Wakefield MDC

Wakefield MDC Shared Lives Service

Inspection report

Wakefield MDC Shared Lives Service
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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

This inspection took place on 14 and 15 September 2016 and was announced because we wanted to ensure staff would be available at the office when we arrived. Shared Lives has an office base at the Civic Centre in Castleford. The service covered the whole of Wakefield.

The service recruited individuals, couples and families and supported them to provide homes and short term respite placements, within their own home, for adults with learning disabilities, physical disabilities, mental health difficulties and older people, some of whom are living with dementia.

At the time of the inspection the registered manager told us the service supported 121 people within 106 Shared Lives carers' homes. The day to day running of the service was carried out by three Share Lives social workers, one care coordinator and two administrators, who all reported to the registered manager. The service had vacancies for a further two social workers.

A registered manager was in post and she had been registered to manage a regulated activity with the CQC since February 2014. 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 people we spoke with told us they felt safe living with their Shared Lives carer(s). Carers had received training in safeguarding adults and told us they would report any concerns to their Shared Lives social worker or a person's care manager within the local authority. We saw that the service had dealt with historic safeguarding concerns appropriately and notified external agencies as necessary.

Carers told us they felt well supported by the service and they always received a response to any concerns or queries they may have. Overall morale was positive.

Processes were in place to safely recruit staff and to carry out checks to ensure they were suitably skilled and experienced. Shared Lives carers went through a vigorous assessment process, including vetting checks of their backgrounds, such as health, finances and experience. All carers were required to be approved by a formal assessment panel before being matched with a person to support.

People receiving support with their medicines were assisted safely and properly and we saw carers had received training in the safe handling of medicines. Carers told us they had received a range of training, both as part of their induction and on an ongoing basis. Office staff also confirmed they had access to a range of training. The administrator showed us a training matrix which had been developed to make it easier for the office staff to access and track that carers' training was up to date.

Office staff were aware of the Mental Capacity Act 2005 (MCA) and understood their responsibilities with

regards to MCA principles. The registered manager confirmed that 13 people who used the service were potentially being deprived of their liberty and applications had been made to the local authority to authorise this. This demonstrated the registered manager ensured proper and legal processes were followed with regards to the MCA.

People were supported to maintain their health and well-being. Carers worked with external health professionals to ensure needs were met. People were also supported to attend hospital appointments and social activities. People participated in a wide variety of activities which enhanced their lives.

People had access to a variety of food and drinks. The people we spoke with said they were happy, well cared for and felt part of the family. We observed relaxed relationships between people and their carer. They said their privacy and dignity were respected and they had their own personalised rooms which they could go to at any time.

People's health and social care needs were assessed and care records detailed the type of support they required. The person-centred documents contained objectives and personal goals that people wished to achieve. There were regular reviews of people's care and carers were supported with this through supervision sessions.

Regular reviews of placements and health and safety checks took place to ensure people were receiving safe and appropriate levels of care and support. Carers were contacted to gather their views of the service and the support they received from their Shared Lives social worker.

The registered manager told us there had been no complaints about the service.
People told us they were happy with the care provided and were aware of the complaints process. None of the people we spoke with raised any concerns.

The registered manager had effective systems in place to monitor the safety and quality of the service. We saw there were regular staff meetings to discuss operational issues and business development. The records we reviewed were all well maintained, accurate, up to date and securely stored.

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.

People told us they felt safe living with their carers. Carers had received training on safeguarding issues.

Historic safeguarding issues raised with the service had been dealt with appropriately.

Risk assessments had been carried out in relation to people's individual needs and their environment. These were regularly reviewed.

Safe recruitment processes were in place. Vigorous assessments and background checks were carried out with prospective carers.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

New staff and carers were inducted into the service and had access to a range of training. Office staff and carers confirmed they received regular supervision and annual appraisals.

The registered manager demonstrated an understanding of the Mental Capacity Act (2005) and the service was operated within the principals of MCA. People were asked to consent to their care and support.

People told us they had access to a range of food and drink and could have what they chose. People were supported to have their healthcare needs met.

Is the service caring?

Good

The service was caring.

People told us they felt well cared for by their carers. We observed relationships were positive, warm and friendly. Carers

told us that they treated the people they supported as part of the family.

Equality and diversity issues were considered when devising support plans. We saw people and relatives were involved in care planning and reviewing needs.

