Bolton Cares (A) Limited

Bolton Shared Lives

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 08 August 2017 and was announced. This was the first rated inspection for this service.

Bolton Shared Lives offers a range of services including day time support, short term care where the person goes into the home of carer for a specific period of time and longer term care when the person goes to live with a carer as a member of the family and this becomes their permanent home.

People who use the service are adults over the age of 16 and need support with day to day living because they have a disability, mental health problem or are frail.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recruitment process for staff members and carers was robust to help ensure people employed were suitable to work with vulnerable people. There was an appropriate policy and procedure in place for safeguarding, issues were reported as required and staff and carers undertook appropriate training.

Accidents and incidents were reported and recorded appropriately. Actions to follow up were undertaken where required. People's needs were thoroughly assessed and risks and needs recorded appropriately. We saw thorough risk assessments with techniques and actions to minimise risks documented within people's care plans.

There was a medicines policy in place and full training was given to carers to help ensure medicines were given safely.

There was a thorough staff induction process, training was on-going and mandatory courses refreshed regularly. People wishing to be carers in the community were subject to an assessment and 8 to 10 weeks of pre-approval classes in a wide range of areas.

Care plans included relevant health information and support needs of people who used the service. Consent and agreement, when required, was sought from people who used the service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). People's best interests were considered when decision making took place.

We observed friendly and relaxed interactions between carers and people who used the service, who spoke about the placements as 'home' and told us they were very happy. Carers demonstrated a high level of

empathy and compassion towards the people they cared for.

People were supported with the underpinning values of equality and diversity. Confidentiality was respected by all staff and carers. People who used the service were afforded respect by their carers and we saw examples of people's dignity being respected within the visits we made.

If people in long term placements were approaching the end of their lives, they would be supported to remain in their home, with support for the carer, if this was their wish.

The service endeavoured to match people who required the service to carers with whom they would be compatible. Where multiple placements were made within one household, the dynamics of the group already together was considered to help ensure all the people being cared for were able to receive the correct level of support.

Care plans were person centred and included information about people's backgrounds, families, abilities and strengths, choices, likes and dislikes.

There was an appropriate complaints procedure in place and complaints and concerns received had been followed up in a timely manner with appropriate actions.

There were clear values of equality, diversity, respect and dignity running through the organisation and this was reflected in all the observations, documentation and discussions with staff and carers.

Staff were supported with regular supervision sessions, where learning needs and personal development could be discussed. Effective systems for monitoring quality were in place. A number of audits were undertaken regularly to help ensure continual improvement to service delivery.

The registered manager was in regular contact with other Shared Lives services, including Shared Lives Plus. This helped her learn about and share good practice with other similar services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The recruitment process for staff members and carers was robust to help ensure people employed were suitable to work with vulnerable people. There was an appropriate policy and procedure in place for safeguarding, issues were reported as required and staff and carers undertook appropriate training.

Accidents and incidents were reported and recorded appropriately. People's needs were thoroughly assessed and risks and needs recorded appropriately.

There was a medicines policy in place and full training was given to carers to help ensure medicines were given safely.

Is the service effective?

Good

The service was effective.

There was a thorough staff induction process, training was on-going and mandatory courses refreshed regularly. Carers were subject to an assessment and eight to ten weeks of pre-approval classes.

Care plans included relevant health information and support needs of people who used the service. Consent and agreement, when required, was sought from people who used the service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

We observed friendly and relaxed interactions between carers and people who used the service. Carers demonstrated a high level of empathy and compassion towards the people they cared for.

People were supported with the underpinning values of equality

and diversity. Confidentiality was respected and people who used the service were afforded dignity and respect by their carers.

If people in long term placements were approaching the end of their lives, they would be supported to remain in their home, with support for the carer, if this was their wish.

Is the service responsive?

Good

The service was responsive.

The service endeavoured to match people who required the service to carers with whom they would be compatible.

Care plans were person centred and included information about people's backgrounds, families, abilities and strengths, choices, likes and dislikes.

There was an appropriate complaints procedure in place and complaints and concerns received had been followed up in a timely manner with appropriate actions.

Is the service well-led?

Good

The service was well-led.

There were clear values of equality, diversity, respect and dignity running through the organisation.

Staff were supported with regular supervision sessions, where learning needs and personal development could be discussed. Effective systems for monitoring quality were in place and audits were undertaken regularly to help ensure continual improvement to service delivery.

