

# PIR question guidance: ASC Shared Lives

These are the questions we ask of the adult social care Shared Lives services in the Provider Information Return (PIR).

[Download and print](#)

We have provided additional information to help guide your answers. There are also links to our five key questions and their corresponding quality statements, which are related to each PIR question. Reading these will give you a better understanding of our expectations and assist with focusing your responses.

We're currently addressing an issue where information inputted in the PIR forms occasionally fails to save properly upon exiting the form. While we work on resolving this issue, we advise you to draft your responses in a separate document and then copy and paste them into the form.

## 1. Successes and barriers to good care

### Successes

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## 1.1 Describe what is going well and the impact this is having on people using your service.

Text (500-word limit)

- Use our good and outstanding ratings as guide to help you identify relevant items
- Tell us what has worked well and about the impact this has had on people using your services. You can include feedback from people who use the service or how monitoring has shown positive effects or results.
- Look at [how we monitor, inspect and regulate adult social care services](#) for more ideas about what you could put in your answer.
- Do include examples of how you're being innovative in your practice, but be sure not to include any names, or personal details.

## Barriers to good care

### 1.2 Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service

Text (500-word limit)

- Barriers to good care may be things outside your control, but you should still tell us about them.
- Explain what effect any barriers have had, or are having, on the people using your service.
- Explain the problems you know about, and what action you're taking, or plan to do, to deal with them.

## 2. People who use your service

### People who use your service: Number of people

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## **2.1 How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?**

Number:

- Tell us the number of people currently using your service as of the completion date of the PIR.
- Find out what is meant by [regulated activities](#).
- Because of the operational and statistical value these answers often have, we share responses with the [Department for Health and Social Care](#) (DHSC).

## **2.2 How many people have you served notice on to leave your service in the past 12 months solely due to a change in their care needs?**

Number:

We want know the number of service users who have been asked to leave because their needs changed and you can no longer support them; this doesn't include staff

## **2.3 How many people have you served notice on to leave your service in the past 12 months for any other reason?**

Number:

Tell us only about people who use or have used the service, not staff.

### **2.3a What were those other reasons?**

Text (500-word limit)

Apart from a change in care needs, what were your reasons for asking people who used your service to leave it in the past 12 months?

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# People who use your service: Care needs and preferences

## 2.4 How many people with the following dependencies do you currently support?

Number:

Select those that apply to the people using your service. One person can be counted under more than one dependency in the list here.

- Dementia
- People detained under the Mental Health Act
- Mental health needs
- Drug or alcohol misuse
- Eating disorders
- Sensory impairments
- Learning disabilities or autistic spectrum disorder
- Physical disabilities

## 2.5 How many people who use your service are there in each of the following age categories:

Number:

Give the number of people in each age category. Your responses for all categories should add up to the total number of people who use your service.

- 0 to 17 years
  - 18 to 24 years
  - 25 to 64 years
-

- 65 to 74 years
- 75 to 84 years
- 85 to 94 years
- 95 years and over

## **2.6 Do people who use your service have any specific communication needs or preferences?**

Options: Yes/ No

For example, people who use British Sign Language (BSL) or need information in large print, braille or another language.

### **2.6a How have you met these needs?**

(500-word limit)

We want to know:

- how you identify and record communication needs
- if you seek accessible ways to communicate with people
- how you meet these needs of the individual.

For example, you may be communicating using symbols and pictures you've developed for service users with learning disabilities.

## **2.7 How many people who use your service are non-verbal?**

Number:

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Tell us the number of people using your service that are unable to use speech to communicate.

## **2.8 How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?**

Number

Tell us how many people are at risk of malnutrition or dehydration. You'll know this through the assessment processes you use to identify when a person is at risk.

## People who use your service: Restrictions and restraints

### **2.9 How many people have restraints or restrictions in their care plans?**

Number:

This is where we ask about people using your service who may have their freedoms, rights or choices restricted. Here are links to the relevant legislation:

- The [Mental Capacity Act 2005](#) explains where a restraint can be used legally. The restraint must be necessary to prevent harm to a person that lacks capacity or to prevent that person causing harm to others. It must also be proportionate in its use to prevent that harm
- Under the [Human Rights Act 1998](#) restraint which amounts to inhuman or degrading treatment is unlawful in all circumstances, for example, using excessive force.

Further information about [reducing restraint](#), and [human rights](#) (PDF).

