgeshire Shared Lives Scheme**

- To offer a Shared Lives Arrangement which meets the assessed needs and choice of the person using the service, involving them in all choices and decisions about their support.
- To help people to have opportunities to live as full a life as possible and in doing so to be treated with dignity and respect.
- To support the person and their Shared Lives Carers to form positive relationships and sharing family life.
- To support you and the carers, to enable you to take part in community life and activities and widen further their life experiences.
- To regularly review and monitor our service to strive for continuous improvement and meet all regulatory standards

These are the things we believe are important for all people using or living in Shared Lives arrangements:

- 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 they can for themselves and being as independent as possible
- Having privacy in their home and life
- Being treated with consideration and respect
- Being given choices and making their own decisions
- Leading the kind of life they want and achieving the things that are important to themselves
- Recognising people as equal human beings who all have the same rights.

The scheme works in accordance with the Health & Social Care Act 2008 & Regulated Activities regulations 2012 and Care Act 2014, the scheme is registered and inspected by the Care Quality Commission to ensure that the scheme meets the regulations and standards required of a registered service and that the service is safe, effective, caring, responsive and well-led.

A full version of the scheme's Statement of Purpose is available on request from your coordinator.

## **Roles & Responsibilities**

The roles and responsibilities of each person involved in a Shared Lives arrangement are detailed within the Agreements signed by all concerned initially when you are approved as a shared lives carer and then for each placement.

These roles and responsibilities form the basis of the requirements of your role and must be followed along with the schemes policies, procedures and guidelines.

## 1. Emergencies

### Emergency contacts

If you require support in an emergency you should contact your Shared Lives coordinator. If the emergency happens during usual office hours and they are not available, you should ask to speak to the registered manager or a member of the Social Care Team explaining it is an emergency. They can be contacted on:

Shared Lives Team/Registered Manager		01354 750084
LDP Social Care Team -	Fenland	01354 750084
	East Cambs	01353 612851
	Huntingdon	01480 372356
	Cambridge	01223 743746
Fenland Older People Team -		01354 750133

**Always** contact the emergency services, where required, before you contact the Shared Lives or Social care Teams. We will of course need to be informed but your immediate concern must be with the safety and wellbeing of the person you are supporting.

### Out of Hours

If an emergency occurs out of normal office hours, please contact the **Emergency Duty Team on 01733 234724**. A social worker will be able to log your call and give you advice on emergency matters only.

### Medical Emergencies

Follow your First Aid training in all situations, you can call NHS helpline on 111 for advice. If a person living with you has a serious illness or accident and is admitted to hospital you must notify the Shared Lives Team at the earliest opportunity. You should provide the hospital with the current information you have relating to the Service Users medication or support guidelines. Where it is available the Hospital Passport should be provided. If you are aware that there have been any changes to the information you **MUST** inform the hospital. You cannot give consent for any medical treatment on behalf of the Service user. The hospital will make any determination of capacity or consent.

### Missing Person Procedure

It is important to know what to do, and who to contact when it appears that a person has gone missing from a Shared Lives arrangement.

The steps a Shared Lives Carer should take in these circumstances are:

- Take note of the approximate time the person went missing and the circumstances i.e. place last seen.
- Call the person using their name repeatedly inside and outside of the carers home
- Check all rooms in the house, outbuildings and surrounding areas of their home
- If the person can still not be located, the carer should notify the police that the person is missing, providing police with a full description, including clothing, size, hair colour etc.
- Police should be provided with a photograph if requested
- Shared Lives Carer should contact the emergency contact for the person as detailed in their Service User Plan, the Shared Lives Scheme or Emergency Duty Team if out of hours.

## **Carer Crisis/emergencies**

We all have situations in our families that arise at short notice, if this occurs you should speak with your coordinator as soon as possible. They will work with you to identify respite or cover to enable you to deal with your situation.

## **2. Responding to Disclosures of Abuse and Neglect**

It is important that Shared Lives Carers follow the training 'Making Safeguarding personal' when they believe a person they are supporting has been or is at risk of abuse. The scheme follows the 'Cambridgeshire and Peterborough Adults Board Multi-agency Safeguarding policy' which can be accessed online at <http://www.safeguardingpeterborough.org.uk/adults-board/information-for-professionals/cpsabsafeguardingpolicy/> or a printed copy can be obtained from your Shared Lives Team.

### **Dealing with a Disclosure**

Once an adult has disclosed abuse it is important that the adult is supported throughout the process; you can support the individual by following this guidance:

- Remain calm and do not show shock or disbelief
- Help the adult to stay in control and find out what they want to happen next
- Listen carefully to what is being said using aids where necessary to support communication. Record in detail using the words that they used
- Use open ended questions using TED principles; Tell me, Explain, Describe
- Be aware of the possibility that medical evidence may be needed
- Demonstrate an empathetic approach by acknowledging regret and concern that what has been reported has happened
- Do confirm that the information will be treated seriously
- Give the person contact details so that they can report any further issues or ask any questions that may arise
- Ensure that the person with care and support needs receives regular feedback and updates, in the format that best suits their needs
- Ensure that any emergency action needed has been taken
- Ensure that those who need to be informed have been informed

### **Tell the person that:**

- It was not their fault and they were right to tell you
- You must inform an appropriate Manager and/or the Police
- The Manager will contact the Multi-Agency Safeguarding Hub
- The Multi-Agency Safeguarding Hub will consider their wishes and whether they consent to the matter being progressed further. There will be circumstances where an enquiry may have to progress even if they do not give their consent

### **Do Not:**

- Do not stop someone who is freely recalling significant events, as they may not tell anyone again
- Do not dismiss or disbelieve what you see or have been told
- Do not ignore the issue