The registered manager was in regular contact with other Shared Lives services to help her learn about and share good practice with other similar services.

Bolton Shared Lives

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 08 August 2017 and was announced. We gave the provider 24 hours' notice. This was to ensure someone was available to facilitate our visit and could organise some visits to people who used the service and carers.

The inspection was undertaken by one adult social care inspector for the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team. This was to gain their views on the care delivered at the home. We did not receive any negative comments about the service.

During the inspection we spoke with the registered manager, two care coordinators, two carers and three people who used the service. We spent time at the office and looked at ten care files, staff personnel information, training records, staff supervision records, service user satisfaction surveys, strategic information, meeting minutes and audits. After the inspection we contacted six health and social care professionals to gain their views on the service.

Good

Is the service safe?

Our findings

The recruitment process for staff members was undertaken centrally via a service level agreement with Bolton Council and included completing an application form, producing proof of identity, attending for an interview and taking up two written references. All employees were subject to Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with people who were vulnerable. Some new staff members had been employed recently and there were now three rather than the previous two care coordinators. This meant that the service could be more responsive to carers with support and guidance when required. The registered manager told us that approved shared lives carers were an integral part of their design, planning and delivery of services. As such there was involvement of a Shared Lives carer in the recruitment and selection process. This was seen as a valuable part of the selection process as the carers understood the level of support and skills required to be a shared lives coordinator and used this knowledge during interview.

Recruitment and approval of carers was managed by the staff team who endeavoured to match people's needs with carers. There was a formal approval panel, which was a partnership arrangement with Rochdale Shared Lives. In order to ensure people were safe checks included any other family members or people living with the potential carer, a number of pre-meetings with the potential carer prior to going to panel, a profile of the potential carer and home environment and an application form detailing their previous work and life history. References were required, including one from the person's GP, and a mortgage/rent check to ensure the viability of the proposed shared lives setting. All were subject to DBS checks to help ensure their suitability to care for vulnerable people.

There was an appropriate policy and procedure in place for safeguarding which outlined the local authority arrangements and guidance. Safeguarding issues were reported as required to the correct authorities and followed up appropriately. This was the same for the whistle blowing policy, via which staff and carers could report any poor practice they may witness. Training records evidenced that safeguarding training was undertaken by staff on induction and by carers as part of their approval training. The approval training included how to challenge discrimination and recognising when this happened. Refresher courses were undertaken on a regular basis. It was clear from talking to staff and carers that they had a good knowledge of safeguarding issues and were confident to recognise and report any concerns.

Referrals into the service were received from a number of sources, including various social work teams as well as self-referrals. A weekly allocation meeting was held to place people in long term or short term placements. People's needs were thoroughly assessed and risks and needs recorded appropriately. We saw thorough risk assessments with techniques and actions to minimise risks documented within people's care plans. Shared Lives offered imaginative and innovative ways to proactively manage risk and keep people safe whilst making sure they had a full and meaningful life. They offered new technology such as telecare and support to purchase personal mobile phones which made sure that people had as few restrictions possible. A license to occupy was in place for all long term placements, helping to ensure that carers provided a safe home to people who used the service. All Risk assessments document discussions with the person about personal safety which was then documented in the placement agreement and agreed with the

person. A formal annual house check was undertaken to help ensure the safety of the premises and regular four to six weekly monitoring visits to carers were carried out by staff.

The service had a business continuity plan in place to be implemented in the event of an emergency. We saw that a business impact analysis was carried out to quantify and qualify the impacts following any such interruption in service. There was an on call system to respond to carers out of hours in the event of any emergency such as illness, accident or person missing from home.

Accidents and incidents were reported in to staff via the carers and were recorded appropriately. Actions to follow up were undertaken where required.

There was a medicines policy in place and full training was given to carers to help ensure medicines were given safely. This training was refreshed on a two yearly basis to ensure knowledge and skills remained current. Audits were undertaken during house monitoring visits to monitor safety in this area.

Good

Is the service effective?

Our findings

Staff were required to undertake a thorough induction process, including training, corporate induction and familiarising themselves with policies and procedures. Training consisted of safeguarding, health emergencies, first aid, medication, moving and handling for managers, autism awareness and mental health awareness. Other courses, such as self-neglect, were planned for the future. A probationary period of six months was required for staff and a number of meetings were held throughout this period to check on progress. Shared Lives had innovative and creative ways of training and developing carers and the team which ensured they put learning and values into practice to deliver outstanding care that meet people's individual needs.

