

Medway Council

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 5, 20 and 21 July 2016. The inspection was announced.

Medway Shared Lives is a domiciliary care agency providing personal care to people living within a family environment in the community. Shared Lives is a scheme which provides respite, short and long term care with accommodation, for adults with learning disabilities and autistic spectrum disorder. The scheme enables people to live in the community within a family environment. Carers are recruited, assessed, trained and supported by the scheme to provide the necessary support for people who come to live with them.

There was a registered manager based 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.

People said they liked living in Shared Lives and felt safe with their Shared Lives carer and the Shared Lives staff who also supported them. Staff and carers understood the safeguarding adults procedure and their responsibilities to report any concerns or suspicions they had.

Risks to the individual had been assessed and steps put in place to keep people safe without compromising people's independence and choice. Risk assessments had been written in an easy to understand format where necessary, so people were able to refer to it when they needed to. Environmental risk assessments had been carried out in the Shared Lives carers home to make sure the accommodation was safe for people to live in.

Shared Lives carers went through a comprehensive application and assessment process to ensure their suitability to support people within their family home. The final decision for approval as a Shared Lives carer was made by a panel of experienced health and social care professionals. The provider had robust recruitment procedures in place when employing new staff into the Shared Lives service.

Shared Lives carers were supported through induction and training to gain the skills necessary to support people well. Regular one to one support and monitoring meetings were valued by the carers as a supportive measure with the opportunity to discuss issues and receive guidance if necessary. Annual reviews ensured the on going suitability of the matched carers and people they supported.

Mental capacity assessments had been undertaken to ensure people's ability to make their own decisions and to highlight the support they may require. There were lots of good examples of people being supported to make informed choices and decisions. The registered manager understood the requirements of the MCA 2005 and had made applications to the court of protection when appropriate.

People felt they were well supported and that Shared Lives suited them well. The matching process to

ensure people and Shared Lives carers would get on well together and had similar interests worked well. People were very happy living within the family home of their Shared Lives carers and were involved in many family occasions and celebrations as well as family holidays.

Care plans were person centred and people were fully involved in writing them. Care plans could be changed by people whenever they wished and were reviewed regularly as a matter of course. People were involved in all sorts of different activities and occupation, depending on their individual wishes and goals. People were encouraged and supported to stay in close contact with family and friends. Increasing independence was a key factor in most people's care plans and many people used public transport so were able to visit family and friends independently.

The registered manager asked people and Shared Lives carers for their views of the service on a regular basis, responding to suggestions for improvement when they were made. People were given easy to understand information about how to complain within the service user guide although few complaints had been made.

Shared Lives staff and carers felt they were supported well by the manager and provider. Staff meetings were held every month for the staff team and Shared Lives carers had the opportunity to get together at regular support meetings.

The quality and safety of the Shared Lives service was monitored through regular auditing processes. Actions were put in place where issues were identified.

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.

Safeguarding procedures were in place and staff and carers understood their responsibilities in keeping people safe.

The service assessed risks to individuals and their environment to make sure they were helped to stay safe.

The provider had a robust recruitment process in place for Shared Lives carers and staff.

Is the service effective?

Good ●

The service was effective.

Shared Lives carers were supported well through support and monitoring meetings and training. Shared Lives staff were supported well through one to supervision meetings and annual appraisals.

Shared Lives staff and carers had a good understanding of the Mental Capacity Act 2005. Mental Capacity Assessments had been carried out and decisions made in people's best interests.

People were supported to manage their own health. Where support was required, people were referred to the appropriate health care professionals and carers liaised well with them.

Is the service caring?

Good ●

The service was caring.

People were happy living in Shared Lives and thought it suited them well.

People enjoyed being able to live within a family setting, attending extended family events and going on family holidays.

People were given the information they needed to understand what to expect from the Shared Lives service.

Increasing and maintaining independence were a key element of people's support.

Is the service responsive?

Good ●

The service was responsive.

A full assessment was completed to make sure people were suitable to live in a Shared Lives service.

People were involved in the development and on going review of their care plan and could change it any time.

People were encouraged and supported to follow the activities of their choice.

People and Shared Lives carers were asked their views of the service on a regular basis.

Is the service well-led?

Good ●

The service was well led.

Shared Lives staff and carers said they were well supported by the provider and registered manager.

The registered manager was available and approachable so staff felt able to raise concerns when necessary.