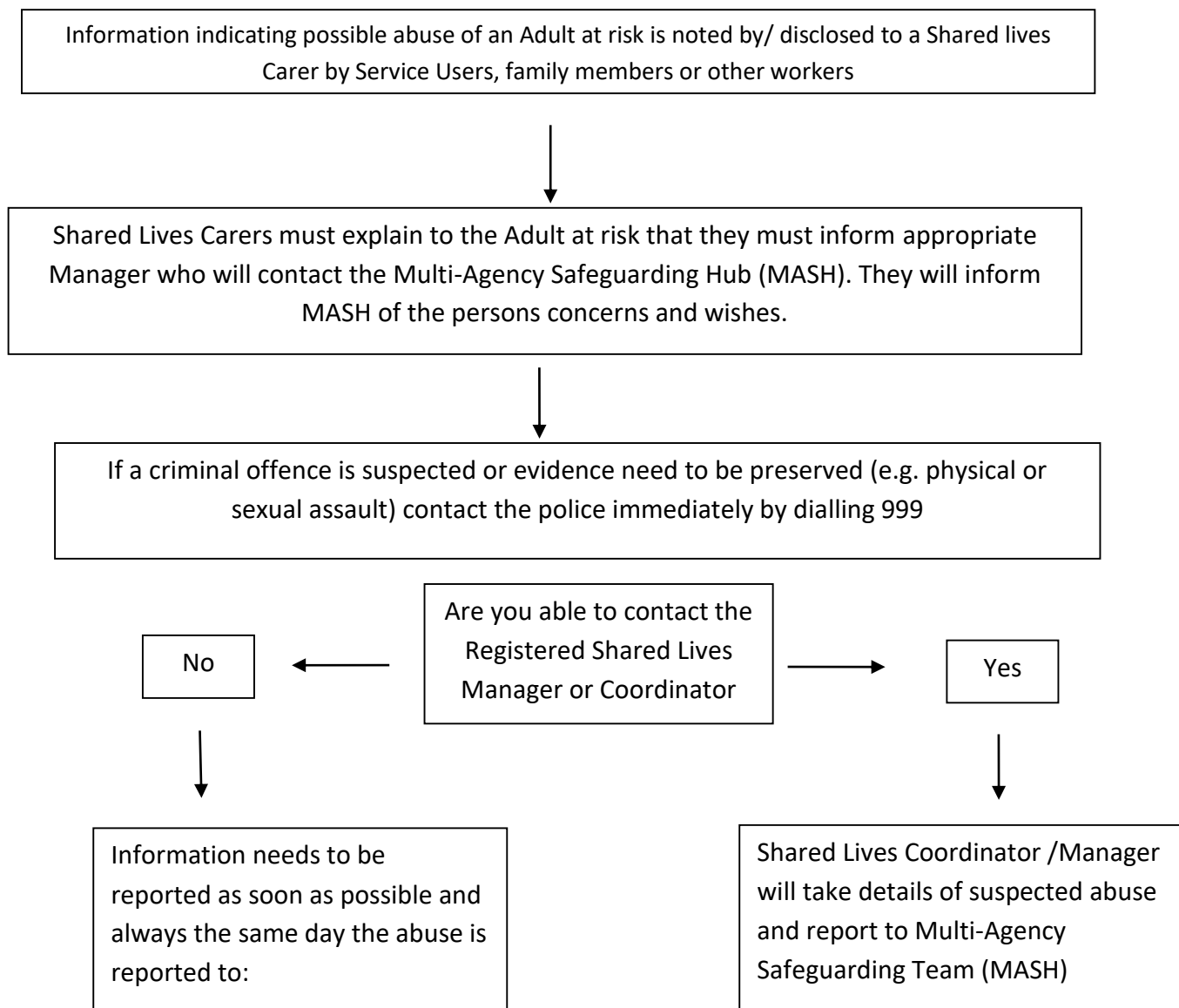
- Do not promise to keep secrets; but do explain that the information will only be passed to those who "need to know", and try to be specific about who these might be
- Do not make promises that you cannot keep (such as "this will not happen to you again")
- Do not contact the alleged abuser or anyone who might be in touch with him / her
- Do not be judgmental e.g. "why didn't you run away?"
- Do not tell anybody who doesn't need to know – remember the rules of confidentiality
- Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it

## **Recording Concerns & Disclosures**

Concerns about abuse must be recorded as soon as possible and always on the same day.

- Records should be given to your Line Manager
- Records of concerns and disclosures of abuse are strictly confidential
- Reports should not be entered into a record or file to which people who do not need to know, or an alleged abuser, may have access
- Write it as soon as you possibly can after the disclosure so you remember as much as you can.
- Write down exactly what the person said, for example if an adult says "he touched me down there" write this down, do not write "she said he touched her vagina"
- Include the following:
  - Where the abuse took place
  - Whether anybody else was present
  - Who has been abused, where and when
  - What was the impact of the abuse
  - Who was involved in the abuse
  - Were there any issues about the mental capacity of those involved at the time of the incident
  - Immediate actions taken to protect the person with care and support needs
  - does anyone else involved have care and support need
- If you make a mistake, put a line through it, do not use Tippex.
- Use a pen or a biro, preferably with black ink for photocopying.
- Sign the report, date and time it
- Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court

## Reporting Flowchart



Multi-Agency Safeguarding Team (MASH):

**Customer Service Team on 0345 045 5202** (8am – 6pm Mon-Fri, 9am-1pm Sat)

Email: [referral.centre-adults@cambridgeshire.gov.uk](mailto:referral.centre-adults@cambridgeshire.gov.uk)

Fax: 01480 498 066

Minicom: 01480 76 743

Text: 07765 898 732

### **3. Health and Safety**

The scheme has a general duty of care which applies in all situations, 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.

#### **Responsibilities**

All Shared Lives carers have personal responsibility for:

- taking reasonable care of their own health, safety and welfare and understand the importance to other people of doing so
- 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
- use hazardous substances in accordance with the directions provided and training received and follow any preventative measures identified in risk assessments
- reporting any accidents or dangerous occurrences that have 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 and comply with all health and safety statutory duties expected of them
- attending training and read information so that they understand the importance of health and safety issues, the relevant legislation, their own responsibilities and the safe working practices that apply to them
- Inform the Shared Lives coordinator if they have not been trained in, or are not qualified or equipped to carry out a specific activity
- to cooperate with the scheme in the completion of the Health & safety checklist

#### **Control of Substances Hazardous to Health (COSHH)**

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.