A Shared Lives worker was the designated champion of Autism care in Shared Lives This was being overseen by an expert in the field of Autism (from a specialist consultancy and training service, Orenda'. The expert had visited a Shared Lives placement to observe the support offered to someone with complex autism and described what they observed as 'extraordinary' and 'exceptional' practice.

People wishing to be carers in the community were subject to an assessment and eight to ten weeks of pre-approval classes in a wide range of areas. These included understanding the roles and responsibilities, how to handle incidents, nutrition and diet, managing health and illness, balancing choices and risks and handling finances. Prospective carers were introduced to existing carers to help them gain some insight into the reality of caring for someone in this way. Once a carer had been approved they were supported fully by the staff team. They were also given a file which included guidance and support information.

Classes were evaluated by prospective carers to help the service continually improve the delivery of the training. We saw some of the recent evaluations which evidenced a positive response to the classes. Comments about what people had learned included "That you can be open and honest and not judged"; "The meaning of various words, e.g. diversity/commitment"; "All about finance, healthy eating"; "That the role as a carer is one which you are always learning"; "How much the impact of having a service user has on my own life". When asked what could be done to improve the sessions carers felt they did not require improvement and covered all aspects of care and support in the community. When asked for any other comments these included; "Loved meeting other potential carers"; "It was good meeting other carers who are already established"; "Just feel more educated".

There was a strong emphasis on the importance of eating and drinking well. Innovative methods and positive team relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. This approach made sure that people's dietary and fluid intake, especially those living with dementia or those with a learning disability, significantly improved their well-being. This was evidenced by training, 'Living well with an eating disorder', appropriate referrals to health professionals and eating and drinking guidance. There was an awareness among staff of cognitive needs such as colours and textures which may impact on a person's ability to eat and drink well.

We looked at ten care plans, and saw that these included relevant health information and support needs of

the person being placed. They also contained information about the carer(s) and financial details. These were signed by the person being placed, if they were able to do this, and the carer (s) to demonstrate the agreement between the parties involved. Similarly risk assessments were signed to indicate agreement to what was documented.

We saw that the service worked in partnership with other organisations to make sure they were we are following best practice and where possible, contributed to the development of best practice. Examples of this were within the approval process, the carer formal review, Care Certificate, Shared Lives Plus training and development, Greater Manchester Mental Health (GMMH) partnership and training events and Ucan centres, which were used by several carers to develop skills and find innovative ways to support people.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. MCA and DoLS training was included within the approval classes and we saw that mental capacity was taken into consideration with regard to all decision making. The service worked closely with independent advocates if people required them to help ensure decisions were robust. We were shown examples of best interests meetings and decisions and these included a decision about managing finances and whether the person would be able to do this safely and a decision about accessing a mobility car for an individual. Relevant people, such as family and appropriate professionals as well as the individuals involved were included in the decisions. Risks and benefits were documented and balanced and conclusions were clearly recorded and explained. Staff and carers we spoke with demonstrated a good understanding of the MCA and could explain the process of decision making and inclusion of the appropriate individuals in this process.

The service produced a newsletter which was used to celebrate achievements, welcome new carers and disseminate relevant information. A recent newsletter had included some information about the MCA, setting out the key principles. This had generated a lot of interest from carers, encouraging questions about capacity and reminding people of the importance of the person at the centre of each decision. We saw various articles within the newsletter written by a person who used the service, demonstrating the inclusion of people at the heart of the service.

Although the DoLS did not apply directly to the service, because people were living within the community rather than care homes, the registered manager had introduced a DoLS screening tool in conjunction with the local authority lead to look at where each individual would be if DoLS applied. This was good practice as DoLS legislation is subject to review and change and the service was ready to put a system into action if and when the need arose.

Good

Is the service caring?

Our findings

We visited two households where a total of four long term placements were facilitated. We observed friendly and relaxed interactions between carers and people who used the service, who spoke about the placements as 'home' and told us they were very happy. They were relaxed and comfortable in their homes and conversation between them and their carers was friendly and easy-going.