People told us that carers respected their privacy and dignity. People were supported to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People had person centred assessments of their needs and support plans which detailed their backgrounds, likes and dislikes and care requirements. Regular reviews were undertaken.

People participated in a wide range of activities, education. work placements and social events.

There had been no complaints received by the service. A complaints procedure was in place and had been shared with people and carers.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. Office staff talked positively about the leadership of her and the support she provided to the team. Carers told us they felt supported and valued by the Shared Lives social workers.

A range of checks and audits on the safety and quality of the service were undertaken.

Regular office staff and carer meetings took place. The service sought the opinions of people, carers and relatives through regular surveys.

The provider had oversight of the service.

Wakefield MDC Shared Lives Service

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 was planned to check 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.

This inspection took place on 14 and 15 September 2016 and was announced. The service was given 48 hours' notice because they operated a shared lives scheme which is managed from an office base and we needed to be sure that someone would be present to access the records.

The inspection was carried out by one adult social care inspector and was the first inspection of this service.

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. Any comments we received from them were used to support our planning of the inspection.

We visited one Shared Lives carers' home and spoke with the carer and two of the people they were supporting. Additionally, we contacted external health and social care professionals to ask about their views of the service. We spoke with one social worker who coordinated for the service, the registered manager and the administrator.

After the inspection a further three carers and three social workers contacted us via email to give us their opinion of the service.

We reviewed a range of documents and records including, 10 care records for people who used the service and 10 records for Shared Lives carers who were employed by the service. We looked at the personnel files of five office staff members. Additionally, we examined training records, complaints, accidents and incident records. We also looked at a range of other quality audits and management records.

Good

Is the service safe?

Our findings

When we asked people who received support from Shared Lives carers if they felt safe living in their home they told us they did. One person said, "Oh yes, definitely" and another said, "I feel safe here." Safeguarding was embedded into the service and all of the office staff and carers we spoke with had a very good understanding of safeguarding vulnerable adults and their role and responsibilities towards protecting people from harm. Office staff and carers told us they had attended a safeguarding awareness course and that ways in which to identify abuse and what to do about it were regularly discussed in teams meetings and supervision sessions.

The provider produced a variety of leaflets to share with people who used the service and carers. We saw an easy read leaflet entitled "What's the matter?" had been given out to people and a "No secrets" leaflet had been distributed to carers. Both described types of abuse, who to tell and useful contacts numbers of external agencies who can help.

There were no current safeguarding concerns. Records of historic safeguarding incidents and concerns had been appropriately recorded. The registered manager had worked in partnership with local authority care managers and the safeguarding adults team to investigate and resolve issues. Formal notification of incidents of this nature had been reported to the CQC in line with legal requirements.

Carers were aware of their responsibility to inform the Shared Lives service if an accident or incident occurred. We saw hazards, near misses, accidents and incidents were all recorded and investigated. Risk assessments were reviewed following an event and action was taken to minimise or prevent a repeat occurrence. For example, in a minor accident report, the carer had purchased an egg timer for a person to use when eating food to ensure they waited enough time to allow the food to cool down. Where there had been significant changes in people's needs reported by carers (which had led to an increase in incidents or near misses), we saw the service took immediate action by increasing their supervisory visits, referring people on to specialists, such as consultants, physiotherapists or sensory support teams. In extreme cases, placements had been terminated and more appropriate placements were found. The registered manager had ensured relevant others were informed and external agencies such as CQC and the Health and Safety Executive (HSE) had been notified as necessary.

Risk assessments were in place to monitor and mitigate any risks people may have faced in their lives. For example, we saw a risk assessment was in place for a person who liked to use power tools at home with the support from their carer. We also saw how positive risk taking was encouraged and that one person was allowed to operate a sit on lawn mower so long as the appropriate steps were in place to minimise the likelihood of an accident.

A health and safety assessment was also carried out in the carers' home, including checks of electrical and gas appliances to ensure they were safe and regularly serviced. Carers were required to have identified an emergency evacuation plan in case of an event such as a fire. Smoke alarms and carbon monoxide detectors were installed and regularly tested in carers homes. This meant consideration of risks had been

undertaken across the service. Reviews of risk assessments and safety were part of the rolling scheduled visits carried out by the Shared Lives social workers.

