

East Sussex County Council

East Sussex Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

East Sussex Shared Lives Scheme is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. The service offered supported to people with learning disabilities, mental health support needs, as well as physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 58 people were supported by the service who received the regulated activity of personal care.

People's experience of using this service and what we found

People continued to receive a level of care and support that enabled them to have independence and achieve their dreams and aspirations. This was possible due to the dedication of all those involved in the service at putting people at the heart of everything they did.

The values of the service were about providing the best possible outcomes for people and helping them to overcome hurdles that may have been prevalent their whole life. Staff training, their understanding of support networks available to people, and their ability of putting people at the centre of what was happening to them had resulted in many positive changes to people's lives.

People who came to the service in crisis had been supported to take back control of their lives which had enabled them to re-join their local communities, return to education and achieve employment.

The ethos of continuous improvement and seeking feedback from people and staff were used by the registered manager to ensure the service was the best it could be.

The staff were proud of the work they did, and their best practice methodology was shared with other agencies to improve similar services across the country. Continual learning and development was at the forefront of how the service operated, and they sought out areas where an increase in staff knowledge and understanding could improve the lives of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control,

independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People said they felt safe, and that shared lives carers took the time to get to know them and treated them with kindness and compassion.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 30 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

East Sussex Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 December 2019 and ended on 17 December 2019. We visited the office location on 10 December 2019 and contacted people by telephone to gather their views on 11, 16 and 17 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

It was not practicable to visit people during the inspection, some were busy, and some people could not respond to our questions. Therefore, after the site visit, we liaised with the provider and sent them the questions we wanted to ask people. The provider then sent out the survey to people after our office site visit and there were 11 responses. We also telephoned and spoke with two people, their relatives and their shared lives carers. During the office visit we spoke with five staff, which included the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted healthcare professionals linked to the service for their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Shared Lives Officers (SLO), and Shared Lives Carers (SLC) received training which enabled them to understand their roles and responsibilities in keeping people safe from abuse.
- People told us they felt safe with their Shared Lives Carers. One person said, "When I am with my carer I feel safe because they can tell when I am upset because something is wrong, and they help me make it better." People received information about keeping safe from abuse in a format that they could understand.
- Where incidents had taken place that indicated potential abuse, the SLO and SLC had followed the safeguarding procedures to ensure people were kept safe from harm.

Assessing risk, safety monitoring and management

- Hazards to people's health and safety continued to be well managed to minimise the risk of harm.
- People were supported to keep safe and enabled to take informed risks to lead a more independent life. One person said, "I wanted to go to [overseas theme park name] and she [SLC] helped me."

Staffing and recruitment

- Staff (Shared Lived Officers) and prospective carers (Shared Lives Carers) continued to be recruited in a safe way. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- The process for managing people's medicines was tailored to the individual's needs. Some people just needed general oversight such as checking prescriptions had not run out, while other people had the SLC manage the whole process.
- Shared lives carers and officers all received training in managing medicines, so this could be done in a safe way.
- Records of medicine administration were routinely checked by the shared lives officers during visits to ensure people were having their medicines as prescribed.

Preventing and controlling infection

- Shared lives carers and officers received training on infection control during their induction programme and had regular update training as well as access to relevant guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons would be learnt from any incidents.
- Incidents and accidents were recorded and monitored, and appropriate action had been taken in response to them when they happened. For example, when an increase in falls for a person was noticed, they were referred to their GP, and subsequently the falls team. The falls team are a branch of the local authority who can give help and advice to people to minimise the risk of them falling. This resulted in them getting a daily plan for exercises that had enabled them to maintain their mobility and independence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- Staff helped people to make choices about their health and supported them to achieve their goals. This was evident where people had complex or continued health needs. One person explained, "The best thing about using East Sussex Shared Lives Service was that I received a lot of support, encouragement and care." They explained how the staff had understood their addiction and associated mental health problems, and how support had been given to them to overcome these issues. They said, "I could not have done it without the support and encouragement I received. My health and well-being have improved since being in this placement. I am now free from self-harm. I had very poor self-esteem when I first arrived but that is gradually improving with the support and encouragement I receive in this household."
- Where a change in people's health was noted, staff made referrals to appropriate agencies. One person said, "[Shared lives carers names] make sure I'm fit and healthy and will support me if I have to go to the doctor."

