

Gateshead Council

Shared Lives

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 10, 12 and 17 September 2018. We gave notice of our visit as we needed to be sure someone would be available at the office for us to talk to.

Shared Lives Gateshead is a local authority run service, which arranges accommodation and support for people with disabilities who are unable to live independently. This support is provided by suitably qualified shared lives carers (carers), who provide care and accommodation from their own home. The service offers both long term accommodation and a short-break service. Another support option is offered via 'Hour Lives' which is day-time flexible support. This flexible option allows carers to support people living in their own homes and out in the community. At the time of our inspection, 64 people received flexible support and 17 people received long-term support.

Shared Lives Gateshead has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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 service is supported by the registered manager, three shared lives workers and one senior shared lives worker, (link workers). Link workers are employed by the provider to provide support and guidance to carers. Up until recently, and for a period of time prior to this inspection, the provider did not have a full complement of shared lives link workers in post.

People we spoke with told us they felt safe living with their carers. Link workers and carers had received training in safeguarding practices. However, the inspection identified shortfalls in training for a number of carers, this training included safeguarding, fire training, food hygiene and mental capacity. Additionally, due to a lack of link worker availability, bi-monthly supervision of carers had not been completed.

The provider had a robust recruitment and approval process in place which culminated in a process which very carefully matched people with their carers.

People were supported to lead their lives to the maximum and to be as independent as possible. Life goals were discussed with people and evidence reviewed supported how well people were working towards achieving those goals.

When we spoke to carers it was clear to see that good bonds and relationships were in place. One person we

spoke with told us, "I love living with [Carer]. I used to come here for short-breaks, but I live here all the time now, it's much better."

Prior to people living with their carers, a full assessment was carried out regarding their needs. Care plans included a document named 'All about Me' and this document included people's likes/dislikes, what was important to them and how carers should care for them.

The registered manager attended regular shared lives meetings with other local shared lives providers in order to share best practice and to reflect on lessons learnt. The provider is also part of a larger network of shared lives services, (Shared Lives Partnership) and they attended this conference which is held each year. A review of the provider's documents showed that no formal analysis was in place in relation to accidents and incidents. Additionally, there was a lack of oversight regarding the monitoring of quality and assurance of care delivered. This was due to home visits that had not been carried out by link workers for a number of carers.

At the last inspection in 2016 we rated this service as Good. At this inspection we rated the provider as Requires Improvement. This is the first time the service has been rated as Requires Improvement.

We found one breach in regulation and this was in relation to staffing.

You can see what action we told the provider to take at the back of the full version of the report.

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 were protected from abuse and avoidable harm by carers and link workers that knew their responsibilities.

The provider had a robust recruitment process in place to check the suitability of carers.

People received safe support with their medicines.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

The provider had failed to monitor training for carers which resulted in training expiring for some carers.

The provider had failed to carry out visits to a number of carers homes to carry out regular supervision meetings.

The provider was working with the principles of the Mental Capacity Act 2005.

Peoples' needs were assessed in relation to their nutrition and hydration to ensure these needs were met.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and compassion. Dignity and privacy was maintained by carers.

The provider ensured that people were matched with the right carers and this included a series of face-to-face meetings.

People had information on how to access to advocacy services.

Is the service responsive?

Good ●

The service responsive

Activities and independence were promoted in order to achieve life goals.

People told us that carers were responsive to their needs.

The provider had a complaints policy in place. Carers and people knew how to raise a complaint.

Is the service well-led?

The service was not always well led.

There was a lack of governance in place to monitor the quality assurance of the care delivered.

There was a registered manager in post.

The provider had a process in place to gather feedback from people and their carers.

Requires Improvement ●

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.

This inspection took place on 10, 12 and 17 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed someone to be at the office.

The inspection team was made up one Adult Social Care Inspector.

Before the inspection we reviewed information that we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, the safeguarding adult's team and community professionals. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the registered manager, one senior link worker, one team manager and the service manager, all of whom were linked to the service.