Shared Lives carers should:

- understand which substances may be dangerous and the importance of avoiding their use if possible
- recognise the warning labels and their different meanings
- assess the risks within Shared Lives arrangements and take action to reduce these
- know how to deal with hazardous substances if their use is necessary
- understand the importance of explaining the warning labels and dangers to people who are in Shared Lives arrangements.

When use of a hazardous substance is necessary:

- it will be stored in its original container
- it will be kept in a locked cupboard or a secure place away from children or other people who may not understand the dangers
- the instructions for use will be read and followed (including how to deal with accidental exposure)
- protective equipment such as gloves or masks will be used when required.

### **Accidents or dangerous occurrences**

Shared Lives carers will record all accidents or dangerous occurrences which involves a person in a Shared Lives arrangement and report to the Shared Lives scheme within 24 hours. Additionally, if there is an incident or accident involving the Shared Lives carer or member of their family which impacts on the Shared Lives arrangement then, this should be reported to the scheme without delay.

The scheme manager will take responsibility for ensuring that all accidents and dangerous occurrences are reported if required to the Care Quality Commission (CQC) or the Health and Safety Executive.

Each accident or dangerous occurrence will be reviewed with the Shared Lives carer by the Shared Lives coordinator and/or scheme manager in order to learn from the episode and take preventative action where necessary. Any action taken will be recorded by the Shared Lives coordinator to ensure that a safe environment is provided and to minimise the risk of injury in the future.

### **First Aid**

As a Shared Lives carer you will be given basic first aid training, this must be followed at all times. This training will include an understanding of their own limitations and when it is appropriate to seek assistance from another person or professional who has been specially trained in first aid.

A basic first aid box should be available at the Shared Lives carer(s) home.

Before giving any medication or dressings, the Shared Lives carer will check a person's Service User Plan to find out if they have any special requirements and to make sure they do not have any allergies or other reasons why they should not receive treatment.

The emergency services, GP or other health professional will be informed when appropriate and follow up treatment obtained when necessary. The Shared Lives scheme must be informed who will then contact the person's family or main support provider when this is relevant to their situation.

The Shared Lives carer will record details of any accidents or injuries and will report them to the Shared Lives coordinator or scheme without delay. The Shared Lives scheme will inform the Care Quality Commission (CQC) when required.

## **Moving and handling**

Anyone whose work involves moving people or objects will be trained in techniques for avoiding injury.

Shared Lives carers who are likely to be helping people to move will be provided with training before any Shared Lives arrangements begin. They will not use any special aids or equipment until an appropriately qualified person has shown them how to do this properly and safely.

Service User Plans will contain information about how the individual likes to be moved and what equipment they need for this. A risk assessment will also be included so that both the individual and Shared Lives carer can avoid injury.

Lifting equipment will be in a safe condition to use and regularly inspected and maintained by the manufacturer.

General everyday lifting i.e. shopping should be completed safely following the training provided. Shared Lives Carers should make their own assessment and not lift any objects outside of their own capabilities to prevent and minimise the risk of injury. Any concerns should be reported to the Shared Lives scheme immediately.

## **Lone working**

If Shared Lives coordinators or carers are making visits in the community which are thought to be hazardous e.g. the home of a person who is known to be angry or a person known to have a history of violence, the risks will be assessed before they go ahead. The risks may be reduced by:

- taking a mobile phone
- being accompanied by a colleague
- making sure other people know exactly where they are going
- making arrangements to phone the office before and after the visit has been completed and having a contingency plan if this call doesn't take place

If Shared Lives carers are supporting a person whose behaviour is known to cause significant risks to themselves, the person or others, a risk assessment will be included as part of that person's Service User Plan.

## **4. Fire Safety**

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.

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

## **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.

## **Additional Fire Precautions**

The Personal Emergency Evacuation Plan (PEEP) completed by the Shared Lives carer and Shared Lives coordinator 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, will 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 recommendation is for ten-year smoke alarms with sealed battery units to be fitted. Where homes 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 where possible. The Shared Lives Coordinator will check these annually as part of the Health & safety Check.

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. 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 therefore two alarms may be necessary but 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.
- 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).

## 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 retardant 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 retardants' 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.

To reduce the risk of fires:

- 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. Candles should only be used in a safe place where they are not likely to ignite surrounding furnishings and again checked that they are extinguished fully. All room doors should be closed at night.

## 5. Food safety, nutrition and hydration

A good balanced diet is important for people's general health, while eating the food that the person likes and enjoys is just as important for their sense of well-being. Shared Lives carer(s) should 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 their Service User Plan. These factors should be considered when planning a menu and preparing a meal - e.g. personal preferences, religious beliefs, traditions and/or cultures. All information about a service user's food allergies and intolerances must be observed and followed. The person should be offered a variety of foods at mealtimes and will be able to help themselves to snacks and drinks when the person wants, paying particular attention where hydration may be an issue. The person should be encouraged to be as independent as possible to prepare meals and snacks. Their Shared Lives carer(s) may encourage the person to eat well, when appropriate, but the final choice about what the person eats will be theirs.

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 themselves.

Diseases and infections can be spread through the preparation, cooking and storage of food and the way that equipment is cleaned. You will be provided with training and information which should be followed at all times.

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:

- wear appropriate clean clothing for the activity you are carrying out and do not wear excessive jewellery when preparing food
- ensure cuts and sores are covered with a waterproof, high visibility, dressing
- do not smoke in the kitchen or food preparation areas
- 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
- keeping worktops and chopping boards and other equipment clean
- storing foods correctly, keeping perishable food refrigerated until required
- do not use, prepare or eat any food which has exceeded its 'best by' or 'use by' dates
- be aware that preparing food too far in advance of it being eaten increases the risk of food poisoning.