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Any act that restricts an individual's movement, liberty and/or freedom to act independently, that intends to take immediate control of a dangerous situation where there is a real possibility of harm to the person, is restriction. Restriction should end, or significantly reduce the danger to the person or others. Restrictions should not limit the person's freedom for any longer than is necessary.

Restraint is the use of force, or the threat of force, to restrict freedom of movement, whether a person is resisting or not. There are 3 main types:

**Physical restraint:** This is any direct physical contact intended to prevent, restrict, or subdue movement of the body, or part of the body of another person. This would include restraint by police officers if it were to occur in a care home.

**Prone restraint:** This is physical restraint that involves holding a person chest down.

**Chemical restraint:** This is when medicines that calm or lightly sedate are used to reduce the risk of harm and control extreme agitation and aggression.

**Mechanical restraint:** This is the use of a device, such as a safe suit, arm splints or a strap, to prevent, restrict or subdue a person's bodily movement. Wheelchair lap-belts and bedrails are forms of mechanical restraint. For [legislation](#) and guidance relating to restraint and restrictions, go to the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 13\(4\)\(b\)](#).

## **2.10 How many incidents of restraint have you recorded in the past 12 months?**

Number:

In your response to this question you should count incidents of restraint, but not restriction).

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You should include restraint which is triggered by the actions of the person at the time. For example, if they are used when the person is distressed or might cause harm to themselves or others. Do not include routine and regular use of mechanical restraint used to prevent people from having accidents, such as falling out of bed or a moving wheelchair.

## **2.11 Are there any restrictions or special arrangements on friends or relatives visiting people?**

Options: Yes/ No

### **2.11a What are these?**

Text (500-word limit)

Give clear reasoning for any arrangements over the past 12 months

## **People who use your service: Equality, Diversity and Human Rights**

### **2.12 How do you make sure you meet the Accessible Information Standard?**

Text (500-word limit)

Accessible Information Standards (AIS) covers the needs of people who are blind, d/Deaf, deafblind or who have a learning disability. It also includes anyone with information or communication needs relating to a disability or sensory loss that affects their ability to communicate. For example people who have aphasia, autism or a mental health condition.

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Provide examples of how you have met the Accessible Information Standard by identifying, recording, sharing, and meeting the information and communication needs of people who use services, carers/staff and relatives whose needs relate to a disability, impairment or sensory loss.

Include any procedures you have implemented that help you meet it, and that have helped your staff understand it.

**2.13 Please state whether you have carried out any specific work in the past 12 months to ensure or improve care quality for people in relation to the following protected equality characteristics:**

Checkbox

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Religion or belief
- Sexual orientation
- None of the above

Tick the relevant box(es) if you have carried out any work in relation to recruitment, staff training, environmental adaptations, care plan amendments or operational changes that promote equality, diversity and human rights. You can select any or all that apply, or choose 'None of the above'.

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**2.14 What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people using your service with protected equality characteristics and what impact has this had?**

Text (500-word limit)

Protected equality characteristics are Age, Disability, Gender, Gender Reassignment, Race, Religion or Belief and Sexual Orientation.

If you can, give examples for each of the different protected equality characteristics and say what impact this has had on their personalised care. This is about people who use your services only, it's not about staff.

**2.15 What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?**

Text (500-word limit)

This is about your staff only.

**2.16 How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?**

Text (500-word limit)

Take into consideration all the protected equality characteristics and preferences of those that you care for. These may be in the care plan but go beyond dependency assessments. Also say what methods you use for estimating staffing levels.

**2.17 What practical examples can you give as to how you and your workforce implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?**

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Text (500-word limit)

Show how you may have used the principles of human rights in your service and staffing. For example, you may use the FREDAs (Fairness, Respect, Equality, Dignity and Autonomy) principles and also relate these to your workforce policies.

## People who use your service: Funding

### **2.18 How many of the people who use your service (i) are funded in full or in part by their local authority, or (ii) receive NHS Continuing Health Care?**

Number:

Include in your number those who pay user charges towards local authority funded care, and those who pay using a local authority personal budget or have someone paying a 3rd-party top-up on their behalf.

### **2.19 How many other people use your service?**

Number:

This should include self-or charity-funded users and include those receiving NHS Funded Nursing Care, and also those paying the full cost through their local authority.

Your responses to 2.18 and 2.19 should add up to the total number of people using your service.

