

Telford & Wrekin Council

Telford and Wrekin Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Telford and Wrekin Shared Lives Scheme provides personal care for people as part of a shared lives and domiciliary care scheme. A shared lives scheme supports a variety of different arrangements where families and individuals in local communities can offer accommodation and/or support for people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At this inspection, they were providing a regulated activity for 30 people.

Telford and Wrekin Shared Lives care staff supported people with a physical disability, those with a learning disability, older people with dementia, people with mental health problems and care leavers.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People truly felt involved in the care and support they received which was personal and individual to them. The provider had developed a culture where all staff encouraged people to explore their care and support options and supported them to explore sources of additional help and advice with particular care and sensitivity. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

The provider had embedded the equality, diversity and human rights approach to supporting people's privacy and dignity. People had very positive outcomes as a result. The provider fully understood people's individual needs and delivered care and support in a way that meets these.

Telford and Wrekin Shared Lives Scheme made arrangements for people to engage in social activities, education and work, which were innovative, met people's individual needs, and followed best practice guidance so people could lead as full a life as possible.

The service knew what people have done in the past and what they wanted to achieve in the future. They evaluated whether they could accommodate people's desired activities and strived to make them happen.

The service had a very flexible approach to any restrictions imposed on people; keeping them under constant review, making them in a time-limited way, and only when absolutely necessary.

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

Staff members were confident about using the Mental Capacity Act 2005, and made sure people were involved in decisions about their care so that their human and legal rights were respected. Best interest decisions were always made in accordance with legislation and people's wishes.

The provider promoted a strong organisational commitment to achieving positive outcomes for people. This was evidenced through robust quality monitoring processes. The provider, and management team, had good links with the local communities within which people lived. The management team and provider had systems in place to identify improvements and drive good care.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. This helped people who use the service to live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people. When it was needed, people received safe support with their medicines by trained and competent staff members

People had access to additional healthcare services when required. Staff members knew people's individual health outcomes and supported them appropriately. When required, people were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

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

Rating at last inspection

The last rating for this service was 'Good' (published 06 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Telford and Wrekin Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors, one assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Telford and Wrekin Shared Lives Scheme offers accommodation and support arrangements for adults within their own family homes in the community.

CQC does not regulate premises used for shared lives; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is a shared lives scheme. We needed to be sure someone would be available to speak with and show us records.

Inspection site visit activity started 05 December 2019 and ended on 06 December 2019. We visited the office location on 06 December 2019 to speak with the manager, people using the service and office staff; and to

review care records and policies and procedures.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked Healthwatch for any information they had which would aid our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives. We spoke with eight members of staff including the registered manager and shared lives care workers. In addition, we spoke with a health and social care professional.

We reviewed a range of records. These included four people's care records. We also looked at the records of medicines administration. We had sight of three staff member's files in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected when receiving services from Telford and Wrekin Shared Lives Scheme. One relative said, "[Person's name] is so well looked after in such a safe environment." Another relative said, "My relative has 24-hour care and is 100% safe."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and staff on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- People were supported to remain safe in their own home environment. Staff members completed safety checks and advised and directed people on how to keep safe. For example, regular checks of smoke alarms and the removal of trip hazards.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's mobility, diet and accessing the community.
- People were supported to identify and take reasonable risks. For example, one person told us before they received support from Telford and Wrekin Shared Lives Scheme they had been stopped from doing certain things because their previous care providers thought it was risky. However, since moving in with their shared lives family they had expanded their experiences and opportunities by taking risks they believed others in the community could.

Staffing and recruitment

- People and relatives told us they received the right amount of support when they needed it.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- When the provider was responsible people were safely supported with their medicines by trained and competent staff members.
- Everyone we spoke with told us they received their medicines when they needed them.