If the person is involved in the preparation and cooking of food as part of their Shared Lives arrangement, their Shared Lives carer(s) will explain and encourage and help the person to follow these safe practices too.

The Shared Lives Carer should inform the Shared Lives scheme of any skin, nose, throat, stomach, or bowel disorders, you, or someone in your household, is suffering from when the person is visiting your home. It is **essential** that any food-borne related disease is reported immediately to the scheme coordinator. For further information, consult the 'Hygiene and Infection Control' code of practice.

## 6. Hygiene and Infection Control

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 expected to follow good practice for washing hands and to encourage or help other people in their household to do the same. This means:

- 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.

‘Universal precautions’ means treating all blood and bodily fluids as potentially infectious. Shared Lives carers will therefore be required to follow this procedure every time they are dealing with these:

- washing their hands before and after touching the person
- wearing protective clothing such as gloves and aprons and washing their hands again after removing the protective clothing
- changing gloves between each person
- covering their own cuts or broken skin with a waterproof dressing or 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
- disposing of any contaminated waste in sealed bags, or according to advice from the GP or other health professional
- putting contaminated laundry in to suitable bags before laundering
- Washing contaminated laundry in biological detergent in a hot wash.

Personal Protective equipment must be used if a risk assessment identify them as being necessary.

A small number of people who have lived in long-stay hospitals are particularly at risk as carriers of the hepatitis B virus. As this is a known risk, anyone who is supporting a person who 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.

Some diseases and infections are ‘notifiable’ ones, which means that the Local Authority must be informed of an outbreak. Shared Lives carers will follow advice and instructions from the GP, if this becomes necessary.

## **7. Risk Assessment and risk management**

Taking risks is a normal part of a lifestyle that maximises independence. The Shared Lives carer 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.

If everyday events and activities could involve some hazards or potential harm for the person or other people around them, the person will be able to discuss these risks with their Shared Lives carer(s) and/or Shared Lives coordinator (and other people when appropriate) and then, if necessary, agree actions for reducing those risks.

The person will have a risk assessment as part of their referral and introduction to Shared Lives. This will be added to the person's Service User Plan and becomes an essential part of this. The Shared Lives Carer will be given copies of their Service User Plan and also the written risk assessment.

The scheme provides Shared Lives carers information and ongoing support to enable them to identify hazards and assess risks, to take actions to reduce or remove the risks when appropriate and to record discussions and decisions about this.

Any risk assessment 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 person's Service User Plan.

## **8. Personal care**

To provide personal care safely and sensitively the following practices must be followed:

- 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
- provide guidance and support about personal hygiene when needed
- support the person to make choices about their own clothes, hairstyles, glasses, make-up etc.

Shared Lives carer(s) will be made aware of an individual's needs and preferences around personal care as these will be explained in the person's Service User Plan and regularly reviewed as part of the Shared Lives arrangement. When the person expresses a preference this should be respected. As you get to know the person this can lead to increased trust and confidence and they may be able to communicate their choices in different ways. If the way they are wanting support changes the Shared Lives carer should speak to their coordinator who will complete a review of the service User Plan.

If a person's cultural or religious customs have implications for their personal care, these will be documented in the person's care plan.

If a person requires support with moving and handling, their Shared Lives carer(s) will be provided with specialist training and/or equipment to enable them to undertake this. These will be provided after assessment by an appropriate professional as will any technical aids or equipment to enable the person to do as much as possible for themselves.

When a person's care is shared between a Shared Lives arrangement and the person's family and/ or other service provider, or between two different Shared Lives arrangements, their Shared Lives carer will work in partnership with the person's family or other supporters or Shared Lives carer(s) in order to ensure that there is consistency and continuity of care.

## 9. Palliative, end of life care, death and dying

If the person is ageing or ill and living with a Shared Lives carer(s), the person and the Shared Lives carer(s) should take the opportunity to discuss whether it is possible for the person to stay there and under what circumstances the person may need to move to a hospital or other place where more specialised care is available. In arriving at a decision consideration will need to be given to any other members of the household, the person's family and friends when discussing the availability of palliative care schemes, when needed.

Shared Lives carers and Shared Lives coordinators should be open to discussion with the person about death and dying. The person's physical and emotional needs will be considered as part of the Service User Plan, as well as the person's comfort and well-being in this situation. The Shared Lives Carer should support the person to discuss this situation, it is likely other relevant professionals will also be involved. If the person's needs are changing during the course of an illness, these will be reviewed promptly and whenever necessary in order to provide additional personal support or aids or appropriate input from other professionals or bereavement counsellor.

Throughout the person's illness the person's Shared Lives carer(s) will respond in the same way as they would with any other family member and will contact the doctor and/or other health professionals or the emergency schemes as necessary.

During the person's illness and/or death their Shared Lives carer(s) will respect the person's privacy and dignity at all times. The Shared Lives carer(s) will receive additional support from the Shared Lives coordinator and other relevant professionals and so will members of their family and others in the household. The person's own family and friends should be welcomed to visit the person during this time.

The person's Shared Lives carer(s) will respect the person's religious and/or cultural preferences and will follow any particular instructions the person has left such as an end of life plan and/or will know who to contact after the person has died.

### When a Service User dies

Carers who discover the bodies of Service Users in their own homes who they suspect may have died should:

- Contact 999 and ask for the Police, Ambulance they will advise when/who will contact the GP and Next of Kin
- Contact the Registered Manager at the earliest opportunity and explain the circumstances. If out of hours also contact the Emergency Duty Team
- Not attempt to move or disturb in any way, the body of the deceased Service User until directed by any professional attending
- Not attempt to move, dispose of, or disturb any items in the surrounding area until after the GP, Police, or named contact, have been informed and have attended at the scene and direction has been given. The GP will advise when the undertaker can be contacted
- record circumstances of the death and any other relevant information not already described above

The GP needs to confirm the service user death and provide a certificate. GPs issue medical certificates giving the cause of death. If causes of death are unclear, GPs report deaths to coroners and arrange for bodies to be removed to hospital mortuaries where post-mortem examinations may need to be carried out.