We visited three carer's homes. We spoke with two people during our home visits, other people were out for the day either at support centres or attending college. We spoke with five carers during our visits. Following our visits, we spoke with one person and one relative by phone.

We reviewed a range of documents and records during our visit including, care records for three people, one recruitment and assessment record for one carer, and three carer's files. We also looked at training records, compliments received and records of any incidents or accidents that had taken place.

Is the service safe?

Our findings

People who use the service told us they felt safe living with their carers. One person who we spoke with on the phone told us "Yes, I feel safe and love the [carer] standing next to me, she is a lovely woman." Another person told us, "Yes, I definitely feel safe living with [carer]." We spoke to one relative on the phone and we asked if they felt that their loved one was safe and they told us, "I would say yes, it's a great kind of trust." Community professionals contacted, told us that they felt that the service provided safe care for people who lived with their carers.

There have been four safeguarding notifications submitted since the last inspection in 2016. The registered manager told us that the service takes all safeguarding issues very seriously. Following the investigation of one safeguarding issue, one carer had been deregistered and removed from the carer's register. Carers and one senior link worker we spoke with understood the importance of keeping people safe and were able to describe to us the signs of abuse. Carers were also able to tell us the action they would take regarding raising any safeguarding concerns. Carers understood how vulnerable the people were who lived with them. One carer we spoke with told us, "When [person] goes out, they take their phone and will ring me to let me know they have arrived safe." The registered manager told us that Shared Lives are part of Gateshead's Safeguarding Adults Board, along with their involvement in a wider group of departments who share safeguarding best practice within the local authority. Any new safeguarding updates received were sent to carers in the post for them to review.

Care records reviewed showed that people were supported to reduce the risk of financial abuse. Carers were able to tell us how they recorded any money received and spent on behalf of people. One person we spoke with told us, "[Carer] helps me manage my money, if they didn't I wouldn't have any left!"

Care plans included a document named 'About Me - Needs and Requirements'. This document included any identified risks which had where possible, been discussed with people. Risk assessments also included actions of how to minimise those risks. We also saw positive risk assessments in place to support people to be as independent as possible. For example, one person is supported to manage their own medication and another person liked to help their carer to cook their meals. One carer we spoke with told us, "[Person] likes to help me cook our tea. This sometimes involves cutting up food, so instead of using a knife to cut the food up, I buy food that is already cut up, this way [Person] isn't at risk of hurting themselves, but they can still feel they are involved."

A monthly 'home check list' is held and maintained by carers for each home that people lived in. This list included such things as; gas and electrical tests, fire alarm tests and insurance documents. Weekly, monthly and annual checks were carried out either by carers or suitably qualified professionals. The registered manager informed us that link workers were required to carry out bi-monthly supervision visits to each carer's home. This visit involved an audit of carer's files which included a review of home safety checks every six months. However, when we visited carers in their homes and reviewed records, although we noted that carers had completed their checks and one carer had received regular supervision home visits, one carer had not had any home visits since March 2017 and another carer had not had any home visits since June

2017. A review of the provider's own matrix, confirmed that out of 37 carers, only five had received a six-monthly home visit which included a health and safety check. One carer we spoke with confirmed they had not received regular visits but added they would not hesitate to ring the office if they needed support or advice with anything. They went on to say, "I ring and speak to the girls in the office, the lasses are spot on, I couldn't fault them."

We spoke to the registered manager about this. They told us that reduced staff availability (link workers) had been a contributing factor to the lack of home/six-monthly visits. The registered manager told us that a recent recruitment of link workers had taken place and this would support to ensure that carers bi-monthly visits and health and safety checks would be carried out.

Records showed that incidents and accidents were logged as required by the registered manager. Actions taken as a result from any incidents or accidents were recorded, along with referrals to other health care professionals (HCPs) (where appropriate). However no overall analysis of all accidents and incidents was available for us to look at.