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

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

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

In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Telford and Wrekin Shared Lives Scheme was skilled in how it obtained people's consent for care and treatment. For example, they worked with people to educate, increase their skills and communication techniques. People were fully involved in decisions and assessments of capacity when needed, even where disability or other impairments make this very difficult. The safeguarded people from unnecessary or disproportionate restrictions on their lives.
- The service had a very flexible approach to any restrictions imposed on people; keeping them under constant review, making them in a time-limited way, and only when necessary. We saw one person was struggling to maintain their finances in a safe way. We saw evidence of conversations with healthcare professionals where the advice was to assume responsibility for this person's finances. However, the provider sought the least restrictive means available. They completed an assessment of capacity specifically for this decision and engaged the person in a programme of education regarding money management. This person developed their skills and independence and continued to manage their money in the least restrictive way possible whilst making informed choices about their purchases.
- Practices regarding consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. The provider engaged people, and those

close to them, to aid informed consent. For example, we saw following concerns about one person's safety in their community, the provider applied to the Court of Protection to safeguard them from the risk of exploitation. Alongside this application, they engaged this person and those providing support for them. They identified the least restrictive way this person could still lead the life they wanted whilst keeping safe and making decisions. The provider helped staff to recognise when a decision was someone's to make and even if it is perceived "unwise" it was still their choice. When this person had developed their skills and understanding to the point where the restrictions were no longer required, the provider applied to have these removed. This approach supported the person to live their life free from restriction.

- The provider ensured staff were fully educated and trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Staff were confident about using the Mental Capacity Act 2005 and used innovative ways to make sure that people were involved in decisions about their care, so their human and legal rights are respected. Best interest decisions were always made in accordance with legislation and people's wishes. For example, one person had a very limited understanding of their local community and their access had been restricted as their previous life experiences, lack of confidence, lack of awareness and understanding of risk limited their ability to safely undertake certain tasks like going out unsupervised. The provider supported this person to develop their skills. Staff set very small realistic and achievable goals with this person. They slowly developed their skills where they could access public transport and attend places of education unsupervised. As a result, the provider made an application to have the DoLS removed. This enabled the person to become more independent and reduced their reliance on others.
- This person's relative told us "[Person's name] now has a fantastic quality of life with no restrictions."

Staff support: induction, training, skills and experience

- People were assisted by a well-trained and highly motivated staff team who felt supported by the provider and the management team. One relative said, "I would recommend these carers to anyone as they are so efficient. I don't know how they could make things better because they are already good."
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us they received regular support which was based on their individual preferences and development needs. Another staff member said, "We complete all mandatory training and we attend meetings every couple of months. This is where we can discuss any learning we have completed or if there are areas of professional development we feel we need."
- Another staff member told us they received regular invites for training and were supported to complete recognised qualifications in care. This included diplomas in social care, learning disabilities and autism.
- People were supported by staff members who received specific training designed around those they supported. For example, one staff member told us they completed all their standard training and went on to train in learning disabilities, dementia awareness and PEG management (A percutaneous endoscopic gastrostomy (PEG) feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach).
- In addition, the provider arranged specific training for people and staff members around the risks of exploitation, drugs and cuckooing. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. This training was open to and attended by those also receiving services from Telford and Wrekin Shared Lives Scheme. This training supported people and staff members to make informed choices about their lifestyles.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and safeguarding.

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

- Telford and Wrekin Shared Lives Scheme empowered people to make choices about their health and how

it should be monitored and managed. Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services were excellent. For example, we saw one person was struggling with managing their ongoing healthcare condition. This impacted on their self-esteem, motivation and effected their mental health. Staff members recognised this and supported the person. This person told us they now enjoyed their life and did things they never felt like doing before. They went on to say this was because of receiving services from the Telford and Wrekin Shared Lives Scheme.