Auditing processes ensured the quality and safety of the service.

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 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.

The inspection took place on 5 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

On the 5 July 2016 we visited the main office for the Medway Shared Lives service. At the office we spoke to the registered manager, the assistant manager and one shared lives worker. On the 20 and 21 July we visited two shared lives carers in their own homes. At the same time, we spoke with two people who used the service to gain their views and experience of the service provided. After the inspection we gained feedback from one health and social care professional. We asked another one health and social care professional for their views of the service after the inspection but they did not respond to our request.

We spent time in the Medway Shared Lives office looking at records stored there. We looked at six people's care files, two staff records and four carers records as well as training records and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Is the service safe?

Our findings

People told us they felt safe living in Shared Lives. The Shared Lives team members and carers had a good understanding of how to safeguard people from abuse and their responsibilities in reporting suspicions. There were examples of staff and carer's raising concerns, following the provider's safeguarding vulnerable adults procedure. Shared Lives carers told us they had raised concerns in the past following conversations with people that had led them to believe a form of abuse had taken place. They said they had felt listened to and supported. The service helped to keep people safe from abuse by encouraging and supporting people, staff and Shared Lives carers to report concerns as soon as possible.

Shared Lives social workers looked at the areas in people's lives that may put them at risk. These were discussed with people and individual risk assessments were written to help to keep them safe. For example, if people had a health condition such as epilepsy. Situations that may be harmful were assessed to make sure people were kept safe while at the same time preserving their independence and dignity. For instance, enjoying a shower, people were left alone to wash themselves, however their shared lives carer would remain nearby to be able to respond quickly if needed. There were good examples of easy read individual risk assessments with step by step guidance to staying safe. Easy to understand, people could keep them to refer to when needed.

The provider had an on call service to be able to respond to emergencies outside of normal office working hours. The on call officers had a pack to refer to with information such as useful contact numbers and a lone working policy giving guidance how to stay safe. A Shared Lives carer told us, "I have needed to use the on call a couple of times over the years and got a good response with good support". A business continuity plan was in place, setting out the procedures and guidance for staff and carers to follow should a major emergency unfold.

Health and safety checks were carried out by Shared Lives social workers in and around the home of potential Shared Lives carers to make sure the general environment was safe for people to live in. For example, a visual check of electrical equipment, there were no trip hazards and smoke and carbon monoxide detectors were in place. Some areas were looked at in more detail, such as kitchen appliances and equipment and food storage. Exits were looked at to make sure there was a safe exit in the event of a fire. Discussions took place about what the fire evacuation procedure would be and how this would be explained to people when they arrived.

Shared Lives carers were required to ensure the continued safety of their home and the services and equipment within it. For example, gas safety certificates and electrical installation checks as well as the appropriate insurances such as public liability insurance. Shared Lives carers were also encouraged to gain the advice and guidance of fire safety officers by requesting a visit to their home.

Shared lives carers were trained in how and when to report accidents and incidents and the documentation to complete. Incidents had been reported and documented well for minor as well as more serious accidents. For example, people cutting their legs while shaving. Investigations were carried out into how the incident

had occurred and steps taken to try to prevent a re occurrence as part of the accident and incident reporting process.

The provider employed a suitable amount of staff to support and manage the shared lives service. The team consisted of a registered manager, a deputy manager, two shared lives social workers and two shared lives officers. The provider followed safe and robust recruitment procedures when employing new staff including requesting a full employment history, Disclosure and Barring Service (DBS) checks and gaining suitable references.

Thorough recruitment processes had been carried out to ensure that people were cared for by Shared Lives carers who had been checked and vetted before people were placed with them. The recruitment process began with a telephone call to the potential Shared Lives carer, when an initial contact form with basic information was completed. Next, the registered manager visited the interested carer at their home, explaining fully what the role entailed and the comprehensive vetting process. Following this visit, the applicant completed an application pack. The registered manager checked the application pack, making sure a full employment history had been provided. References were requested from the previous employer, plus medical and personal references. DBS checks were also carried out. At this stage the applicant was allocated a Shared Lives social worker who would oversee the rest of the vetting process. Safety checks were carried out at the applicant's home to ensure they could provide suitable accommodation to care for and support people. Information that would be important for people to know when choosing a Shared Lives carer was collected, such as hobbies and interests and why they wanted to be a Shared Lives carer. It was also important to find out if they had pets or were a smoker as this would be crucial for people to know when making their decision.