Coroners are doctors or lawyers appointed by local authorities to investigate certain deaths. They can arrange for inquests to be carried out, following post-mortem examinations, in cases where deaths are violent, unnatural, took place in prison or police custody, or where the causes of death remain unclear following post-mortem examinations. Inquests are legal enquiries, held in public (sometimes with a jury) and are chaired by Coroners.

Deaths cannot be registered until Coroners' investigations are complete. Registration of deaths is carried out by County Council Registrars of Births, Marriages and Deaths.

Deaths can be registered by one of the following (in order of priority):

- a relative who was present at the death
- a relative present during the person's last illness
- a relative living in the area where the death took place
- anyone else present at the death

The Shared Lives Registered Manager will take responsibility for notifying the Care Quality Commission (CQC) of the person's illness, when this is necessary, and if the person has died while in a Shared Lives arrangement.

## **10. Medication**

You should not support any person with any type of medication or homely remedy without speaking to your coordinator. They will identify which, if any, medication training is required.

Once you have attended medication training you will be provided with a copy of the relevant policy and details of what to do if an error occurred.

The Service User plan will give you information relating to any medications that the person takes. Where a person is able to take their own medication they should look after this themselves and should not be held by the Shared Lives Carer.

## **11. Record Keeping, Access to Files and Information Sharing**

### **Record Keeping**

Shared Lives carers also have to keep copies of information about the person using or living in a Shared Lives arrangement. They are also required to keep records of daily activities, financial transactions and record anything significant that happens to the person whilst the person is with them as required by the Shared Lives Scheme. Shared Lives Carers are required to keep these records in a safe place too, to ensure that other people in their household do not read them or interfere with them. All Shared Lives carers are informed about the importance of confidentiality before they start working in the service and the Shared Lives coordinators provide ongoing advice and assistance for them if necessary.

## Recording Information

Good case recording is an important part of the accountability of staff working in care provider services to those who use the services.

- all recording must be clear, dated and signed
- all recording must be factually accurate and objective. It must not usually include opinion – but where opinions are recorded, the reasons why they are being recorded must be also be recorded
- recording is completed as soon as possible after the events it describes
- be 'outcome focussed'
- be prepared in partnership with Service Users
- care recording must be clear, concise, and up to date. It should include full and appropriate summary of support carried out with the service user.

Care recording must:

- list the activities and events of the support session in chronological order
- be recorded on the recording document sheets provided by the scheme unless otherwise agreed with Shared Lives coordinator
- record all the facts, any discussions that have taken place that have a relevance to any activity, decisions made, appointment and any actions taken
- give examples of choices made by the service user
- make it clear when the views of Service Users and Carers have been recorded
- must not be changed after events have already been recorded to avoid jeopardising actual, or potential incidents of events. Where amendments have to be made (eg where factual information has been recorded wrongly), strike through the incorrect information with one line and initial the error
- only record information about the service user you are working with, do not include names of any other services on the recording forms. If you are required to record information relating to another service user, please use only initials
- always be carried out using non-discriminatory language. Staff must not alter, amend, or change other coordinators' recording
- recording sheets can be used to record and report on Safeguarding incidents, health and safety incidents and given to the Registered Manager to support with any investigation. These will need to be filled in promptly after the incident, and sent to the Registered Manager. Use pre-paid envelopes and mark the envelope "Open by Addressee only". This will ensure the information will be shared only with the Manager and dealt with accordingly and confidentially
- outcome forms if provided are required to be completed to monitor the progress of the support package against the support plan. They should be completed at intervals as agreed by the Shared Lives coordinator and discussed in supervision sessions.

Factors to take into account when recording are:

- the need to distinguish factual observations from personal opinions
- information needs to be relevant to the support being offered and reflect the need to record supporting evidence in the event of complaints
- the usefulness of using 'bullet points' - especially where complex events need to be described/explained

- care records are a legal requirement and can be used in the event of legal proceedings, used as part of complaints and Safeguarding investigations. They may be subject to audit by the Care Quality Commission during routine inspections
- recordings will be stored on the individuals care file held within the Local Shared Lives Scheme office .

The use of e-mail can encourage a more informal, and at times more candid, style of communication, the guidelines and standards contained in this document must be applied when using e-mail as a method of recording information about Service Users. When using this method to provide information Shared Lives Carers should consider if this is the most appropriate way of communicating the information particularly when it is personal and confidential and ensure anonymity is maintained. Subject to the usual statutory rules, e-mail correspondence can be disclosed to people who ask for access to information held about them under the terms of the Data Protection Act 1998.

When the Shared Lives arrangement comes to an end, the Shared Lives carer's records must be returned to the scheme's office and kept there with the rest of the information held about the person. All records are kept for 6 years after the person has ended their involvement with the scheme and are then disposed of carefully and safely to maintain confidentiality.

### **Access to Files**

Wherever possible the Shared Lives coordinators and Shared Lives carers will involve the person and/or their representative in what is being written down and will discuss and show it to the person at the time. The person will be given copies of the most important records, such as their Service User Plan or Shared Lives Arrangement Agreement. The person can also ask for copies of other things if they wish. Shared Lives Carers are able to access the files containing information about themselves too. A request for information should be made in writing to the registered manager.

### **Information Sharing**

The person's right to confidentiality will be respected throughout this process. Personal information should only be shared with their agreement or if it is necessary in order to prevent harm to the person or others.

The person may require their support to be coordinated with others for example with their dental appointments or with getting home from a club, or need to transfer to or from hospital, or want to go to college. We will do our best to communicate and work with the other people involved to ensure the person's needs and wishes are met.

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 responded to.

When the scheme needs to share information such as the Service User Plan or risk assessments with the Shared Lives Carer this will be provided by email where the Carer has this facility. In this instance coordinators MUST use the Managed File Transfer system the County Councils secure email service, alternatively using Royal Mail post (in some circumstances this may be sent by recorded delivery) or hand delivered directly to the carer.