Checks were in place to ensure people were employed who had the appropriate skills and experience. The provider had a robust recruitment process in place. We saw that part of the application process included the registered manager conducting a home visit to ensure that the environment that people would be living in was both safe and suitable. Applicants were also required to undertake an enhanced Disclosure and Barring Service (DBS) check. This check, made sure that only suitable people were employed to work with vulnerable people. For those applicants who were deemed suitable, further approval was then sought from a panel of senior managers within the local authority. The registered manager also told us that carers are required to complete a self-assessment on a yearly basis. This assessment included carers declaring any changes which may have occurred to their own personal living arrangements, for example had any new pets been introduced to the home, had anyone 'new' begun to live in their home, or whether anyone living in the home had reached the age of 16. If anyone had reached the age of 16 years old, DBS checks would be carried out on those people. This meant that the provider had thorough arrangements in place to ensure the suitability of carers and other people living in their home.

Some people using the service needed to take medicines to keep them well. Care plans reviewed included how people should take their medicines, for example one person's care plan stated, "I take my own meds" another person's care plan stated, "I take my medication on my own but with prompts from [Carer]." We asked one person if they took their medication each day and they told us "Oh yes, [Carer], hands me my medication and I take it." Another person we spoke with told us, "[Carer] collects my medication they bring it home and lock it safely away." Carers we spoke with were able to confirm how they would receive, log, store and monitor the administration of medicines. Medicine records reviewed confirmed this.

Is the service effective?

Our findings

The registered manager told us that carers had access to an on-line training system called ITRENT which is supported by Gateshead Local Authority. As part of the recruitment process, all new carers were required to complete an induction process which covered mandatory training. However, a review of the providers training matrix showed that the provider did not have effective systems in place to monitor carers on-going training. Carers were required to complete five mandatory training topics for example safeguarding, first aid and fire safety. Four of these topics are required to be refreshed every three years, and one topic, fire safety had recently changed from three years to one year. Details showed that carers had not completed training as required and in line with the provider's own training policy. The training matrix showed that some mandatory training was out of date for 36 carers. For example, out of 66 carers, 8 carers (or 12%) had not completed their safeguarding training, one of which was 18 months out of date. Other areas where training had lapsed were mental capacity training, first aid, food hygiene and fire safety training. Training records had not been monitored or maintained to a sufficient level. We spoke to the registered manager about this and they confirmed that plans were in place to address this shortfall. They told us that they were working with the local authority workforce development team to further develop a package of suitable training which carers would be able to access.

The provider did not have effective systems in place to support carers in terms of their supervision or appraisal meetings with their link worker. An appraisal is an annual review of carer performance. Supervisions allow the link worker and carer to discuss any performance issues or any training issues which may have been highlighted, along with any further development needs. The registered manager told us that carers should receive bi-monthly supervision visits. Records reviewed showed that one carer had not received a formal supervision visit for 18 months and another carer had been without a formal supervision visit for 16 months. Due to the absence of these meetings there was no evidence training and development needs were being identified and actioned

The lack of monitoring with regards to training and supervision for carers constitutes a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Documents reviewed showed that link workers had received supervision sessions and an appraisal in with the provider's own policy. Training was also in place for link workers. One senior link worker informed us that they had recently been successful in their application to become a Positive Behavioural Support Facilitator (one of five roles across the North East and Cumbria). This role will allow them to support and coach carers who care for people with learning disabilities and behaviour that challenges.

An in-depth assessment was carried out of people's care and support needs. Lots of details were included in people's 'About Me' document, which included such topics as people's likes, dislikes and information about people's lifestyles.

Care plans reviewed showed that people were supported to lead a healthy lifestyle in terms of a healthy and balanced diet. These assessments reflected specific dietary requirements for example certain foods to be

avoided or if a person needed their food to be prepared in a certain way. People told us that they had a choice of what they wanted to eat. On the day of inspection and during a visit to one carer's home there was a great deal of playful conversation regarding the choice of what was for tea. That particular night was 'treat night' and take-away options were discussed with everyone stating their preferred choice. Carers we spoke with told us how they supported people to become involved in the preparation and cooking of their food, thus supporting and promoting people's independence. An example of this was one person told us that they liked to make warm drinks on their own and the carer had provided them with a pre-filled flask of hot water to support them with this.