The service was operated on a daily basis by a registered manager, three Shared Lives social workers and two administrators. There were vacancies for two additional social workers at the time of the inspection. All of the office staff we spoke with told us they felt it was important to fill these posts as soon as possible. The service supported 121 people through 106 carers. Carers told us they were very happy with their role and felt they had enough time and adequate support to carry out their role safely. Some carers told us that more carers should be available for 'emergency placements' and to support each other when necessary. The registered manager and a social worker told us they were trying to implement a 'support service' where carers would forge strong links with each other's families in order to provide emergency respite cover for each other.

Carers told us that they would contact a Shared Lives social worker or a person's care manager for advice and support whenever they were unsure of anything. When the Shared Lives service was not available, for example, outside of office hours then the local authority emergency duty social work team could be contacted. This meant that systems were in place to manage any urgent issues.

Carers recruited to the service had gone through an extensive interview and assessments process, which included background checks, discussion around the reasons for applying, consideration of likely scenarios and an in-depth health and financial check. An application form was completed, three references were sought and an enhanced check with the Disclosure and Barring Service (DBS) was obtained. The DBS check a list of people who are barred from working with vulnerable adults and children. These checks assist providers to make safer recruitment decisions. Before any individual, couple or family were accepted their application and an assessment report was presented to a panel. The panel which consisted of external professionals, ex-carers and service users interviewed prospective carers and reviewed the reports. Initially there was a six month probationary period in place and a further six month review. On an annual basis, the panel endorsed reviews of placements. The systems in place and the records we examined confirmed that this process was safe, thorough and robust in order to protect people who used the service.

Office staff personnel files indicated a safe recruitment process had also been followed. We saw evidence of applications being made, references sought and DBS checks obtained. Evidence of qualifications in social work were available for review and periodic checks of social workers professional registration was also completed. This meant appropriate recruitment processes were in place for the recruitment of office staff and carers.

There was a strict policy and procedure in place for the safe administration of medicines. We saw that the provider did not allow carers to undertake nursing tasks such as injections and serious wound dressing or to administer homely medicines. Homely medicines are medicines which can be purchased over the counter to treat minor ailments. Providers have these rules in place because there are risks that prescribed medicines may interact with medicines purchased over the counter and cause harm. There were clear guidelines for the receipt, recording, storage, handling, administration and disposal of medicines. Carers were trained in the safe handling of medicines and were updated regularly. A specific procedure was in place for the use of PRN medicines, these are medicines prescribed by the doctor which can be taken as and when required, such as, paracetamol for pain relief. There were also specific procedures in place for the use of controlled drugs and prescribed topical medicines. Controlled drugs are those medicines which have tighter legal controls under the Misuse of Drugs legislation, such as, Warfarin and topical medicines described as creams, ointments and lotions.

People were encouraged to self-medicate. This means they were supported by their carers to take their medicine themselves. Medicine Administration Records (MARs) were in place for all people who needed to take medicine whether they self-medicated or they needed the assistance of a carer to administer it. The MARs we reviewed were well maintained, legible and easy to understand. These procedures and the records demonstrated that the service managed medicines safely.

Good

Is the service effective?

Our findings

We asked carers if they were supported to provide effective care to the people they support. One carer said, "Yes, very much so", another said, "I have been given training and a carers handbook." We saw training records which demonstrated the provider ensured carers and office staff were inducted, trained and provided with on-going support. The registered manager told us new staff were undertaking the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Once a person was matched with a carer/family, then a member of the local authority workforce development team carried out competency checks to ensure carers remained suitable for the role.

Key topics such as food hygiene, first aid and data protection were deemed mandatory by the provider. Safeguarding awareness, safe handling of medicines and first aid training were updated every three years. More specific training was offered to carers who would be supporting people with conditions such as epilepsy, autism, diabetes and dementia. The administrator showed us a new training matrix which had been developed to record all training completed. This enabled the Shared Lives social workers to access the information electronically and see at-a-glance which carer's training was due to be refreshed. The registered manager told us one carer had completed British Sign Language (BSL Level One) training and she hoped this meant the team could successfully place a person with no hearing who had recently been referred to the service.