Staff support: induction, training, skills and experience

- The provider worked in partnership with other organisations and kept up to date with new developments to make sure staff were trained to follow best practice. This was then shared with other agencies to ensure people's needs were fully supported. An example of this was where a new development in the universal credit system (the process by which people receive their benefits) had been addressed to ensure people received the support they needed, and monies they were entitled to. Social service teams were unable to support people with the changes so people were left unable to understand or complete applications for universal credit benefits. East Sussex Shared Lives liaised with HARC (Hastings Advice & Representation Centre) who were able to offer training for SLO's and SLC's, specific to universal credit applications.
- Training was then shared with social services departments that managed, or were responsible for, people's finances. The success of this initiative at meeting people's needs was expressed by a manager from one of these external teams. They said, "Two team members participated in universal credit training offered by the Shared Lives team. This provided an opportunity to develop better partnership working between the Appointee ship and Deputyship team, the Shared Lives Officers and Shared Lives carers/providers for the benefit of our mutual clients."
- The provider recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. All new SLC undertook robust training and comprehensive induction and had regular supervision and a yearly appraisal. In addition, SLC were re-submitted to an assessment panel every three years. This captured their ability to provide effective care to the people placed with them and if there were any training needs or gaps in knowledge and skills.

- People who used the service continued to be supported to take part in the recruitment of SLC's and SLO's. This included taking part in interviews and their feedback about the prospective employee or carer being key in whether an offer of employment, or panel approval to provide a Shared Lives service was made.
- Staff training continued to be developed and delivered around individual needs. People's needs, wishes and aspirations were a key driving force for developing training programmes for shared lives carers. For example, where a person identified they wished to live with a SLC, if there were gaps in the SLC knowledge to meet specific needs, training was identified and provided, so the person's choice could be met.
- Induction and ongoing training were robust to ensure SLC's and shared lives officers (SLO'S) were kept up to date with current best practice, but also that they were proficient at still meeting people's individual needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff continued to be confident about using the Mental Capacity Act 2005 to ensure that people knew about their rights and championed them when these were being denied.
- Prior to joining the service, a person had not been supported to make their own decisions. They had no access to their own money or benefits, had a poor diet and had no social network. Access to health care professionals such as dentists and GP's had also been restricted. The person was self-harming and not able to look after themselves with daily personal care tasks.
- Staff met with the person on several occasions with the care manager to explain what shared lives was and completed an assessment of support needs. Extensive support from shared lives staff and the care manager helped the person understand they had capacity to make their own decisions, what their rights were and that the shared lives staff would support them with this.
- As a result of the person being given the opportunity and confidence to make decisions for themselves, they had been to a dentist where a capacity assessment concluded the person was able to make decisions and was able to consent to treatment. This resulted in them being able to have treatment. In addition, the person was now in receipt of their own benefits and had access, with SLC support to manage their own personal expenditure and develop their skills around budgeting and shopping. Where they had previously been restricted from doing outside activities, the person had now joined the local library, volunteered for work at a local charity, and attended local social groups to meet up with friends.

Staff working with other agencies to provide consistent, effective, timely care

- The staff worked with other agencies to deliver more joined-up care and support to people. For example, to enable smooth transition between child and adult social care services, regular joint planning meetings took place. These mapped those young adults in foster care ready to transfer through to adult social care. Where the young adult had requested to stay with their foster family and the carers want to continue

supporting the person, they were able to be assessed through the approval process to become Shared Lives carers.