- One social care professional told us "I am so impressed with how [provider] supports people and their choices about their healthcare. It gives me real confidence that everyone will have their health care needs met just the way they want."
- The provider was working alongside a local healthcare trust to maximise access to hospital services by improving people's awareness and understanding of such clinical settings. This focused on reducing anxiety by educating and familiarising people with locations and the equipment used for routine procedures.
- People had access to additional healthcare professionals including GPs, dentists and chiropodists. When it was needed people were referred promptly for assessment.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Telford and Wrekin Shared Lives Scheme.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- The provider completed a comprehensive and highly effective assessment with people before they started to receive services from them. This included a matching process to ensure people were placed with the right care worker to effectively meet their needs. Where it was appropriate this included other health and social care professionals to gain a holistic understanding of the person. This process not only included the physical and practical support people needed but also looked at how they can thrive and develop as people in a way they desired. This included allocating staff members who could provide emotional support and motivation alongside knowledge of their individual health needs.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

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

- When the provider was responsible, people told us they had a choice of the meals provided and were involved in the preparation of food where they were able.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. Staff members were aware of any recommendations following specialist assessments and supported people consistently to maintain their well-being. Any recommendations were clearly written for staff members to follow.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- All those we spoke with talked about a strong, visible person-centred culture which was demonstrated by the Telford and Wrekin Shared Lives Scheme. One relative said, "This is an absolutely fantastic thing for [Relative's name]. They need a family environment for stimulation and we couldn't see them anywhere else." Another relative told us "The carers are aware of how much we appreciate them and what a good job they are doing. I would rate them as 5 out of 5."
- Telford and Wrekin Shared Lives Scheme recognised people have different ways of experiencing and expressing sexuality. People and relatives told us they felt valued as individuals and were encouraged to develop and thrive. For example, the provider supported people with understanding and embracing their sexuality. Staff members were trained and experienced in supporting people as they developed their understanding of who they were as individuals.
- Staff members were skilled in having frank conversations with people which demonstrated a close working relationship which had a foundation of trust and empowerment. One person said, "I find the conversations with [staff member's name] easy and not embarrassing." One staff member told us they felt at ease talking with people about subjects which mattered to them.
- People told us they were supported to take part in community events such as Pride. Pride is an annual celebration of LGBTQ+ people held annually throughout the world.
- Others receiving services from Telford and Wrekin Shared Lives Scheme were supported to maintain and develop relationships which mattered to them. When it was needed, or requested, people were supported to access information or education on how to maintain healthy relationships free from abuse.
- Staff members had a very real and shared sense of empathy for those they supported, and this was confirmed in the feedback we received from people.
- The provider looked at people's histories, backgrounds and interests prior to agreeing placements with them. People were matched with care staff members to promote compatibility through shared interests and opportunities. For example, we saw one person liked motor vehicles. They were matched with a staff member who enjoyed motorbikes and they shared this interest together and took part in activities and outings. Another person liked animals so were placed with a staff member who lived on a small holding and they helped with looking after the horses. Those we spoke were very positive about the experiences they had in life because of these matched placements.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by those supporting them.
- People were supported to develop their independence and skills. One person told us they had been previously restricted in what they did and when. Since moving to Telford and Wrekin Shared Lives Scheme their confidence had increased and this in turn had led to a more independent life free from restrictions. They told us, "Before I couldn't leave the home on my own. Now I can take the dog for a walk without anyone being with me. I feel confident to do this now." They went on to tell us they can now shop independently, and this has resulted in developing positive relationships within a community they previously felt excluded from.
- Another person explained how their life experiences had been limited prior to moving in to Telford and Wrekin Shared Lives Scheme. Owing to anxieties, they felt restricted but now they can go shopping and to places of interest they previously couldn't.
- A relative told us, "[Provider] helps to make [relative's name] more independent. After these seven years they are more independent, full of character and have grown in confidence. The best thing about it is they are more confident and now have a new lease in life."
- Furthermore, one person described how they used to live. They told us they felt restricted and not able to do the things they wanted. They felt excluded from "normal life" and this led to feelings of depression and social isolation. Since moving to Telford and Wrekin Shared Lives their life experiences have exceeded their expectations. They never believed they could be part of a family or valued as an individual. They believed experiences in life were for other people and didn't believe they deserved such opportunities. They went on to describe their life now with a shared life carer. They outlined what they have achieved, the new experiences they have taken part in and how their life is now "joyful."
- Information which was confidential to the person was kept securely and only accessed by those with authority to do so.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with told us they were supported to make decisions about their care and support. They were involved in the development of their care and support plans which could be amended at any time to reflect their changing experiences, preferences and choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and if needed those close to them, were involved in the development and review of their own care and support plans which gave the staff information on how people wanted to be assisted. The service understood people's differing needs and delivered care and support in a way that meets these and promotes equality.
- One person told us how important it was for the shared lives care staff to fully understand them, their preferences and their routines. They had previously experienced a lack of consistency before receiving services from the Telford and Wrekin Shared Lives Scheme. They told how much their life had improved as those supporting them fully understood them as a person and the things which mattered to them. They told us everyone involved in their care was "Singing from the same hymn sheet."
- Another person told us they had an extended period of "Getting to know," their shared lives care staff. They told us this was a planned move which took place over several months and involved several visits. This supported the person to make an informed choice and to orientate and familiarise themselves with a change of environment. The person told us they felt fully involved in the decision and in control of the support they received as a result.
- When people felt able and confident Telford and Wrekin Shared Lives Scheme supported and motivated people towards more independent living. People told us how they were supported to develop their personal and practical skills as well as money and household management techniques. In addition, people attended training alongside staff members on how to keep safe as they moved towards living with less support.
- Staff members could tell us about those they supported in detail indicating they knew people very well. This included, where they lived, who is important to them and what they liked to do.
- When it was appropriate, relatives were kept informed about changes to people's health and needs. However, this was only done with the permission of the person.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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