People told us that they were supported to attend medical appointments. Care plans viewed confirmed this and showed that carers were pro-active and had ensured that people had timely access to other health care professionals such as GPs, dentists and hospital appointments. People were supported to attend these appointments with their carers and on occasion, and if necessary, link workers also attended as further support to both people and their carers.

Professionals we contacted via email prior to our inspection told us that they felt that the care provided was effective. One professional wrote, "I feel that the service can be very effective for some people as they become like a "buddy" to the person. Having one (or two) identified carers rather than a whole roster of possible people, provides consistency for the person, and for some people – especially those with autism who need routine and familiarity – this is vitally important." Another professional wrote and told us, "I can honestly say that the service is valued by its users who appear to thrive in the shared lives environment."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that the registered manager, staff and carers worked within these principles and were aware of when Court of Protection (CoP) applications may be required if people's freedom to make their own choices was being restricted. The registered manager informed us that applications had been made to the CoP and they are awaiting outcomes.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and compassion in their day-to-day care. One person we spoke with told us, "I like living here with [Carer], it's good because they help me to go out and meet new people and [Carer] helps me do that." They also told us, "If ever I have any worries I talk to [Carer]. Where I live with [Carer] is quieter than where I used to live and it's better for me living here, I know where I am well off." One relative we spoke with whose relative receives short-break support told us, "This is a massive support service for me and my relative, if I had the chance of more days I would jump at the chance."

The registered manager told us that the matching process of placing people with the 'right' carer was very important and involved a great deal of consideration on both sides. For example, once a carer had been approved by the panel, their details were handed over to the senior link worker for their review. This allowed the senior link worker to gain detailed knowledge of carers in terms of their abilities, lifestyle, home environment and their overall suitability for any new people requiring support. Once a potential 'match' had been identified, details were shared with both sides which included a photograph and background of that person, for example what people's needs were / what carers could offer people to meet those needs. Once both sides had decided they were happy to progress, that is when the 'getting to know you' meetings took place. This process allowed both the person and carer to confirm if they felt the placement was appropriate in terms of supporting and meeting the needs of people.

We spoke to the registered manager regarding the use of advocacy services for people. The provider promotes an advocacy service called Your Voice Counts which is a local service based in Gateshead. People can attend drop in sessions and request help. For example, with understanding letters, learning to travel independently or help to make friends.

Carers were aware of the importance of maintaining people's privacy and dignity, especially around personal care. They told us that they ensured that permission was always sought either verbally or via pictorial images. One carer told us that they used Picture Exchange Communication System (PECS) as a way of communicating and for obtaining permission. PECS is an alternative communication system to help people communicate their needs non-verbally. Care documents were stored securely both in the provider's office and in carers' homes to ensure that people's private information was kept confidential at all times.

One person told us that they could find their own quiet private time by spending time in their room if they chose to do so. One carer we spoke with told us, "When [Person] first came to live with us they were not very confident or talkative. However, we have seen their confidence grow, they now feel comfortable to stay in the house on their own and on one occasion they invited a friend around. This is a huge difference."

The registered manager also told us that following discussions with people and their social workers, personal goals were set and updates recorded in progress reports which were held in people's care plans. These goals included life skills and ranged from making beds to remembering to shower regularly. One person's care plan we looked at included how they had taken a bath and brushed their teeth twice on their

own. Another carer we spoke with told us, "[Person] has begun to take their clothes off and put them in the washing basket – this is a massive achievement for [Person]!"

Is the service responsive?