## 3. Shared lives workers and carers

### Staff numbers

#### **3.1 How many people are directly employed and deliver regulated activities at your service as part of their daily duties?**

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Number

This includes the following types of workers:

- permanent employees
- temporary employees
- pool
- agency
- students
- voluntary
- 'other' who provide regulated activities.

Do not include people who only do things we do not regulate, like cooking or cleaning.

Include staff on zero-hour contracts.

Do not include vacancies.

With your consent, we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates.

### **3.2 How many Shared Lives carers are providing regulated activities for the scheme?**

Number:

This set of questions helps us to understand the size of the scheme, and arrangements with Shared Lives carers as a separate support team away from directly employed staff.

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We would like to know the number of Shared Lives carers currently providing long term and respite/short breaks support. If a Shared Lives carer provides both types of care, avoid double counting. To do this, only count a person in the long-term category if they provide both long-term arrangements and short breaks.

Find out more about [regulated activities](#).

### **3.3 Of the people currently supporting the delivery of regulated activities at your service, how many are Shared Lives workers?**

Number:

This supports context for later questions about Shared Lives workers and Shared Lives carers

### **3.4 How many staff or Shared Lives workers have left your service in the past 12 months?**

Number:

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

### **3.5 How many staff or Shared Lives workers vacancies do you have?**

Number:

This is about the vacancies you hold that are for those who provide care as part of a regulated activity and needed to meet the demands of your current client roster.

With your consent we will share your response to this question with Skills for Care. They will use the information to check and improve the adult social care workforce estimates

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### **3.6 How many full-time equivalent posts do you employ?**

Number:

The equivalent is to add all the working hours together and divide them by 35

### **3.7 How many hours of care have agency staff provided in the past 28 days?**

Number:

Weekly hours vary therefore 28 days is asked for to offer a picture on the average provision

## **Training and qualifications**

### **3.8 How many of your current Shared Lives workers have completed the Care Certificate?**

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the [Care Certificate's](#) 15 standards at [Skills for Health](#).

### **3.9 How many of your current Shared Lives carers have completed the Care Certificate?**

Number:

This question focuses on staff and volunteers having effective and regular mentorship, support, induction, supervision, appraisal and training. You can view the [Care Certificate's](#) 15 standards at [Skills for Health](#).

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**3.10 How many of your Shared Lives workers have achieved a relevant Level 2 (or above) qualification?**

Number:

Those with caring responsibilities often have a qualification such as an NVQ or a Diploma in Health and Social Care. You can submit that information here.

**3.11 How many of your Shared Lives carers have achieved a relevant Level 2 (or above) qualification?**

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

**3.12 How many of your Shared Lives workers have a named person that provides them with regular one to one supervision?**

Number:

'Supervision' means when a member of your staff takes responsibility for providing guidance and support to a junior employee.

## 4. Commissioners

### Organisations that commission care from you Commissioners

Tell us which organisations receive, or 'commission', care from you.

These could be your local authority, or it could be safeguarding teams, clinical commissioning groups - or others. These fields are mandatory. Be sure to give the correct number as it relates to your service.

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## 4.1 Select the number of commissioners

Tell us how many organisations you work with in partnership. This can include your local authority, safeguarding teams and clinical commissioning groups.

### Commissioning organisation

Text

You should include the details of organisations that commission care and support for people at your service. We may contact them to seek their views on your service. Organisations could include local authorities, NHS, and charities, and so on.

### Number of people

Number

We would also like you to tell us how many people each commissioner has asked you to support. This will help us understand the relative size of the organisations that commission services from you

### 4.1a Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below

Text (500-word limit)

You will only need to enter information here if there are more than 10 organisations that place people with your service and joined-up care? Does it do so in an open, honest and transparent way?

## 5. Quality assurance and risk management

### Shared Lives Scheme Panel

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## **5.1 Does your scheme have a panel?**

Options: Yes / No

### **5.1a How many panel meetings have been held in the past 12 months?**

Number:

Count all meetings that have been held in the 12 months up to the date of this return.

### **5.1b How many Shared Lives carers have been approved by panel in the past 12 months?**

Number:

Count all approvals granted in the 12 months up to the date of this return.