In all 10 of the records we reviewed, supervision sessions were evidenced. The session consisted of a Shared Lives social worker visiting a carer at home to discuss each placement in detail. Carers were given the opportunity to request further training and agree any actions which needed to occur to improve or develop the service being delivered. Annual appraisals were carried out to assess the carer's performance and ensure continued competence in the role. We also saw that office staff had access to formal supervision and appraisal and we saw their training was also up to date. This meant that all staff employed by the provider received appropriate training, support and professional development to enable them to carry out their duties.

One carer told us, "Shared Lives are providing a very good service at present, ensuring support workers [carers] are kept up to date with policy changes and [new] regulations." Others told us communication was good and there was always someone to speak to if you needed to. A local authority care manager told us, "We are kept informed of any changes promptly." Regular carer meetings took place to communicate and cascade information. We saw in care records that people's care needs, interests, hobbies and preferences were very carefully communicated to the Shared Lives service in order to ensure the most effective match was made possible between person and carer/family. The registered manager told us, "Communication is key to matching appropriately."

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and found that they were. Capacity assessments had been carried out by local authority care managers, staff and carers were trained in MCA awareness and the staff we spoke demonstrated a good understanding of the legislation. Care records indicated, and the registered manager confirmed that 13 people who currently used the service were being monitored with regards to mental capacity and DoLS. Shared Lives social workers were in the process of completing an 'acid test' to see if a DoLS application was appropriate. This 'acid test' was introduced following a Supreme Court Judgement known as the 'Cheshire West' judgement. It is used by social care professionals in deciding whether incapacitated people are being deprived of their liberty. For example, the test comprises of two questions, 'Is the person subject of continuous supervision and control?' and 'Is the person free to leave their place of residence?' (Would it be safe for them to leave by themselves?). The answers to these questions and a short report was compiled by the Shared Lives social worker and sent to the local authority DoLS team for consideration.

Three Share Lives social workers had recently completed a qualification to enable them to be 'Best Interests Assessors'. We saw best interests decisions were being made on a regular basis and were appropriately documented with the involvement of relevant others such as relatives and health professionals. These are decisions made in people's best interests by relatives and care professionals who know them well.

Some people supported by the service were subject to orders from the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can not make decisions at the time they need to be made because they may lack capacity to do so. We saw in these cases the local authority were appointed to manage finances and welfare on people's behalf and in other cases relatives held a lasting power of attorney which enabled them to make decisions about finance or welfare matters. This meant that the office staff and carers were aware of the need to protect people's rights and supported them to make decisions where they were able to or sought advice and guidance when people lacked the mental capacity to make an informed decision.

We saw people's records contained consent forms. Where they were able to people had consented to a referral to the Shared Lives service, their care and support or if appropriate relatives had consented on their behalf. People were asked to consent to have photographs taken, to receive support with medicines and to have their information shared with relevant others involved in their care arrangements. Equally carers had been asked to consent to DBS checks and other background checks when being recruited to the service. A service agreement was completed by the local authority, the Shared Lives carer and the person being placed (or their representative) to agree to abide by the expectations of the service. This meant everyone was clear about the arrangements and their role in making the placement safe and successful.

People were supported to receive suitable nutrition and hydration in order to achieve and sustain good health. People told us they had access to a variety of food and drinks which they could help themselves to at any time. One person said, "She (the carer) makes lovely meals." Another said, "I can help myself to what I want." People told us they tended to eat their main meal with the family they were placed with. This demonstrated the carer encouraged socialisation and routine. A carer told us they supported a person to access the pub or café for meals and they ordered a take away once a week. One carer who supported more

than one person told us "We compromise on meal times and they take turns to choose a meal. Everyone is involved in devising shopping lists and planning weekly menus." Specific dietary needs were catered for as well as adhering to a person's religion/culture, likes, dislikes and preferences. Records showed carers were informed of allergies and intolerances.

People had access to health appointments to help maintain their well-being. Carers described how they supported people to attend medical appointments and therapy sessions. Records showed people had regular contact with doctors, opticians and dentists. We saw some people had specific input from external professionals such as learning disability nurses and practitioners who specialised in autism. This meant people were adequately supported to maintain their health and wellbeing.