Potential Shared Lives carers were interviewed by a panel of people who used adult social care services before being interviewed by a panel of experienced health and social care professionals. Approval by the Shared Lives panel stated the scope of the Shared Lives carer's remit, which could be respite only, short term caring or long term caring. Approval was subject to an annual review by the registered manager and for re approval by panel every three years. One Shared Lives carer said, "The assessment process is really thorough, and it needs to be as it wouldn't suit every one". Following the rigorous checking processes, the new shared lives carer went through a 'matching' process to find which people would get on best in their home.

Shared lives carers helped people with their medicines. The support required was individual and most people were either independent taking their medicines or needed prompting and reminding only. The type and amount of support people required was detailed in their care plan, including where the medicines would be stored, within a lockable cabinet or tin.

Although medicines were visually checked during the Shared Lives carer's support and monitoring visits a formal auditing tool was not in place to enable consistent auditing of the medicines administration process. The registered manager recognised the service could improve in this area and told us she was developing a more robust monitoring procedure for those people who did not administer their own medicines.

As well as medicines training, Shared Lives carers underwent medicines competency assessments on a regular basis to make sure they remained safe to administer and manage people's medicines. Specialist medicines training to meet the assessed needs of individual people was available for shared lives carers, such as epilepsy or diabetes. Where specific guidance was needed for administration of specialist medicines, GP's were asked to review these and sign to agree the content. People were kept safe by staff who were trained and competent to support them with their medicines.

Is the service effective?

Our findings

People were supported by Shared Lives carers who were supported well in their role and had the right training to ensure they knew how to support people well. Shared Lives carers felt the support and training they were offered was very good. One carer told us, "I am very happy with it, they are a really good team". Another carer said, "The support meetings are very regular, every month, they have never not happened", and, "The training is very good".

Although recruited by the provider to ensure only suitable carers were able to support people, the Shared Lives carers were self employed. Shared Lives social workers met with Shared Lives carers in their home every eight to twelve weeks to carry out support and monitoring visits. The visits included a review of the health and safety within the home, discussing training needs, checking the record keeping and a general in depth discussion of how people were progressing, including issues or concerns. Action plans were created for both the Shared Lives social worker and the Shared Lives carer detailing their discussions, what they had each agreed to do and by when. For example, the Shared Lives social worker agreeing to refer people to a health and social care professional, or the Shared Lives carer agreeing to book training. Updates on the action plan were recorded as and when actions had been completed. A comprehensive annual review was held, reviewing the previous 12 months achievements and areas for improvement if any. A plan of action was agreed for the next 12 months. A Shared Lives carer told us, "(Named staff) is a great support to me. She is brilliant and I look forward to her coming".

The registered manager made sure new Shared Lives carers were given the training necessary to carry out their role. Induction training included safeguarding vulnerable adults, Mental Capacity Act, medicines and health and safe food handling. The provider had implemented the care certificate and new Shared Lives carers were expected to complete the workbook. The registered manager and a Shared Lives social worker were designated as assessors for the care certificate. They had devised a workbook to reflect the requirements of Shared Lives carers to make sure it was relevant and practical for their role. A Shared Lives carer's handbook was available to give to new carer's with all the information they needed to carry out their role and to access support if needed. The registered manager was in the process of reviewing and updating the handbook to make sure the information was still relevant and correct. A staff member said, "We have a wide range of carers with different skills and experience which makes it really good".

Shared Lives staff, the social workers and officers, were supported in their role by receiving regular one to one supervision with their manager. This was an opportunity to discuss their role, how they were performing and any further support or training they may require. The registered manager also held annual appraisals with her staff when a personal development plan was agreed. At the appraisal staff were able to reflect on their previous year's work and achievements and plan the next year, agreeing targets to enhance their personal development. There was a mix of staff skill and experience within the Shared Lives team, some of whom had worked for the provider for many years and others who were new to the area. Staff had access to all the training required to be able to carry out their role well. The provider sought additional training when necessary. For example, staff had been booked on 'Assessment of medicines' training in July 2016 to gain the skills to enable the registered manager to complete her plan to enhance the medicines audits.