- Telford and Wrekin Shared Lives Scheme made arrangements for people to engage in social activities, education and work, which were innovative and met people's individual needs. They looked at what people were skilled at and what they could achieve rather than what they couldn't and found difficulty in. For

example, one person had expressed severe anxiety related to certain activities. The provider looked at this and identified the positives. They identified an environment which was quiet and in a rural location which minimised distractions. The person was then able to concentrate on what they could do rather than be distracted by things outside of their control.

- People told us they were supported and encouraged to engage in activities which stimulated, interested and challenged them. People told us this supported their independence, skill building and social contacts thereby reducing the risk of social isolation.
- One person told us how they had been previously excluded from services owing to their heightened levels of anxiety. They told us they had trouble mixing with people which lead to increased levels of apprehension. The provider matched them with a carer who supported them to work on a small holding. They now work with animals in an environment which they find relaxing and enjoyable. They are now at a point where they work alongside others and help those they refer to as their colleagues.
- Another person said they had lost contact with their extended relatives. This impacted on them negatively and they didn't believe they would ever have the confidence to make contact with them again. Following the support of their shared lives care staff they decided to make contact which has increased their feelings of self-worth. This was achieved by taking very small but decisive steps like deciding who to contact first and locating their contact details. They told us they do not feel they could have achieved this without their shared lives carer.
- Furthermore, another person told us how they had removed themselves from contact with those that previously mattered to them as a result of a developing mental health illness. With the support of their shared lives care staff they have now reinstated contact and have regular meet ups in a supportive and safe environment. They felt they could not achieve this if their shared lives carer hadn't supported them emotionally and practically. For example, identifying a safe location for them to meet and feel comfortable.
- People were supported to identify goals in their lives and were motivated to achieve them to meet their full potential. We saw one person had identified they were afraid of water. Following support from their shared lives carer they can now swim independently. They have now identified a goal of swimming without a float which they are working on achieving. One other person told us they wanted to go on a holiday abroad but were very wary of flying. Their shared lives carer supported them by planned with the airport to manage their anxieties. This person told us just how much they enjoyed the flight and they are now planning their next holiday.

Meeting people's communication needs

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

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example in an easy to read format or with pictorial prompts.
- One relative told us staff members learnt a gestural form of communication in order to effectively communicate with the person they were supporting. This was developed with the person as they had adapted some of their own personal signs.