Our findings

Shared Lives recognised that activities play a big part in maintaining a healthy lifestyle. Care plans we reviewed, discussions with relatives and carers confirmed this also. We saw that one person attended a local resource centre, three days per week. During their time at the centre, their activities included cooking, playing musical instruments and spending time in a sensory room. The registered manager also told us that the service was very proud, as a number of people they supported had been selected to represent Great Britain at the Special Olympics World Games to be held in Abu Dhabi in 2019. The Special Olympics are a multi-sport event for athletes with learning disabilities and attracts competitors from all around the world. The Special Olympics football players have also had the opportunity to be mentored each week by Newcastle United Academy players and play at the Newcastle Academy each month. The registered manager told us that carers had raised money for the Special Olympics via a 'pies and peas' supper evening.

Other involvement with the local community included attendance at a local pub for quiz nights, a friendship group called 'Knit and Natter' which is hosted in the communal area of a local sheltered housing scheme, and coffee mornings which are held in the Bewick Coffee Shop which is sited in Gateshead Civic Centre.

Care delivered was both compassionate and supportive. Carers we spoke with knew the people they supported very well, some people having lived with their carers for 10 years. One carer we spoke with told us, "[Person] has lived with us for so long, [Person] is part of our extended family. [Person] has a really good connection with [family member]." People we spoke with, told us that they felt their carers understood their care needs and provided a good level of care. One person we spoke with told us, "I used to come here for short breaks, but now I live here permanently with [Carer]. I like living here, it's better here." Another person we spoke with told us, "I love living here, [Carer] reminds me to put my washing in the washer and [Carer] has taught me how to cook!". One carer we visited told us "[Person] is an absolute hoot, [Person] is a proper smiler, [Person] smiles all day!" They then showed us a photo album going back many years which held lots of family photographs of the person who lived with them. These photos included family holidays, birthday celebrations and other activities. Another person we spoke with told us, "I like it when [Carer] takes us clothes shopping. We go out about every three months to Asda for my clothes and [Carer] helps me to find the kind of trousers I like to wear."

Care plans reviewed showed that where possible, people had been involved in the creation of and review of their care plan. Records showed that people had recorded such things as their family and friends, hobbies and interests, what things made them happy/upset. One person we spoke with told us, "I sit down every month and discuss my care plan with [Carer] to make sure it is okay." However, one relative we spoke with whose relative receives short-break support from the service, told us that they could not remember the last time their relative's care plan had been reviewed.

As part of their role, carers are entitled to four weeks annual leave per year. During these times, some people are supported by their short-break carers. It is important therefore that prior to living with their short-break carers, that all care plans and information is up-to-date. One carer we spoke with told us, "When [Person] goes to stop with their short-break carer, we always make sure their care plan is up-to-date and we always

had a telephone conversation the night before they leave just so that they are fully aware of any changes that may impact [Person's] care."

Carers told us that people were also encouraged to be as independent as possible in terms of not just social but educational needs also. One carer told us that [Person] had decided they wanted to work in a nursery and had recently enrolled on an internship at a local college. This internship included one day at college and four days at a work placement. Carers told us that feedback from [Person's] college tutor had been very positive regarding [Person's] personal progress and approach towards their work.

The scheme manager shared with us details of an 'enablement flowchart' that the service had begun to use. This 'tool' is used to measure how well people are attaining their 'life goals.' Positive outcomes of this tool focus on citizenship, independence and self-management. These goals will be attained using various methods for example, assistive technology, employee training and training in systematic instruction (TSI). TSI is a tool which breaks down each task someone does into minute detail and will allow carers to pinpoint exactly where additional support is required with a specific task. Further examples of enablement success included supporting people to apply for their own independent living arrangements as well as supporting people to gain a job. The registered manager told us that one person had successfully moved into their own flat and now had a reduced level of support. This person had also secured paid employment through the Gateshead Access to Employment service. The registered manager told us that this had made a great difference to this person's level of self-confidence.

One community professional wrote and told us, "The project is professional, innovative and therefore responsive towards the needs of the carers and service users. Management aim to continue to monitor the progress of the project, paying attention to detail, and listening to the voices of those who are involved."