People who felt challenged by other people and situations at times had care plans to make sure they got the most appropriate support to help them. Their Shared Lives carers knew people so well, living as part of their family, the challenges people faced had become less of a problem over time. For example, people who had previously relied on medicines to help them deal with stressful situations had been able to stop these. People were able to have a more fulfilled life and to make choices and decisions without the anxiety they may have previously felt.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In Shared Lives services the process involves the court of protection. The registered manager had made sure that applications had been made to the court of protection when appropriate. For example, if people could not be left in the home on their own or unable to go out without the supervision of their Shared Lives carers or other appropriate individuals.

There were many good examples of people making their own decisions about their day to day lives. Mental capacity assessments had been undertaken to make sure people and their Shared Lives carers understood people's rights and the support required, if any, to make decisions. For example, people who wanted to stay with friends overnight or for the weekend. As people could be considered vulnerable to exploitation, capacity assessments were thorough, checking people's understanding. The process enabled people to make an informed decision by looking at different scenarios and what their response would be while preserving their independence, dignity and respect.

Living within a family setting, people had plenty choice and control over what they ate and when. People enjoyed eating their meals as part of the family and also had the opportunity to eat in restaurants and order take away food. Encouragement and support was given to increase independence at mealtimes. Shared Lives carers helped people to get involved in preparing and cooking meals as well as making snacks and drinks. People were encouraged to eat a healthy balanced diet. Their carers made sure people had the information required to understand how to maintain good health by eating well.

Healthcare professionals involved in people's care were listed in their care plan with their contact details and the circumstances where they needed to be contacted. Where healthcare professionals had been involved, copies of letters and communication were stored within the care plan. For example, where an appointment with an epilepsy nurse had taken place, a description of people's seizures with guidance for carers to follow was recorded. Referrals had been made to other healthcare professionals such as family planning, speech and language therapy (SALT) and physiotherapy. A healthcare professional told us, "Yes the carers were supportive and proactive in raising issues or concerns with health professionals appropriately. They were regular in attending appointments and their follow ups".

People had up to date hospital assessments providing important information for health professionals should people need to go to hospital. People's likes and dislikes, how they communicated, their health conditions and medicines they took were all included. The document would go to the hospital with them providing valuable information to make the hospital experience as stress free as possible.

Is the service caring?

Our findings

People said that the Shared Lives service was very good and they were happy to be living with their Shared Lives carers. One person told us, "It's a very good system. Everyone is very nice and kind to me". Another person said, "It suits me very much. I really like my Shared Lives worker".

Staff in the Shared Lives team were able to give many examples of the valuable role of the Shared Lives carers and the impact on people's lives. For example, one carer who had the ability to help people to gain the skills and confidence to move on to further independence. In some instances to their own accommodation with minimal support. A member of staff told us, "They just seem to have a natural knack". Another example given was how other carers had the skill and ability to support people who suffered with severe anxiety to such a degree that the anxiety issues were not a problem anymore. A staff member said, "They boost people's confidence and self worth".

Some people had been living with their shared lives carer's for many years so they knew each other very well. People said they felt part of the carer's extended family, being invited to family events and important occasions. People also went on holiday with their Shared Lives carers and their families – often abroad. One person told us how they went on holiday every year with their carers family. Shared Lives carers and staff encouraged and supported people to stay in touch with their own families on a regular basis. Many people visited their families every week. People told us how they had been supported to learn to travel on public transport on their own which helped them to visit their family members whenever they wanted. A healthcare professional gave us their view of the service, "Staff are caring, kind and responsive to service users' needs".

When carrying out support and monitoring visits with the carers, the Shared Lives social workers also spoke to family members if available to ask how they found the involvement of Shared Lives people in their family lives. Some family members were young people still at school.

People had regular meetings with their Shared Lives officer in a place and at a time of their choice. The meeting was an opportunity to chat about anything they wanted to and to say how they were getting on in their Shared Lives home. The Shared Lives officer remained constant so they got to know each other well and a mutual trust formed. One staff member said, "It's very rewarding. That's what is so good, getting to know people well". There were many good examples in written contact notes of the visits they had with people and the in depth discussions of the things that were important to people at that time. Recordings in notes were very detailed and the content appropriate and respectful.

People were given information about a potential Shared Lives carer prior to meeting them. This would include if the carer had a pet, and if so, what type of pet and where in the home they were allowed. This type of information was very important to help people make a decision when they were 'matching' with Shared Lives carers.