Some carers told us they had supported people on such a long term basis that they had become members of the family and therefore accessed the home as their own. Properties had been designed and adapted to meet peoples' needs as necessary. People's mobility needs were reviewed every three months during a routine health and safety check of the carer's home and any adaptations were discussed and actioned. Everyone supported by the Shared Lives service had their own bedroom within the family home and the rooms we were invited to look at were clean and tidy, nicely presented and decorated to the person's own taste. We saw one room was full of Disney memorabilia as the person was a huge Disney fan. The people we spoke with were proud of their rooms and told us they could have anything they wanted to make their room personal and homely.

Good

Is the service caring?

Our findings

We asked people who used the service if they felt well cared for. They told us that they did. One person said, "I have lived here for 14 years, it's just like my family now. I am never leaving (they joked)." We also asked carers about the type of service they thought people received. Carers who responded, displayed genuinely caring and compassionate attitudes. One carer said, "I believe I encourage people to live as independent a life as possible with safety and security without institutionalisation. Providing a family environment whereby they are valued and treated like adults." Another carer told us, "I provide a home-like environment that most of the service users have come from so transition is not too hard for them."

Carers told us they saw their role as one of care, support, safety, protection and safeguarding. One carer told us, "I care for people both emotionally and physically, ensuring their mental, physical and emotional needs are met." Another said, "I find caring for such a special person very rewarding and I am proud to see their development into a confident young person. They are a much loved member of our family and I am honoured to have been influential in their life." This demonstrated that positive and caring relationships had been developed between carers and the people they supported.

A Shared Lives social worker told us, "I ask people what is important to them. I feel I provide a holistic service and go above and beyond to make sure both service users, carers and their families are happy with the support I provide."

Records showed and feedback from office staff revealed that some people who used the service did have particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. A Shared Lives social worker told us, "Within the assessment we discuss this [particular diverse needs]. I have a few service users who have cultural and religious preferences." We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this.

Carers had attended equality and diversity training and we observed people were treated as individuals during our visit to a carer's home. The people we spoke with told us they were treated with dignity and respect. They had their own room which contained their own belongings, televisions, DVD's and music centres which meant they could spend their time in private if they wished. They told us other family members respected their privacy and always knocked and asked to be invited into their rooms. One carer told us, "Personal issues are dealt with professionally and sensitively, they all know they can ask to have a private conversation away from the others if they want to." Carers and office staff had a thorough understanding of confidentiality and records containing personal and sensitive information were stored securely.

The service involved people in their care at all times. We saw people had been involved in providing information about themselves in order for the service to effectively match people with an appropriate carer or family. People's likes, dislikes, hobbies and interests were carefully considered during the matching process. Carers were asked to compile a portfolio about themselves, their family and their home. We

reviewed 10 booklets which were easy-read guides for people to look through during the matching process. They contained a summary about the carer/family, any pets, their interests and hobbies as well as photographs of themselves, their home, their favourite places, their car and friends who may visit. These booklets had helped people familiarise themselves with potential carers and it relieved some initial anxieties about going to a new place or meeting new people.

We saw the service had an up to date 'Service User guide' and 'Statement of Purpose' which the provider had produced and shared with people who used the service. These documents contained information about the service's vision and values. They explained what people can expect from the service and how it will be delivered. Carers were given a 'Carers Placement Pack' which contained relevant information, advice and guidance. This meant everybody involved in the service was provided with information and explanations about the service.

A Shared Lives social worker told us they had arranged formal advocates for some of the people they supported. Carers who provided feedback also said some of the people they supported had a formal advocate at present. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. The office staff and carers understood the role of an advocate and quite often acted on behalf of a person if they wished. More formally, referrals were made to a local independent advocacy service as necessary.

All of the carers who provided feedback told us about encouraging and promoting independence amongst the people they supported. One carer said the best thing about their job was the satisfaction of having someone go on to live independently. Another carer said, "I give a caring home with support and encouragement to gain independence. (Person's name) is keen to live independently and we are working towards this together."

Good

Is the service responsive?

Our findings

The registered manager told us that usually local authority care managers would initially refer people to the service. Details of people's current situation, health diagnosis, areas of support required and risks were considered by a multi-disciplinary team including Shared Lives social workers, local authority social workers, advocates and other services already involved in a person's care. We saw evidence that best interests decisions had been made about placements when a person lacked the mental capacity to make their own informed choice.