Both carers demonstrated a high level of empathy and compassion towards the people they cared for. They told us they felt the people they supported had become part of the family and it was clear this was how they were treated. One carer we visited also took people for short term placements, both emergency and planned, and clearly welcomed them with the same warm hospitality as the long term placed person. We saw that both the carers and the cared for gained a lot from the arrangement. One carer told us they wished they had embarked on this way of life much sooner than they did, as it was so rewarding. Another said, "[Name] will be with me until I die. She is part of the family and my life would not be the same without her."

Where appropriate and when the individual wished to maintain relationships with their biological families, this was facilitated and encouraged. Extended families of carers and people who used the service were an important resource and often gave carers and people who used the service an extra layer of support and care.

We saw that confidentiality was respected by all staff and carers. Records in the office were stored securely and carers were given training and support around confidentiality issues. They were required to sign a confidentiality agreement prior to taking on any placements and those we spoke with demonstrated an awareness of keeping people's personal information private.

Maintaining privacy and dignity was covered within the pre-approval classes and we saw examples of people's dignity being respected within the visits we made. People who used the service were afforded respect by their carers. They were treated as adults and firm guidance and encouragement was used where required to help ensure their well-being. We saw that independence was promoted and people were encouraged to participate in household tasks. However, when a person who used the service was clearly experiencing difficulties in completing a task, the carer handled this in a sensitive and kind manner, which did not make the person feel embarrassed or inadequate.

People were supported to put together plans for the end of their lives if they wished to do this. If people in long term placements were approaching the end of their lives, the registered manager explained that links were made with the appropriate health teams. An individual would be supported to remain in their home, with support for the carer, if this was their wish. The service helped facilitate this via Disabled Facilities Grants (DFG), agreed to support the care of the person at home in a home environment that promotes dignity and respect. End of life care training had been completed and the service responded quickly to people's needs, for example, with crisis intervention.

The registered manager shared two case studies with us, written by people who were living with Shared

Lives carers. One was written by an individual who had been the subject of abuse and had suffered a mental breakdown. This individual had gone through hospitalisation and a residential home setting before settling into family life with long term carers. He described his life with them as 'crucial to my recovery 'and his hopes for the future were to be able to once again live independently, which was a goal he and his carers were working towards. The other case study was about an individual with a learning disability and some physical health issues. This individual had never been taught to read and write and the carers were facilitating this within their household. The person was now able to write their own name and was described as 'proud 'of their achievement. This demonstrated how people were assisted to reach their own potential to be the best they could be.

We saw that, where multiple people who used the service were living in one household, they were all treated as individuals. We discussed each person's needs, wishes and choices and saw that each individual was supported to pursue their own interests and hobbies. It was clear that the level of need differed for each person and this was acknowledged by the carer and the support given tailored to their needs. We saw that people were supported with the underpinning values of equality and diversity. For example, people were supported to dress and present themselves as they wished and to live their lives in a way that suited them, as long as it was safe for them to do.

There was a Shared Lives Guidance leaflet on equality and diversity, which set out the principles of equality and diversity and how these applied in practice to the service. The values of equality and diversity were applied by the service when approving carers and we saw that carers came from a range of backgrounds, ethnicities, religions, sexualities and beliefs. No one was discriminated against when applying to become a carer and people from all walks of life were positively encouraged to apply to be carers. This helped ensure people who used the service could be placed with carers they were comfortable and happy with and where their needs could be met appropriately.

The company's statement of purpose set out their vision, aims and objectives. These included delivering high quality care, protecting people from harm and protecting services for vulnerable people. The goal of Shared Lives was to provide 'ordinary family life' for people who used the service and to support people to maintain and improve their health and well-being.

The service produced a guide for people who were interested in using the service and this had been produced in easy read format, with pictorial representations, to make it accessible to as many people as possible. The guide included information about the service and the carers. There was an explanation about being involved in choosing the right carer. The guide outlined the facilities offered, involvement of family and friends, support to access leisure activities and hobbies and explained the financial implications. The complaints procedure was outlined and contact numbers included. A carer and client information pack was also available which helped explain new funding arrangements for the service.

There was an information sheet for foster carers as the Shared Lives scheme was a way in which people could continue to care for people they had fostered once they reached adulthood. This sheet included information about how this could work, things to consider, key differences and approval process. This was designed to help carers make an informed decision about whether to continue caring for someone via this route, which could provide continuity of care for the individual being looked after.

Good

Is the service responsive?

Our findings

The service endeavoured to match people who required the service to carers with whom they would be compatible. Issues looked at included the carers' abilities with regard to care, communication and dealing with complex behaviours, interests and activities and lifestyle preferences.