## 12. Confidentiality

It is important the Shared Lives Carer understands the importance of confidentiality and how to maintain this. All information and records held by the scheme are kept securely so that unauthorised persons cannot access them. This includes records kept by Shared Lives carers. Any breach of confidentiality will be treated very seriously, for Shared Lives Carers this would result in a review of approval by the scheme manager.

Information that the person has given us in confidence should not be shared with the person's family or friends against the person's wishes. We will ask the person for permission before disclosing information about them to any other person or organisation. This usually happens only when the other person or organisation needs the information in order to provide the care or support required.

In certain very limited circumstances you may have to share information about the person without the person's agreement. This would be if it were essential for the person's safety, or for the safety of others. In these circumstances you should explain why you have to do this and what information we are providing. The Shared Lives Carer should record this on the recording sheet and contact their coordinator to explain the circumstances.

Shared Lives carers are entitled to confidentiality themselves. It will of course be necessary to share certain 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. In exceptional situations, it may be necessary to share information without the agreement of the Shared Lives Carer e.g. if there is risk of harm to people in Shared Lives arrangements or to other vulnerable adults or children, or to prevent an offence being committed. In this event, the Shared Lives worker will inform the Shared Lives carer(s) and explain the reasons why it is necessary.

## 13. Equality and diversity

Shared Lives Carer should recognise that some individuals and groups can sometimes be discriminated against and be committed to working in ways that value diversity and promote equality of opportunity and anti-discriminatory practice.

Definitions of Equality and Diversity are as follows:

- *Equality is a legal framework to protect against discrimination, promote equality of opportunity and foster good relations between people with 'protected characteristics'.*
- *Diversity is the valuing of our individual differences and talents, creating a culture where everyone can participate, thrive and contribute.*
- *Diversity is multi-dimensional and includes, race, disability, class, economic status, age, gender and transgender, sexuality, faith and belief.*

Each person we support has the right to:

- live a meaningful and fulfilling life
- achieve all they can
- be valued for who they are, including their ethnic background, language, culture and faith
- be treated equally
- take part in ordinary living
- access services and resources available in the community

- live in an environment that is free from bullying, harassment or discrimination

A Shared Lives carer should be aware of their own behaviour and attitudes and ensure that they do not use these to influence the person they support.

Working practices will be kept up-to-date through ongoing monitoring, supervision and training and through learning from experiences and complaints and continually striving for improvement.

#### **14. Sharing your Home**

A carers home is their own personal living space so it is important that when they decide to share this space with a person through Shared Lives that this arrangement meets the expectations of all.

There are some areas in regard to health & safety that must be accounted for to comply with fire and health and safety regulations, there are:

- Ensure the household has working smoke alarms which are checked regularly, where possible to use carbon monoxide sensors.
- Gas/Electric appliances need to be maintained in safe condition, including yearly servicing of central heating boilers by an approved engineer.
- Food should be stored in an appropriate and safe way.

To ensure the person staying with you feels welcome in your home and part of your family life the person should have access to areas of the house, including the kitchen, a lounge and other communal areas that are agreed. It is important for the carer to maintain their own personal space i.e. their own bedroom which the person staying through a Shared Lives arrangement should not have access to.

The person should have private access to a spare bedroom, this means a bedroom that is not normally used by you or any member of your family on a day to day basis. Furnishings should include an appropriate bed, storage for clothes and personal items. The room should have a window covering that can be opened/closed as required in order to maintain privacy. The person may choose to purchase their own furniture for long term arrangements. Heating and lighting should be provided in all rooms.

The room should be neutral without personal or household items that would need to be accessed during the persons stay to allow for their privacy and dignity to be maintained.

Bedding and towels etc. will be provided for respite stays. In long term arrangements the person may want to purchase their own soft furnishings. Where the person requires any special equipment i.e. mattress protectors, duvet protectors due to the presenting needs of the person this should be discussed with the Shared Lives Scheme.

Any deviation from these arrangement must be agreed by the Shared Lives scheme.

## **15. Carers Insurance & Household Information**

### **Public Liability Insurance**

Cambridgeshire County Council provides approved Shared Lives carers with Public Liability insurance cover, effective during placements arranged by the Cambridgeshire Shared Lives Scheme. Full details of the cover are provided to Carers after they have been approved.

Shared Lives Carers are covered by the Council's liability insurance for the activities and care they provide Service Users with **provided that** the nature of activities and care has been approved and authorised by Scheme Managers.

### **Property Insurance**

Shared Lives Carers should inform their insurers when they become approved Shared Lives Carers and explain to their insurers that this entails Service Users staying with them or visiting in their homes. Failure to do so may result in difficulties making claims.

Cambridgeshire County Council provides Shared Lives Carers with insurance to cover against Service Users damaging, or losing, property belonging to the carer during placements.

Service users may have their own property or valuables with them during placements.

Shared Lives Carers should check with their own insurers if their household contents insurance covers possessions belonging to the service user during placements. If not, carers should notify their coordinator who will work with service users to arrange other cover.

### **Car Insurance/Car Documents**

Shared Lives Carers must maintain their own car insurance this must provide cover for business use in connection with transporting service users in their car.

Carers must provide an up to date copy of the motor vehicle insurance certificate, MOT, driving licence and registration document for any vehicle used to transport a service user. This must be completed before any mileage can be claimed.

### **Council Tax**

Carers should always consult with their local district council to confirm the council tax liable at their property when a service user is staying or visiting their home.

### **Changes to Property**

Carers should inform their coordinator where there are any changes to the property or when building work is taking place. This will give the coordinator opportunity to discuss with the carer any changes to support or any additional risk assessment that may be required.

## 16. Code of Conduct for Shared Lives Carers

The scheme believes that Shared Lives carers in the scheme should act in a professional and competent manner at all times, keeping in mind the best interests of the people who are making use of Shared Lives arrangements.

As a Shared Lives Carer, you make a valuable and important contribution to the delivery of high quality **care and support**. Following the guidance set out in the Code of Conduct for Health and Adult Social Care Support Workers 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.