The information and photographs contained in the carer's portfolios had helped people decide who they might like to live with and where they would like to live. The registered manager told us, "It's all about matching." People's needs and preferences were considered alongside the strengths of each Shared Lives carer to ensure the placement was as successful as possible. Introductory visits were arranged and subsequent visits to ensure the person felt comfortable and settled. Gradually, overnight stays and short stays were arranged before a permanent arrangement was agreed. A local authority social worker said, "The assessments completed do support the most appropriate carer with service users."

The support plans we reviewed were person centred and contained personal and specific information about each individual. This included information about faith and culture, communication, health and social care needs, education or employment, personal relationships, finances, choices and preferences. There were also specific risk reduction plans related to individual people and/or Shared Lives carers. For example, we saw one Shared Lives carer held a gun licence. Shooting was very much part of the hobbies enjoyed by the family and the service had carried out a risk assessment to ensure control measures were in place and preventative action was taken to ensure people were as safe as possible whilst enjoying a potentially risky hobby. Support plans were updated every two years unless interim changes were needed. Review meetings, health and safety visits and carer supervisions were all held periodically (ideally, one every three months) to ensure support plans remained suitable and relevant.

Carers told us they had received necessary information about people prior to a placement being agreed and they were consulted and involved in the matching process to ensure it was appropriate and they could meet people needs. Carers knew the people they supported extremely well and had built solid relationships over time. Some of which had evolved over 20 years into people being part of the family and carers 'forgetting' that it was a job. We read in some care records that people called their Shared Lives carers 'Mum' and 'Dad'. This demonstrated that the service responded to people needs in the most appropriate way in order to successfully match people with carers, thus integrating people into the community and a loving family environment.

Activities were very much an individual choice. People were asked what they were interested in, carers encouraged and facilitated activities by conducting research into local amenities and accompanying people as necessary. We saw in care records that people enjoyed a wide variety of meaningful activities and hobbies. Some people had formal day centre placements arranged through the local authority and this was described in their support plans. People spent their time as they wished; they attended college, were in

employment or did voluntary work and pursued interests such as horse riding, football, the cinema, bowling and meeting friends at the local social club to play snooker. Carers told us about the pleasure of being able to take people on holidays abroad with the family. The people we spoke with were planning on a holiday abroad in the next few weeks. They told us with delight how much they were looking forward to a 'family holiday' with the extended family members.

The Shared Lives service also arranged and facilitated activities for all people and carers as a group. This was also an opportunity for carers to meet each other and build relationships. People had made friends with other people who were placed with families and were able to arrange further outings and social events between themselves. We saw pictures in the Shared Lives office of a Christmas party and a fundraising coffee morning which had been arranged between the carers themselves. This meant that the service protected people from social isolation and loneliness. It also encouraged people to maintain links with the community and keep relationships that matter to them.

The service had received no complaints. The registered manager told us the office team would deal with issues immediately over the telephone or by meeting with people. The provider had a complaints policy and procedure in place and this had been shared with people in the 'Service User Guide' and with carers in the 'Carer's Placement pack'. The provider had a dedicated complaints team who led on formal investigations, explanations and responses when a complaint was made about any of the provider's services. Referrals where made for an advocate if necessary. We saw the record form used to document a complaint contained an opportunity for the registered manager to record any learning outcomes from mistakes.

The people we spoke with had no complaints about the service at all; in fact they were very complimentary. They told us, "It's brilliant", "Nothing is wrong" and "I love it here." Two carers who provided feedback told us they had raised issues in the past and felt they were listened to. One carer said, "They were dealt with very effectively." Another carer told us they had not had to raise any issues but felt confident to do so if necessary. This showed there were processes in place to manage complaints well and that people were fully informed and encouraged to provide feedback.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. She had been formally registered with the Care Quality Commission (CQC) since November 2013. The registered manager was aware of the responsibilities of her registration and her obligations to submit statutory notifications to us as and when required.

This was the first inspection of the service since its registration in November 2013 and the registered manager was present during the inspection. She assisted us by liaising with office staff, carers and people who used the service on our behalf. The registered manager was open and transparent during the inspection and provided all of the records we requested for examination.

The registered manager had a long history of working with adults in a social care setting and was very knowledgeable about the service and social work in general. There was a culture of fairness and openness within the team and the office staff told us they enjoyed working in a positive environment. The registered manager led by example and staff understood what was expected of them. One Shared Lives social worker said, "My manager is very supportive" and "My manager is very approachable and will listen". The registered manager took a proactive approach towards best practice, service improvement and development. One Shared Lives social worker told us, "We are always improving procedures and ways of working to stay fresh and improving overall efficiencies."