Where multiple placements were made within one household, the dynamics of the group already together was considered to help ensure all the people being cared for were able to receive the correct level of support and the carers were able to meet the needs of the people they looked after appropriately. We saw an example of this at one of the households we visited. There had been two people placed there for a number of years and another individual joined them more recently. The carer talked to us about how the needs of their existing service users had been considered and that the third individual had a greater level of independence than the existing people in the family. This helped the placement work well for all three individuals. Prior to moving in each individual had a period of visiting the house and staying for a short while to see how the placement might work. This was not rushed and gave people time to get to know each other and settle in.

Care plans included a range of health and social information and were person centred. There was information about people's abilities and strengths, areas for development and encouragement to greater independence, likes, dislikes, choices, hobbies and interests, family relationships and friendships. The comprehensive information helped carers provide support tailored to each individual's needs. A health and social care professional commented, "Throughout the reviews and assessments I have undertaken with individuals within the Shared Lives service there has appeared always to be a genuine caring relationship between users, workers and carers. All necessary paperwork has been in place and up-to-date and appears to be delivering on user outcomes. Generally my experience, and the received experience of users, has been very positive.

People's care and support was planned proactively in partnership with them, using innovative and individual ways of involving people so that they felt consulted and empowered. There was a newly developed 'My Move on Plan' which was created to support people to move on to independent living and clearly set out the carer's responsibility in supporting the person with this goal.

There was a 'hospital passport' document used by the service. This included a range of information about each individual and could be used on admission to hospital to help make the person's stay less stressful and more comfortable for them.

A health and social care professional, when explaining transition of people who used the service to other services, said, "Transitioning the individuals to new support arrangements was fully facilitated by Shared Lives, and the workers involved remained committed and available in developing new support arrangements despite the individuals moving from their service. What was demonstrated within these cases was that the service understood when placements were becoming unsafe, or that individual carers were not a correct fit for individuals, and that alternative arrangements and/or carers would provide a better

outcome". They went on to outline a concern regarding an individual who had deteriorated beyond what could be managed by the carer. They did acknowledge that the Shared Lives worker recognised and responded to this issue immediately and the registered manager added information on how the individual was supported fully to remain at home with a Disabled Facilities Grant (DFG) being approved to improve facilities and hopefully enable them to remain during end of life.

The opinions of people who used the service were sought informally and formally in various ways. Staff visited carers homes frequently to carry out formal checks or just to have a chat and ensure all was well with carers and people who used the service. There were also service user surveys and we saw the results of the most recent ones, which evidenced a very high level of satisfaction with the service. These findings were analysed to aid learning and continual service improvement.

There was also a questionnaire for carers to gain their views of the support received, level of training and how valued people felt. Suggestions for improvements to the service were sought.

The placements were very individual, as each family and household was unique. Therefore there were many different pastimes and activities accessed. These included helping to grow vegetables on the family allotment, attending day care, trips to the cinema, attending various clubs, cooking, days out, meeting friends and shopping. We also saw there was a network of carers and some events were enjoyed by many of the families involved. We saw photographs of an event at the local Rivington Barn, where people were clearly having a lovely time. There were six people in Shared lives who had paid employment, people were supported to have holidays alone if this was their preference and community p0resence was very strong, making good use of community assets.

There was a 'Shared Lives Week' celebration each year. This was a week of events and activities for carers, staff and families to attend and enjoy. We saw a number of photographs which showed people enjoying events together. One carer told us about how important and enjoyable the contact with other carers was. They also told us how much the role they had undertaken had enhanced their own life and given them new interests and motivation. They felt the service was a 'two way street' and enriched the lives of carers as well as people who used the service.

The service had secured lottery funding to facilitate a 'Break Away and Enjoy Your Day' project. This had proved to be a great success and offered arts and crafts sessions, caravan holidays, an allotment purchased for use of Shared Lives and outings and catch up days.

Many people also enjoyed family holidays with their carers. One carer told us that she had taken the person she supported abroad to see a close family member. The family member had subsequently died and the carer felt it had been very important to the person she cared for to see them and had helped them cope with the loss.

There was an appropriate complaints procedure in place which was outlined within the guide. The complaints form had been re-named as a feedback form as this was felt to be more empowering for people. There were 'Tell us how it is' cards in the office for people to complete if they wished to. We saw that the service kept a summary of complaints and concerns to provide an overview. This could then be analysed to look at any patterns or trends and inform improvements. We saw that complaints and concerns received had been followed up in a timely manner with appropriate actions.