Improving care quality in response to complaints or concerns

- Information was available to people in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Telford and Wrekin Shared Lives Scheme supported people at the end of their lives. People were encouraged to identify things which were important to them and these were recorded so people could be supported in a way they wanted at such a time. These plans were constantly reviewed and updated as care staff members got to know the person more and their experiences broadened.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Staff members were highly motivated and immensely proud of the service they provided to people. This was evidenced in people's achievements, the expansion of their life experiences and the development of their personal skills. All those we spoke said this was because of the engaging and empowering management style which they found supportive and inspiring.
- There was a strong organisational commitment to achieving positive outcomes for people. Staff members were encouraged to think beyond the obvious with people in terms of how they supported them. For example, a care staff member worked alongside one person they supported to gain a practical qualification. This motivated the person to achieve a positive outcome. They then visited their previous placement to show them what they had achieved.
- In addition to following safe recruitment processes the provider completed highly effective vetting and matching processes when supporting new people or care staff. This process ensured new staff members matched the values and principles of the scheme to achieve the best outcome for people. They were then matched with people who would most benefit from what they could bring to the organisation. For example, they matched people with similar interests in music, activities, voluntary work and vocational experiences. This was an integral process to successful and positive outcomes for people receiving a service.
- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.

Working in partnership with others

- The management team had established and maintained excellent links with the local communities within which people lived. This included regular contact with local healthcare professionals. For example, dental practices and District Nurse teams. The provider worked alongside health and social care professionals to identify gaps in care provision and worked on an individual basis to assist and support people to move on into suitable environments which matched their needs.
- People benefited from the links with community facilities like work placements and health care. For example, owing to the project regarding access to health Telford and Wrekin Shared Lives Scheme addressed the perceived barriers to healthcare by promoting familiarisation sessions at a local hospital. This has maximised people's opportunity to maintaining their well-being.

- One health and social care profession told us, "The good thing about [provider] is they will say "no." However, this is not a negative as they will tell us why they can't do what we have asked, and they will then work with us to identify how things can be achieved to deliver the best possible outcome for people." They went on to describe a situation where someone had experienced significant difficulty in identifying a suitable placement. They worked with the Telford and Wrekin Shared Lives Scheme to develop a package of care which meets this person's needs enabling them to move on with their life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff members told us they found the management team supportive and their opinions were welcomed and valued. Staff members took part in staff meetings where they could discuss elements of the work they completed. One staff member said, "We have carers meetings every 8 weeks, they are planned for different days and there are 3 options morning, afternoon and evening. This helps to be inclusive to all the carers. Last time we discussed MCA, not just the theory of it but what it actually means in practice, we discuss real situations between us in a safe and confidential environment. The group offers us support and shared experiences too."
- People told us they were regularly asked for their opinion. This was either as part of ongoing quality checks or part of an annual survey. Everyone we spoke with was confident suggestions or concerns would be addressed and if appropriate changes would be made.
- The provider supported people to become "Roving Reporters." This was an initiative where people receiving services went out and undertook interviews with key professionals or experienced activities others might be interested in. They then produced a newsletter for all those receiving services from the Telford and Wrekin Shared Lives Scheme. This supported people to be kept informed about changes and developments, not just with the provider, but within their own local communities.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.
- One staff member told us, "The management are supportive. [Registered manager's name] is very supportive, they listen and if they can't change something they explain why. They try to balance the people's and the carers needs to reach the best outcome for everyone."

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at the Telford and Wrekin Shared Lives Scheme and on their website.
- Staff members told us they found the management team supportive and approachable. One shared lives care staff member told us they had experienced some difficulty with supporting a specific aspect of one person's needs. They met as part of a formal supervision and received the support and direction they needed to effectively meet this person's needs. They told us, "This is a very supportive provider who listens to and supports those they employ."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be

open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service they provided. One person told us, "I don't know how they could make the service better because I am happy with the service I am getting. I would recommend them. Everything is good, thank you."
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They received regular updates from professional organisations involved in adult social care. They attended conferences specific to their service delivery, arranged and chaired meeting with other health and social care professionals. These meetings supported sharing best practice and to seek alternative ways to resolve difficult or challenging situations.
- The registered manager and provider had systems in place to identify improvements and drive good care. The registered manager and senior staff members undertook regular visits to ensure the quality of the provision was meeting the preferences and needs of those who received services from them.