Policies and procedures were established and reviewed in order to ensure office staff and carers were supported to meet high standards. The registered manager strived to ensure the service was operated safely, efficiently and professionally by supporting office staff through supervision sessions and ensuring the team were focussed on managing safeguarding, accidents, incidents and other issues promptly and effectively. The whole team were aware of their responsibilities and what they were accountable for. The provider had a business continuity plan in place to ensure the continued running of the service in the event of severe disruption which could be caused by fire, flood, staffing shortages or IT failures. Arrangements had been made for cover outside of office hours.

A range of communication methods were used to cascade information to office staff and carers. A communications bulletin was issued when there were any policy changes or updates. Guidance was shared with staff regarding the wider care industry and in particular adult social care issues. A team brief was compiled by the provider's corporate management team which contained news articles, good news stories and training/volunteering opportunities.

Team meetings were held on a monthly basis, to discuss new referrals, possible matches, placements issues and actions, safeguarding, training needs and compliance monitoring. Other meetings such as local authority community team manager's meetings and regional meetings were attended by the registered manager or a delegated Shared Lives social worker in order to share best practice, learn from peers and hear messages from the provider to cascade to the wider team.

Carer's meetings were also convened. The service arranged for speakers to attend meetings to provide advice and guidance. There were awareness sessions arranged on topics such as, hand hygiene, infection control and dementia friends. These meetings were also a chance for the carers to network amongst their peers, share ideas and develop their relationships with each. A carer told us there were plans in place to develop a carers' forum in the future.

A range of quality checks and audits were carried out across the service. Shared Lives social workers carried out regular checks of service delivery through visits to carers' homes. During these visits, random checks and audits were carried out on medicine and finance records to ensure they were up to date, accurate and well maintained. The Shared Lives social workers would also talk to people and ask their opinion of the service as well as checking the safety of the home and the quality of care being provided. The registered manager monitored accidents and incidents. We reviewed a recent audit with a positive score of 100%. We saw documentation was completed, reportable events had been notified to outside agencies, and incidents were fully investigated and monitored to identify any themes or patterns. A provider representative carried out a service audit on behalf of the provider. This involved scrutiny of the health and safety records, supervisions and complaints.

The service regularly sent out 'feedback forms' to solicit the views of people who used the service, carers and other professionals with involvement in people's care. We reviewed forms returned from carers in April and July 2016. Overall the results were positive from seven responses. Small issues had been raised with communication and changes within the office team but mainly comments included, "Always there when I need advice", "Very professional team" and "The service is fantastic." We saw all of the results in 2015 had been collated, 14% of forms were returned and within these 75% had indicated an excellent service and 25% stated the service was good. Exit questionnaires were sent out when carers deregistered from the service in order to find out about their experiences.

Comments on the 'Family and Service User' feedback forms from 2016 were also very positive. People and relatives had been asked to rate the service, comment on what went well, what the service could do better and any recommendations or further comments. Comments from people included, "I love it", "They are my mum and Dad" and a relative had added, "(Carer's name) has a heart of gold." People had drawn 'smiley faces' to indicate their satisfaction when they were unable to write their response.

Feedback received from other health and social care professionals included, "They recruit quality carers", "Service users are at the heart of the process" and "They endeavour to ensure the matching process has an optimum outcome." Professionals said they liked 'joint visits' and described the service as "a relaxed 1-1 service" and "professional, friendly and approachable." All of the checks and gathering of feedback conducted meant that the registered manager and the provider had oversight of the service.

The service worked in partnership with other local authorities and national charities such as Shared Lives Plus who provide advice, guidance, resources and training to Share Lives schemes throughout the country. They also worked with a local university and provided work placements for social care students. The registered manager was a 'practice educator' which meant she mentored new students and ensured they received a focused learning experience.

There were a number of staff recognition schemes in place. The provider held an annual 'Pride Award' ceremony to recognise staff who had been nominated as going above and beyond their duties. Feedback from carers confirmed that the morale amongst the care team was mostly positive. One carer told us, "Morale is mixed." They explained this was with regards to changes within the office staff and communication. The registered manager had encouraged incentives such as volunteering for community

work and fundraising to boost morale and team spirit.