A number of thank you cards had been received by the service. Comments included; "Thank you for all the lovely activities and outings that you all put so much effort into for everybody"; "Would like to say a big

thank you for the holiday at Marton Mere".

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a philosophy within the service about promoting independence and supporting vulnerable people to live as ordinary a life as possible in a compassionate and caring setting. There were clear values of equality, diversity, respect and dignity running through the organisation and this was reflected in all the observations, documentation and discussions with staff and carers.

We contacted six health and social care professionals. Comments included; "In general my experience with Shared Lives has been positive. Despite a comprehensive change in personnel, the new Shared Lives carers [workers] have been integrated with little noticeable effect to service delivery and those that I have worked with appear to be knowledgeable with regard to the individual service users, the carers and the ethos of the service as a whole"; "I have found the service to be well led and responsive. Any referrals have been dealt with swiftly and communication from the team has been very effective and coordinated".

The company had an overarching strategic business plan for 2016/17-2020/21. The service had a plan for the year and this was broken down into quarters, with actions to be completed and outcomes and impact on people who used the service. The service clearly put people who used the service at the centre of the planning. For example, one of the actions was to review existing finance and costing model in line with Shared Lives Plus (the national network for family-based and small-scale ways of supporting adults). This action had been completed and the impact included 'Increased service user and carer control over how needs are met… increased user voice for individuals…improved experience for young people with disabilities through transition'. Other actions documented had similar projected outcomes to improve the experience for people who used the service.

Staff were supported with regular supervision sessions, where learning needs and personal development could be discussed. There had recently been some new staff members recruited and an away day had been undertaken to help facilitate good team working and learning. Another was planned for the near future. All carers received an annual carer review which focused on what had gone well and what had not gone so well. This helped inform staff of where further support and information for carers may be required.

In December 2016 the staff of the Shared Lives service had been nominated for Bolton's Best awards. The nomination had been made by someone who had written an article about the service and comments included, "It's a service that's tailored to the needs of the individual"; "The team who organise this perform such valuable service for some of our most vulnerable people". The service received a certificate for the nomination.

The service strove for excellence through consultation, research and reflective practice. A recent example of

this was the 'Scaling up Shared Lives project', a collaborative approach with Shared Lives Plus and Bolton CCG. The service was promoting and offering more Shared Lives placement for those people with mental health needs. This was aimed to reduce re-admission to hospital and improve wellbeing. Another example of this was that the registered manager had arranged for a local agency who specialised in analysis of consumer information and demographics to produce quality local data via a tool called Acorn. This tool groups households based on where they live, and helps to understand the different types of communities that make up a larger population and their likely needs, behaviours and opinions relating to a wide range of topics – this was to inform the service's marketing strategy.

Effective systems for monitoring quality included, regular file audits with comments recorded, actions and dates of completion documented. Accidents and incidents were monitored and analysed to enable the service to learn lessons and improve. Approval classes, undertaken by potential new carers, were evaluated. This gave the service the opportunity to monitor the effectiveness of the classes, learn what worked and what did not and, therefore, improve this aspect of the service. The service users' survey and the carers' survey results were also analysed to drive improvements.

A recent quality audit and improvement report had been undertaken. This was to look at the overall quality of the service delivery in line with the requirements of the Health and Social Care Act 2014 Regulations, to help prepare the service for their CQC inspection. The results of the report were extremely positive in all areas, including service user satisfaction and having systems in place to monitor the quality and safety of care delivery.

The registered manager was constantly working on finding new ways of marketing the service to try to recruit more carers to the service. We saw a poster designed to outline the service, share the experiences of some people already involved in caring and offer contact details for anyone interested in the service. The registered manager also told us that the service were looking at using social media to market the service in a more modern way, that may reach more people.

There were plans in place for Shared Lives to run a project in November in conjunction with an individual who had created a poppies event last year in the centre of town, to celebrate remembrance day. The plan was to have a large number of plastic, environmentally friendly poppies attached to a tree near the Shared Lives office, to create a stunning display. This would be run with the help of a number of schools and would help to raise the profile of the Shared Lives service.

We saw evidence that the registered manager was in regular contact with other Shared Lives services, including Shared Lives Plus. This helped her learn about and share good practice and new and updated guidance with other similar services.