### **5.1c How many Shared Lives carers have been de-approved by panel in the past 12 months?**

Number:

For de-approvals, state the number of Shared Lives carers that the panel have removed carer approval from

### **5.1d Describe how carers are assessed and approved.**

Text (500-word limit)

### **5.1e What reasons have there been for the panel to remove carers' approval status?**

Text (500-word limit)

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Give reasons for carers whose approval status was removed in the 12 months up to the date of this return.

## **5.2 How do you quality assure your scheme?**

Text (500-word limit)

If a panel is not in place, provide details of how these functions are currently.

## Quality assurance and risk management: Infection prevention and control

### **5.3 How do you minimise the risk of infection at your service?**

Text (500-word limit)

This is about all types of infection, so include things that you have learned from the coronavirus (COVID-19) pandemic.

## Quality assurance and risk management: Duty of candour

### **5.4 How many notifiable safety incidents have you had in the past 12 months that have triggered the harm thresholds of the duty of candour regulation?**

Number:

This is to do with managers understanding the recommendations made by CQC, keeping up-to-date with changes and communicating these effectively to staff. For more information you can go to [Regulation 20 and the duty of candour](#).

## Quality assurance and risk management: Medicines and controlled drugs

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**5.5 Do any Shared Lives carers in the scheme support people to take their medicines?**

Options: Yes / No

Answer 'yes' if you administer drugs to people receiving regulated activities.  
(If your service does not administer medicines, medicine-related questions will not appear.)

**5.5a Have any Shared Lives carers in the scheme supported people to take controlled drugs in the past 12 months?**

Options: Yes / No

A 'controlled drug' is any medicine defined by the [Misuse of Drugs Act 1971](#).

**5.5b Have any Shared Lives carers in the scheme administered medicines covertly in the past 12 months?**

Options: Yes / No

Medicines are being administered covertly if they are given disguised in food or drink and this practice can only be authorised if the person lacks capacity to understand the consequences of not taking the medicine.

**5.5c How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?**

Number:

Chemical restraint is achieved using a medicine prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

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**5.5d How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?**

Number:

A medication review is a structured, critical examination of a person's medicines by a healthcare professional and it should occur at least once a year.

**5.5e Have any Shared Lives carers in the scheme used enteral tube feeding to administer medicines in the past 12 months?**

Options: Yes / No

Enteral feeding tubes provide access to the stomach or jejunum (small intestine) where there is an obstruction or difficulty in swallowing.

**5.5f How many medicine related errors have there been in the past 12 months?**

Number:

Include the number of medicine errors that have occurred in the 12 months up to the date of this return. Count every single incident.

The following are examples from a non-exhaustive list:

- not recording when you have administered medicines, for example, not signing MAR charts
  - not recording why doses have been missed
  - using the wrong key code for non-administration
  - signing for medicines you have not administered
-

- inaccurate or unclear records
- not enough information to administer medicines safely, for example instructions about taking medicines with or after food
- a dose has been missed
- too much or too little of the medicine was given
- the wrong medicine was given
- medicine was given to the wrong person
- medicine was administered in a manner that did not follow your medicines procedure or prescribing requirements.

### **5.5g How many of these medicine-related errors involved controlled drugs?**

Number:

State the number of medicine errors occurring in the 12 months up to the date of this return. Include those that relate to ordering, storing, recording, prescribing, administering and destructing controlled drugs.

A 'controlled drug' is any medicine listed under the schedules defined by the Misuse of Drugs Act 1971.

**We will only ask you this question if you have administered controlled drugs in the past 12 months.**

Count every single incident. This is also partly about finding out how well you deal with matters when things go wrong.

## Quality assurance and risk management: Complaints

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**5.6 In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?**

Number:

Count all complaints made in the 12 months up to the date of this return.

**5.6a What are the main complaints you have received in the past 12 months and what have you changed as a result to improve your service?**

Text (500-word limit)

Here you can give specific examples of action you have taken that has resulted in a difference being made for the people involved.

## Quality assurance and risk management: Records

**5.7 Do you currently use a digital social care record system (DSCR) at your location?**

Options: Yes / No

Do you operate a digital social care record system (DSCR), something you might call an 'electronic care plan'? A [DSCR](#) permits the digital recording of care (both plans and any other care received by an individual). This question helps us understand DSCR use in the social care sector.

## 6. Anything else

### Information not included elsewhere

**6.1 Tell us here, anything else that you wish to share about your service and that is not included in your other answers.**

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Text (500-word limit)

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