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

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.

### **Promote and uphold the privacy, dignity, rights , and wellbeing of people who use Health & Social Care services and their Carers at all times.**

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.

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

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**.

**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.**

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.

**Respect people's right to confidentiality.**

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.

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

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.

**Uphold and promote equality, diversity and inclusion.**

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.

**17. Whistleblowing**

The Shared Lives Scheme and Cambridgeshire County Council are committed to the highest possible standard of operation, integrity and accountability. It is important that any fraud, malpractice or wrongdoing concerning a paid carer or a member of Cambridgeshire Shared Lives Staff is reported and properly dealt with.

Concerns can be raised by reporting through your Registered Manager on 01354 750084 or the Multi-Agency Safeguarding Hub (MASH) through:

**Customer Service Team on 0345 045 5202** (8am – 6pm Mon-Fri, 9am-1pm Sat)

Email: [referralcentre-adults@cambridgeshire.gov.uk](mailto:referralcentre-adults@cambridgeshire.gov.uk)

Fax: 01480 498 066      Minicom: 01480 76 743      Text: 07765 898 732

All concerns will be treated sensitively and, where possible, in the strictest confidence, although in some cases there may be a legal requirement to disclose the information.

Some concerns may not warrant a full investigation, for example, it may be a matter that can be resolved informally or may be a matter where actions have been misinterpreted. It is accepted that you need to be assured that the matter has been properly addressed. Therefore, subject to legal constraints and confidentiality, where possible, you will receive information about the outcomes of any investigation. If you would prefer to tell an independent organisation you may choose to contact **Public Concern at Work** on **020 7404 6609**, who are a registered charity whose services are free and confidential.

## **18. Mobile Phones**

Shared Lives Carers will need to use their own mobile phones, the Shared Lives Scheme is not able to provide these.

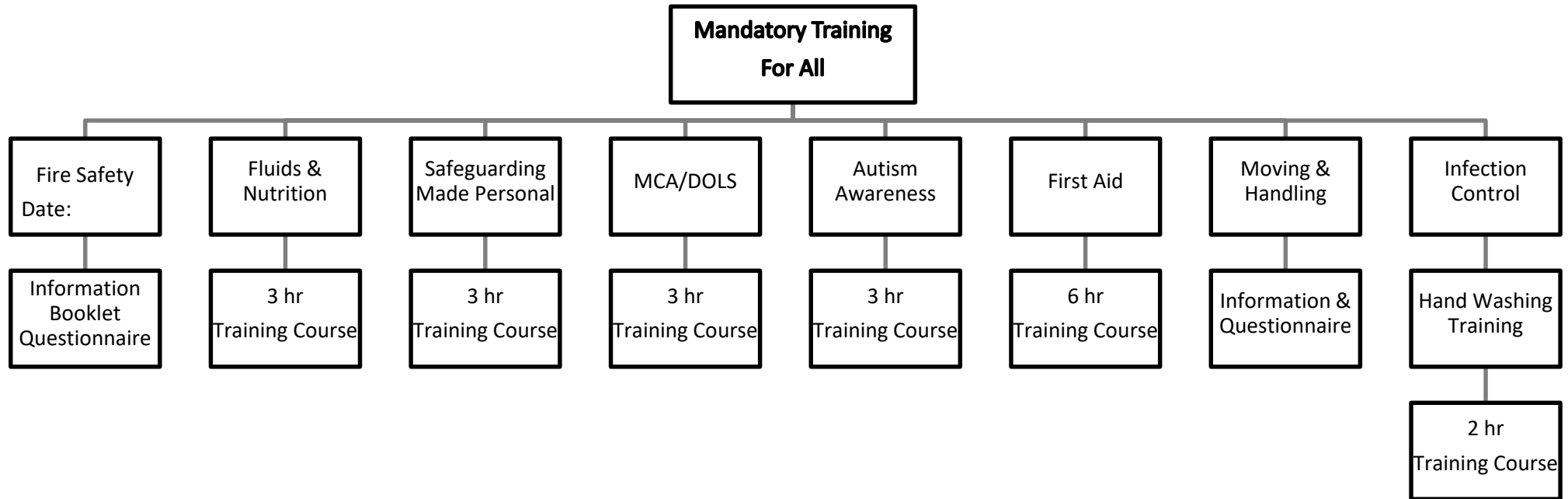
When the Shared Lives Carer is providing Day Opportunities the Carer should be aware that they are providing support in short time periods with activities to achieve, Carers should not encroach on this time by making/receiving personal calls.

## **19. Social Media**

We recognise that blogs and social networking sites provide a useful tool for communication and are accessed widely by many Shared Lives Carers. Carers should be aware of the issues that may arise when using Social media and should not:

- Disclose any information that is confidential to us or any third party or disclose personal data or information about any individual/colleague/service user, which could be in breach of the Data Protection Act.
- Disclose any information, which is not in the public arena.
- Post illegal material, e.g. images of child abuse or material which incites racial hatred.
- Make defamatory remarks about us, colleagues or service users.
- Misrepresent us, by posting false or inaccurate statements about our work.

## 20. Mandatory Training





## **21. Concerns about Shared Lives Carer work practice**

Shared Lives schemes are responsible for providing the encouragement and help that Shared Lives carers need to provide a good service to the people that they support. The scheme also have a duty to ensure that Shared Lives carers do their work well and in a way that demonstrates their commitment to the values underpinning Shared Lives. Where there are concerns the scheme provides a fair and consistent approach to the alleged failure to maintain standards of conduct or work.

Minor breaches of the Shared Lives carer agreement by the Shared Lives carer or concerns about standards of work will be dealt with informally in the first instance. The aim will be to understand the reasons for the Shared Lives carer's apparent failure to maintain standards and to identify ways in which the scheme can support the Shared Lives carer to do their work well.

Where concerns cannot be dealt with informally (because of the seriousness of the continuation of the concern): The scheme will ensure that the Shared Lives carer understands the nature of the concerns, the procedure that will be followed, timescales for the process and has an opportunity to put their own side of the story. Where there has been an allegation of abuse the scheme may be constrained in their communication with the Shared Lives carer by local adult protection rules.