- A representative from an external agency that worked alongside East Sussex Shared Lives said, "We have facilitated more effective partnership working between the services through attending team meetings and a joint solution focused approach to informal complaints and safeguarding concerns. I believe both services have a better understanding of each other's remit as a result; which can only benefit clients and service providers."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider fully assessed people's needs with their involvement to determine the support they wanted; this included reviewing their preferences, such as religion and social interests, as well as goals and aspirations for their lives.
- The assessments considered any protected characteristics under the Equality Act.
- The information from these assessments was used to develop individual care plans which gave guidance to the shared lives carers on how people wanted to be supported.
- People chose the shared lives carers that they lived with. Placement profiles were developed by the provider to describe the SLC's lifestyle and where they lived, and what community opportunities there were. These were then shared with the people looking for accommodation and support to inform them of the choices available.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to have the food and drinks that they liked. One person said, "I love my food and I choose what meals I want to eat through the week." Shared lives carers understood people's specific dietary requirements and those related to people's religions or cultures and ensured these were met.
- Where people had specific dietary requirements, such as having food cut up, this was clearly detailed in their care plans. Appropriate health care professionals, such as speech and language therapists had been involved to ensure food and drink was in a format best suited for the individual's needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported and cared for in a way that met their needs, and that staff showed real empathy for them and their situation. One person said, "My carer is an utter star and I feel they often go 'beyond the call of duty' to help me. They are a wonderful person and very understanding. My carer is extremely adaptable, and I know that I am in a very fortunate position to have them. Although they are very amenable, they do have boundaries for me which adds to my feeling of safety."
- Staff were highly motivated and offered care and support that was compassionate and kind. When asked about what they enjoyed most about the role a shared lives officer said, "It's when you support someone who has lived in a dreadful environment or have come to us through safeguarding and enable them to move into an environment where they can grow and flourish." A shared lives carer said, "We are so personalised to the clients. So individual, we really get to know the people, it's not just a one size fits all service. We are able to give constant attention, tailored to what the people like." Another SLC said, "It's lovely. It's about seeing new placements develop and become their own person rather than having to fit into the system."
- Everyone we spoke with from the registered manager to the shared lives carers and the people who used the service expressed how person centred the service was. They explained how focussed it was on ensuring people were matched with carers that shared their interests and suited their personalities. Staff were focused on building and maintaining open and honest relationships with people. One person said, "My carer is open and honest with me and this I appreciate, and it makes me feel very safe as I know she has no 'hidden agendas'." Another person said, "Everyone is very kind to me. They talk to you about your problems, and help you get over them."
- The success of the pairing process was demonstrated by the length of time that people stayed in their placements. Nearly 40% of people who received the regulated activity of personal care had stayed in their placement for more than 11 years, while 20% had been there for six to 10 years.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The service continued to anticipate people's needs such as recognising when people were in distress or discomfort and offered sensitive and respectful support and care. One of the many examples we reviewed involved a person who joined the service with a number of issues resulting in them suffering from depression and anxiety. They had behaviours that challenged, incidents of self-harm and self-neglect. They were unable to manage their personal care and other health needs. The shared lives carer gained the trust of the person which enabled them to discuss their health issue. This sensitive approach enabled the person to be supported to see a GP, where it was found they were intolerant to certain food and this contributed to

their health issue. This fact had not been known to anyone prior to this, as the person had been unable to express themselves or have the right support in place to find out this information. As a result, they were placed on a diet which excluded the food they were intolerant to. Additionally, to help the person retain their independence, they were given a card which explained their food intolerance, so they could present this when making decisions about buying food, such as when doing their own shopping, or when out at restaurants. It was also translated into a foreign language for when they went on holiday abroad.

- Another person had limited ability to vocalise, so the shared lives carer had worked with them to develop methods for them to express their needs and feelings. This included developing key words they could use to communicate discomfort and using tools such as sensory equipment and therapy sessions to encourage them to express their emotions. As a result of this they were able to express that they wanted to go and see a band they liked. They were then supported to do this.

- Respect for privacy and dignity continued to be at the heart of the culture and values of the service. People and staff told us they felt respected and listened to. One person said, "I had very poor self-esteem when I first arrived but that is gradually improving with the support and encouragement I receive in this household." A shared lives carer said, "I think its brilliant, they [office staff] are nothing but supportive to us."

- The staff continued to have a clear understanding of the needs of young adults when they transitioned from services for young people. They found creative ways of learning about individual needs so that staff and managers at all levels understood their preferences, wishes and choices. For example, to help a person understand what the service was and make a choice of who they would like to live with, the staff made a social story book with them. This involved making a calendar with pictures to help them understand when certain events and visits would take place. To help them express their preferences and interests while at the homes they visited, staff supported them in taking pictures of things they liked doing to help with the matching process (matching a person to a shared lives carer). In addition, as the person visited each placement available to them, pictures were taken of them in each setting and doing activities, like having meals with the prospective shared lives carers. This helped the person remember what they had seen and the people they had met, so they could make an informed choice. This helped them not to worry about moving at the end of the process. The registered manager said, "The matching process is as long as it needs to be, to ensure people are fully involved in the decision."