People using the Shared Lives service were given a service user guide in the form of a well presented easy to read pack. The guide included all the information people needed to know when using the Shared Lives

service. Such as what the aims of the service were, how Shared Lives carers were chosen and how matching of carers to people was carried out. Everything people could expect from the service and what was expected from them when using the service was also clearly set out. A booklet within the guide informed people what the role of staff in the Shared Lives team was and what help and support to expect from them.

It was important that private information about people was stored securely in the Shared Lives carer's home to retain confidentiality. The Shared Lives team checked storage facilities before people were supported in the home and it was the responsibility of the Shared Lives carer to purchase a lockable cabinet.

Care plans were in easy read format where appropriate and necessary. Easy read plans were written in the first person, for example, 'What I would like to happen' or, 'What I don't like', helping people to understand it is their plan.

Promoting people's independence was a key element of the care plan. Most people living within the Shared Lives service were quite independent and spent time going out on their own to places they knew well. For example, to meet their friends to go shopping. This was encouraged and enhanced, supporting people to learn new routes to go to different places when appropriate. A healthcare professional told us what they thought the service does well, "This service empowers service users well. Carers lead in planning care around the service users' needs and interest. This helps in encouraging the potential of service users".

Is the service responsive?

Our findings

People told us they were fully involved in planning their support and how and when this took place. They met with Shared Lives staff to review their care plan and were happy with the involvement they had.

A lot of time was spent with people carrying out the initial assessment to make sure that Medway Shared Lives was the right service for them. Following a referral from a person's local authority social worker a Shared Lives officer met the person to carry out a referral assessment, gathering all the important information needed. Once it had been agreed the Medway Shared Lives service was suitable, further information was shared by the local authority social worker to provide a complete picture. The Shared Lives team at this stage started to think about a possible match of Shared Lives carers, for example, who might have similar interests or the suitability of the family situation and accommodation. Personal profiles of possible Shared Lives carers was shared with people so they could decide who they wanted to meet. Possible Shared Lives carers would go through the same process at the same time, receiving the personal profiles of people.

The Shared Lives team at this point facilitated an informal meeting between people and a Shared Lives carer. How this progressed was individual to the person and people took as long as necessary to decide if this was the right place for them. The process would usually entail overnight and weekend stays to get to know each other.

Shared Lives social workers undertook care planning with people following the assessment and matching process. All the information gathered, together with talking to people and the people who knew them well, such as families or other health and social care professionals, was used to form a care plan. People signed their care plan to show they had been involved in its development. The care plan was a person centred document detailing how to support people in their individual circumstances. Covering the areas of support required, such as health, communication, emotional and financial. Generally, the amount of support people required with their personal care was minimal as most people were independent or required only prompts and verbal encouragement. Detailed steps were recorded in the care plan to make sure people got the support they required while at the same time developing their independence at all times.

Shared Lives carers followed the care plan and kept a detailed daily diary to record important progress with the care plan. For example, when people had attended health appointments, why they had attended and what advice or treatment had been given.

When people had been living with a Shared Lives carer for three months a review was held with all the people involved. The review checked if the plan was going well and people were happy where they were living and with the support they had. Care plans were reviewed regularly as a matter of course and at any time in between if a change to people's circumstances or needs were noticed. People could ask for their care plan to be changed, for example if they had been going to college and did not want to do this any more. A healthcare professional said, "Occasionally invited to the care review meetings when service users have active concerns. We are usually contacted directly by the carers".

People were involved in all sorts of occupational and leisure activities most days of the week. Their social lives were individual to each person and covered a wide range of areas. People spent time with their Shared Lives families as well as with their own families and friends. Some people attended resource centres where they had made friends and were involved in activities and others went to college or had voluntary jobs. At other times, people met with their family or friends to go shopping or visit a coffee shop.

The Medway Shared Lives service held up to three events a year for the benefit of people and their Shared Lives carers. This provided an opportunity for people and their carers to make new acquaintances as well as offer and gain support from others within the service.

The information people needed to be able to make a complaint was included in the service user guide. Most people would speak to their Shared Lives carer or their Shared Lives officer if they had issues they needed to complain about. However, if this was not possible or appropriate, a booklet entitled 'How to complain' was included in the service user guide pack. The complaints booklet gave easy to read information for people such as 'Your rights to make a complaint', and guidance such as 'Choose a person you trust to speak to, your carer will always listen but you can speak to someone else'.