We spoke to the registered manager regarding how people receive information that is easy to understand. This is known as the accessible information standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss, get information that they can access and understand, and any communication support that they need. The registered manager told us that they regularly access information from the British Institute of Learning Disabilities (BILD) or from The Care Management Group (CMG). Both of these organisations produce information in an easy read format to support people with their understanding of certain topics such as undergoing certain health checks and keeping safe on the internet. A 'Keeping Safe' leaflet had also been created in easy read format which included a quiz for people to take to test their understanding of keeping themselves safe.

The provider has a complaints and compliments policy in place. People and their relatives we spoke with told us that they knew how to raise any concerns they may have with the service. We reviewed the complaints log which showed that no formal complaints had been recorded since the last inspection. Lots of compliments had been recorded, one which was from a relative, thanking carers for their support stating, "[Person] is clearly very well looked after and looks content. This is a reflection of how wonderful the care is that [Carer and Carer] provide."

Care plans reviewed showed that where possible, end of life care wishes, were recorded. The registered manager informed us that they held a dedicated 'end of life wishes' file, and this included all information in an easy read format. This file was accessible to all carers to support them in their end of life discussions with people.

Is the service well-led?

Our findings

There was a registered manager in post 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.

As part of their oversight of the service, providers are required to have a governance framework in place to allow for the monitoring, review and assessment of the quality of the service provided by carers. Part of this governance process included the review and analysis of information obtained at bi-monthly and two six monthly visits to carer's homes. These visits included both link workers and senior link worker reviewing documentation, discussing any issues and training needs that may have been highlighted since the last home visit. We spoke to the registered manager about this and they told us that link worker availability over the past year had been an issue and this had resulted in some bi-monthly and six-monthly home visits not being conducted for some carers. The registered manager and team manager had recognised this and recruitment of link workers had taken place. As of August 2018, regular home visits were being completed and documents we reviewed confirmed this.

We asked people who used the service what they thought of the leadership of the service. One person spoke with told us, "[Registered Manager], oh yes I like her, she is nice." Carers we spoke with told us that they felt well-supported by the registered manager and link workers, one carer we spoke with told us, "They support us always, 1000% with everything. All the link workers are approachable." Another carer we spoke with told us that although they had not received a formal home visit since last year, they had no problem seeking advice by speaking to link workers at the office via telephone, they also said, "[Registered Manager] and the team deserve a pat on the back due to doing an excellent job." One community professional who we contacted via email shared the following comment with us, "It is extremely well run by the officers within the Shared Lives Service and I can confirm that any issues that may be raised are dealt with immediately and proportionately by the Shared Lives Manager."

We spoke to the service manager regarding their vision for the future of the service. They told us this formed part of the overarching aim of the local authority's social care vision, which was to "Maximise independence and wellbeing through early help and prevention, creating stronger partnerships to deliver the right support, in the right place at the right time." They believed that Shared Lives would play a vital role in attaining this vision.

The registered manager has adopted a transparent and open-door policy approach and link workers confirmed this. One senior link worker we spoke with told us they felt supported by the registered manager, they said "Yes, [Registered Manager] has been really good, we have worked on lots of things together."

The manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager. However, at the time of inspection no audit

documentation was available for us to review regarding identification of any trends or analysis. We spoke to the registered manager about this and they informed us that this issue is one which had been impacted by link worker availability. They told us that this is an area that is being reviewed by their senior link worker and plans are in place to have an audit tool which would allow for any trends to be identified.

The provider sends out an annual questionnaire to people and their carers for completion and return. A review of these questionnaires showed for the majority, positive responses had been received. Any responses which showed dissatisfaction were noted to have been followed up with a telephone call to allow for further discussion.

Staff meetings were held with link workers every week to allow for discussion of any issues or updates that required to be shared. The registered manager also told us that they regularly attend meetings of all other local shared lives schemes. These meetings were held bi-monthly and the aim of these meetings was for shared lives managers to share best practice in terms of service delivery and to discuss and share any lessons learnt.

The ratings from the previous inspection were displayed as required in the Shared Lives office and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of a regulated activity did not receive appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2)(a)</p>