- Shared lives carers were able to demonstrate how they had supported people to be independent, such as by making changes in their home. For one person, this has included alterations to the SLC's home such as making chairs, tables and kitchen work surfaces lower, so they suited the person and enabled them to maintain their independence, such with eating without help using special cutlery. They were also able to move around the home and gardens independently through the installation of handrails, and sound buttons that gave information to the person. Changes were also made in the garden, to make it more accessible but also to aid independence. For example, flower beds were raised so the person could tend to and water them, as well as them benefitting from the smell and tactile feeling of plants scattered around the garden for them to explore.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had gone over and above people's expectations to find out what they had done in the past or what they dreamed of doing and gave the opportunity for these to happen. Not as one-off events, but something that was an ongoing part of people's lives. One person said, "The best thing about using East Sussex Shared Lives Service was that I received a lot of support, encouragement and care." They explained how prior to joining the service they had struggled to overcome addiction, and the care, understanding, and support they had received had enabled them to turn their life around. They said, "This has now been achieved successfully and have been dry for two years – but I could not have done it without the support and encouragement I received."
- Many examples were seen of how people's lives had been changed for the better. Through the outstanding levels of effective and caring support people had received, they had overcome adversity and returned to education or gained employment. Other people had achieved lifelong goals, such as taking part in sports at international events, taking part in community groups to perform at national event centres, or simply being able to go on holiday abroad, which had been denied to them previously because their support needs had not been understood or supported. One person said, "My Carer encourages me to participate in activities, and independence – whilst being available for advice and support."
- The responsiveness of the staff was demonstrated in how they understood a person's social and cultural situation and the complex relationship they had with relatives. This resulted in the person being able to reconnect with their family. Additionally, effective advocacy was put into place by the provider as well as liaison with multiple health professionals to ensure these services were meeting the person's cultural needs. A social worker fed back, "Their dedication and caring attitude underpinned a very person-centred care arrangement where the adult was given space and independence to live their own life, yet hard work clearly went on behind the scenes. They ensured [the person] were able to access the community and maintained their appearance to promote their independence and dignity as well as supporting them to maintain family relationships to promote their wellbeing and sense of identity."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The responsive nature of the service and the staff that worked there had resulted in many positive changes to the lives of people. People had joined the service in times of crisis and through the compassionate understanding of their situations, staff had responded with suitable support to help people out of these situations and enabled them to take back control of their lives. This has been achieved by staff truly understanding how to involve people in their care and support, so that they felt consulted, empowered,

listened to and valued.

- Each person was involved in the development of their own support plan. These broke down the different areas of their support needs as well as people's goals and aspirations. A successful outcome of people being at the centre of their care was where a person had been supported, with guidance and counselling, to explore their sexuality and to understand boundaries and personal space. This enabled them to live the life they wanted, supported their independence and kept them safe.
- The provider continued to have champions within the service who actively supported internal staff and worked with other agencies to make sure people experienced good healthcare outcomes. The latest champion that had been appointed was around 'digital safeguarding.' Their role was to engage with a wider group of professionals to develop an understanding of safeguarding in a digital world and the impact this can have for people with learning disabilities. For example, online fraud, online grooming and how people can be informed and protected from these. This work will support the local authority training department to produce training packages for professionals and other people who access services.
- Use of reflective practice gave staff the opportunity both individually and in teams to influence how the service was developed to meet people's needs. These were held monthly and had resulted in changes to how the service operated. For example, updating documentation used in health and safety checks, to staff learning from each other. One staff member said, "It is really helpful to have the time in order to positively discuss issues, gain ideas and share knowledge." The process also included the shared lives carers. For example, a meeting was held with them to gather feedback on the process for new shared lives carers, from assessment through to making a first placement with them. This enabled the registered manager to explore any improvements that could be made to the scheme and enhance the support provided to people who used the service and the shared lives carers. This has led to people's move into the service being more efficient.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Understanding people and the way they communicated and interpreted information was at the heart of the service. Use of technology was common practice by staff to enable people to express themselves and be involved in what happened to them. One example was with the use of 'sound buttons' for a person who was visually impaired. These were programmable buttons that were around the home the person lived in. When pressed these gave the person specific information, such as who had come into the house. For example, not only did they have buttons for the shared lives carers that lived in the home, but also for visitors, such as the shared lives officers from East Sussex Shared Lives. This enabled them to know who was in their house. Additionally, the buttons were placed on equipment around the house, such as on the music centre, door openers and musical instruments, to inform the person of what each was. Each gave the person a bit more independence as they could locate and operate items around the home, without having to ask for assistance, as well as being able to express their moods and feelings.
- This emphasis on adapting to people's communication needs displayed by staff, had a direct impact on the well-being of people. One person who expressed moods through body movement was able to build a rapport with their carer because they understood what the person had communicated. This resulted in the person being able to develop techniques to reduce anxiety, without the need for 'as required' medicines.
- The process of improving how people's sensory and communication needs were met was under constant review and improvement. At the time of the inspection a review project was underway to look at 'easy to read documents' to see if they really did meet the needs of individuals. It also reviewed how care plan documents could be improved through the use of innovation and technology to give people ownership and

understanding.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt their concerns would be addressed by the provider.
- Information relating to how to make a complaint was readily available to people in a format that gave them the best chance at understanding it. This gave details on the timescales the provider would work to resolve the issue, and further steps a complainant could take, if they were unhappy with the response from the provider.
- No formal complaint had been received by the service at the time of the inspection, however the registered manager and staff said that if received they would be fully investigated, and any learning would be discussed at team meetings to prevent any reoccurrence .