The registered manager carried out an annual review of the service, when feedback was sought from Shared Lives carers and people who use the service. People using Shared Lives services received an easy read questionnaire which helped most people to understand it. They were asked questions such as, 'Do you get on well with who you stay with' and 'Do you know who to talk to if you need help or advice'. All responses showed positive experiences. Shared lives carers completed a questionnaire at the time of their annual review. Questions such as 'Do you find the support offered appropriate to your needs'. All responses were positive. One comment made was, 'Yes very – (named staff) has been amazing and I feel 100% confident in contacting her with any concerns'.

Is the service well-led?

Our findings

Shared Lives staff were well supported by the registered manager. Operating in an open plan area, the Shared Lives team had close working arrangements enabling regular chatting and support throughout the working week. The registered manager's own desk was in amongst the team and so encouraged an open and honest approach where issues could be discussed and dealt with quickly. One staff member said, "I am really happy working here".

Staff meetings were held once a month when all team members attended. The registered manager provided updates and the staff team had an opportunity to provide support to each other and keep others in the team informed of changes or concerns regarding people or carers.

Staff said the registered manager was supportive and, if she was able, helped staff to adjust their working hours to help with personal commitments, supporting a work life balance. One staff member said, "We are passionate about the work we do and we do it well". A Shared Lives carer said, "The manager is very approachable, I would definitely speak to her if I needed to, about anything". Another carer said, "The manager rings me to ask how I am".

Shared Lives carers could request to change the status of their panel approval. For example, if they had previously been approved to support people for respite and they decided they would like to offer a long term place to a person. The Shared Lives carer applied to the panel to request the change in approval status and this would be the decision of the panel. Records showed where this had happened and had proved to be a successful change for people and carers. One staff member told us, "We would like to expand our service as it is valuable and suits people well".

The registered manager sent a newsletter to all Shared Lives carers every six months to share information and updates. Included in the December 2015 newsletter was information about CQC and what to expect from an inspection, an update on the Care Act 2014, information about the care certificate and final details about the Christmas meal. Also included was an update on the MCA 2005 with a new pocket guide enclosed with the newsletter.

The provider and registered manager had organised a 'Consultation support group' for Shared Lives carers in October 2015. Facilitated by an experienced staff member with the provider but with no involvement in Medway Shared Lives, so independent of the service. The event was to enable carers to speak openly and honestly in order to gain valuable feedback to assist the registered manager to make meaningful changes where necessary. The results of the consultation meeting were published in the December 2015 newsletter to carers. A carer said, "There is lots of support, it is really good".

The provider had an electronic system that stored all the information they required about the Shared Lives service. The system was easy to navigate and all the information was fully up to date, detailed and complete. Paper copies of the important information about people were held within the Shared Lives carer's home for completion and daily updating. These were collected regularly for monitoring purposes and to

update the electronic system.

Medway Shared Lives was a member of Shared Lives Plus, a national network of all Shared Lives services. Membership of this body kept the registered manager in touch with what was happening in other Shared Lives services as well as hearing of and sharing good practice and ideas. The registered manager was able to take advantage of regional networking meetings every three months. Added to this, an email networking group for the south east region enhanced the value of membership. The registered manager was able to share her learning and experience with the rest of the team, making sure they remained skilled in working to the principles of Shared Lives.

Shared Lives plus had commissioned research to look further into whether the Shared Lives services help people to meet their goals and aspirations and the impact on people's lives. Being conducted between January 2016 and May 2018, 12 sites nationally were taking part. Medway Shared Lives were one of the 12 sites involved in the research.

Shared lives carers were given a handbook which included the policies and procedures they may need to refer to for guidance in order to carry out their role well.

The registered manager had quality assurance systems in place to monitor the quality and safety of the service provided. The quality and safety of the services provided were mainly checked during the support and monitoring visits with the Shared Lives carers every eight to twelve weeks. As well as a support and personal development mechanism, the visits also served the purpose of monitoring. The environment was checked to make sure it continued to be safe, medicines were checked to ensure safe handling and administration, records were looked at for accuracy and detail and records storage was looked at to ensure confidentiality. Carer's were also asked their views of the service provided to them to check quality.

The meetings held three to four times a year with people who used the Shared Lives service were also key to quality monitoring. The service people were provided with by carers and by the Shared Lives team was explored to make sure the principles of Shared Lives were adhered to and people were receiving safe support. People were asked their views of the service which were recorded and monitored.

Accidents and incidents, as well as complaints were stored on the provider's electronic system enabling the registered manager and other departments such as health and safety to monitor their impact.