As Shared Lives carers are self-employed and responsible for their own livelihood removing their approval removes their ability to have future placements and in effect denies them an opportunity to work. For this reason the scheme will approach de-approval of Shared Lives carers with fairness and equity and any decisions should be based on clear evidence following an agreed process and should never be subjective, unfair or taken lightly.

The scheme's registered manager will make a decision about the Shared Lives carer's on-going approval with the scheme, using evidence from a written report and the recommendation from the Shared Lives carer's allocated Shared Lives worker, along with the views and recommendations from the Shared Lives panel. The final decision to remove or continue approval with the scheme is made by the scheme's registered manager. The Shared Lives carer will have had the opportunity to review the report in advance of the Panel meeting and to submit his/her own response. Both reports will have been made available to panel prior to the meeting. The Shared Lives carer will have the opportunity to present their own side of the story at the panel hearing and has the right to be accompanied by a friend or representative, including a legal representative.

The Shared Lives carer has the right to appeal against any decision to remove approval using the procedure outlined in the Shared Lives Panel Guidance. At any appeal hearing the Shared Lives carer should be able to submit written evidence and should have the opportunity to attend and bring someone to support them, including a legal representative.

When there are concerns about a Shared Lives Carers performance this will be discussed in supervision when a full copy of the policy and process will be provided. A copy of this policy and process can be obtain from your Shared Lives Coordinator or directly from the scheme office at any time.

## **22. Carer Claim Forms and Payments**

An Expenses Claim Form should be completed by Carers for each Service User when support is provided. Claim forms and pre-paid envelopes are available from the Shared Lives Scheme.

Claims will be paid within 28 days of receipt by the Shared Lives Scheme, however they will be processed as soon as possible after receipt. If your claims are not paid within this timescale, contact the Shared Lives Scheme so this can be investigated. In order for the claims to be processed the corresponding activity recording must be completed.

Claim forms must be completed using a ballpoint pen. Complete form at top with name and address in relevant boxes and each column as advised below.

- A) Date and time support started.
- B) Date and time support finished.
- C) Type of Support  
**O** for outreach support, **R** for respite, **LT** for long term, **S** for supervision, **T** for training
- D) Total number of nights provided for long term or respite stays. If no additional support hours provided please go to Column H.
- E) Total time spent travelling between support i.e. from one Service User to another, not the first & last journey of the day. Outreach support ONLY.
- F) Hours providing support.
- G) Total time claimed. Add time claimed in column E to time claimed in column F and show total in column G
- H) Total number of miles travelled with Service User to completed agreed outcomes (Note: this is not automatically 25 miles).
- I) Total number of miles travelled to meet Service User from home or last place of support. This cannot be claimed by a Long Term Carer
- J) Add miles claimed in column H to those claimed in column I and show total in column J
- K) Service user Activity money agreed as part of support plan ONLY.
- L) Expenses i.e. entrance fees, parking maximum £10 per month for Respite Carers ONLY unless pre-arranged with your coordinator
- M) Complete journey details and record keeping on the back of the form to include activities/support undertaken, outcomes reached, issues arising and actions taken.
- N) Sign and date form.

All hours, travel time and mileage must be pre-agreed and documented with the scheme and will not be paid if this is not the case.

### **Training/Supervision**

Claims made for training/supervision should be made on a separate form from support claims. Training/supervision hours and mileage can be claimed from home to venue and return. Claims for training will only be paid when presented with a copy or original corresponding training certificate.

### **Carers Payment rates**

A copy of the current payment rates can be obtained from your Shared Lives Coordinator or scheme office.

### **Carers Payments**

Invoices received by the scheme will be processed as soon as possible but always within 28 days of receipt. The scheme processes payments twice weekly on a Monday or Thursday, or on the next working day if this day falls on a Bank Holiday or if there are circumstance beyond our control. Where the scheme knows in advance that the processing dates will change we will advise this wherever possible by email or text.

### **23. Shared Lives HMRC and Self-employment guidance**

All Shared Lives Carers are required to be self-employed.  
Please see the attached link to the HMRC website:

<https://www.gov.uk/working-for-yourself/what-you-need-to-do>

For the HMRC Helpsheet regarding tax relief search HMRC help-sheet 236 or use this link:

<https://www.gov.uk/government/publications/qualifying-care-relief-foster-carers-adult-placement-carers-kinship-carers-and-staying-put-carers-hs236-self-assessment-helpsheet/hs236-qualifying-care-relief-foster-carers-adult-placement-carers-kinship-carers-and-staying-put-carers-2017>

If you have any queries or do not have internet access please ask your Co-ordinator for a copy.

### **24. Cambridgeshire Shared Lives Policies, Guidance and Procedures**

Full copies of all policies, guidance and procedures can be obtained from your coordinator or from the scheme office. Please ask if you would like to receive a full copy of individual documents.

## 25. Useful Contact Numbers

Shared Lives Scheme	01354 750084
Fenland Learning Disability Partnership	01354 750084
East Cambs Learning Disability Partnership	01353 652240
Huntingdon Learning Disability Partnership	01480 372356
Cambridge Learning Disability Partnership	01223 743746
Emergency Duty Team / Out of Hours	01733 234724
Addenbrookes NHS Trust	01223 245151
Hinchingbrooke Hospital, Huntingdon	01480 416416
Queen Elizabeth Hospital, Kings Lynn	01553 613613
Peterborough City Hospital	01722 678000
Learning Disability Helpline (Free Phone)	0808 8081111
Care Quality Commission	03000 616161
Cambridgeshire Direct Contact Centre	0345 045 5202
Ruth Dickerson Shared Lives Coordinator	07825 932816
Amanda Bisby-Boyd Shared Lives Coordinator	07880 054234
Hayley Bradshaw Shared Lives Coordinator	07789 948542
Rachael Perry Shared Lives Coordinator	07917 505212