End of life care and support

- No one was being supported at the end of their life at the time of the inspection. Where people had been supported in the past, their wishes and choices for care had been clearly documented to ensure these had been met.
- Staff had approached people and their relatives to discuss how people wanted to be supported at the end of their lives. Where people had agreed to share this sensitive information care plans contained relevant information for staff so that they understood people's choices and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All of the people we spoke with or contacted continued to be very positive about the way the service was led. One person said, "I like knowing that someone is making sure my life is good." This was driven by the values of the service which were understood and championed by staff. These values were based on delivering a quality service that continually strove for excellence, and that matching people and respecting their right to choose were at the core of everything the service did. Staff involvement in these values resulted in a project where they recorded what the value statements meant to them. Comments made included, "We have a whole team approach and use each other's skills, knowledge and experience to deliver excellent services to the most vulnerable members of society" and, "Quality of placements is more important than quantity of placements."
- Commissioners of the service were also complimentary about the positive impact it had on people. One commissioner said, "The East Sussex brokerage team has fed back that the approach to each referral is personalised and the matching process client-provider is thorough. This has meant minimal numbers of placement breakdowns have occurred, and care managers have indicated that there have been good outcomes for the clients within the service. In terms of cost, the Shared Lives service is cost effective whilst maintaining good standards of care and support and is highly valued."
- Throughout the inspection it was clear that positive outcomes for people and seeking ways of meeting people's needs was what drove all those that worked there.
- All the staff we spoke with continued to be proud of the work they did, and of the organisation they worked for. One shared lives carer explained what drove them to do their job. They said, "To see them [person that shared their home] turn into a young person, having a positive outlook on life and being happy and involved in things all the time, gives us so much joy. Its lovely." Another said, "It's so personalised to the clients. So individual, we really get to know the people, it's not just a one size fits all service. We are able to give constant attention, tailored to what the people like."

Working in partnership with others; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service continued to have a track record of being a role model for other shared lives services across England and Europe. The registered manager and their team continued to have links with other schemes and was a co-chair of the south east regional shared lives network. The benefit of this was that they were able to feed back to the 'England Shared Lives Plus' meetings sharing best practice. Shared Lives Plus are the UK network for Shared Lives services. The registered manager and the senior shared lives officer had

continued to facilitate working groups at the Shared Lives Plus national conference, which helped other services to improve care and support in shared lives placements across the country. The registered manager had also been involved with a service in Europe to share ideas on how shared lives services worked. This has enabled other services to be more efficiently set up to provide care for people in need.

- The service continued to take the lead and work with other organisations to improve care for the people who used services in East Sussex. This had been demonstrated by the work they did with social services agencies around people's benefits, and digital safeguarding as well as being involved in the development and guidance for shared lives services set up in other areas of the country. The registered manager had also been involved with a service in Europe to share ideas on how shared lives services worked. This has enabled other services to be more efficiently set up to provide care for people in need.
- There continued to be lots of engagement and involvement with staff and people who used the service. One person said, "I like the Shared Lives Client group that the [SLO name] and the team run at [local community centre], I talk about where I live." The registered manager said, "We have a group of 10 clients on a Saturday that meet up in [local pub/restaurant], we try to make networks like this for people." These meetings inform the service as well as SLC's on what is working and where areas need development to achieve better outcomes. For example, a comment about carers use of language, such as the term 'kicking off' was brought up. This was then used as a topic during a reflective practice session held with the staff.
- People were involved in the recruitment process of new staff. As well as being involved in interviews, they were also included in carrying out visits to prospective carers homes. They then gave feedback on areas for improvement from the viewpoint of a person who used the service. This had resulted in several suggestions being made that needed to be completed before people were placed there, such as changes to the environment. Staff continued to be routinely involved in reflective practice sessions, as well as team meetings, where learning was shared and ideas for improving the service were sought.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood when CQC were to be notified of events as required by regulation.
- The provider understood their responsibilities under their duty of candour and were open about areas where they wanted to improve the service.
- Staff were confident to raise concerns if necessary. We found the registered manager and the staff were open and honest with us and engaged positively during the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and procedures to monitor and assess the quality and safety of their service. Regular audits were completed and used to ensure people received a better than good standard of care and drive improvement across this service and help other services.
- The provider, registered manager and the staff all had a clear understanding of their roles and how they each contributed to the care people received.
- Clear organisational policies and procedures were in place to ensure staff understood what was expected of them when supporting people. Staff had access to these, and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse.