

# Nottinghamshire County Council

# Nottinghamshire County Council Shared Lives Scheme

## Inspection report

Home Brewery Building  
Sir John Robinson Way, Arnold  
Nottingham  
Nottinghamshire  
NG5 6DA

Tel: 01158546000

Date of inspection visit:

18 June 2019

19 June 2019

20 June 2019

Date of publication:

13 August 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Nottinghamshire County Council Shared Lives Scheme provides both short breaks and longer-term placements to adults with learning disabilities, physical disabilities and mental health needs. At the time of our inspection, there were 74 people being supported in 61 households.

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.

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 that 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 received a remarkable service from extremely compassionate carers, who were fully supported and exceptionally well-led by the management team. The registered manager and care coordinators were very passionate about people receiving a personal service in the comfort and security of a family setting.

People were cared for within loving family homes. Carers demonstrated exceptionally caring values, such as kindness, compassion, inclusion and respect. Overwhelmingly, people spoke highly of their carers and the support they received.

The management team and carers fully embraced person-centred care and made sure people were at the heart of the service. People received a unique service which met all their needs and exceeded the expectations of traditional social care support.

People had achieved multiple positive outcomes through extensive support and encouragement from their carers and the families who surrounded them. People received timely interventions from external professionals, whom carers and the management team worked in very close partnership with.

The management team strove for consistently high standards and extensively monitored the service through regular visits to people and their carers at home. The quality and safety of the service was effectively monitored through wide-ranging checks and audits.

People felt very safe living with their carers. Measures were in place to minimise the risks they faced. Carers recognised risks and reported their concerns to the management team. Safeguarding policies and

procedures were in place.

The recruitment and induction process for shared lives carers was extremely thorough to ensure people would be safe and comfortable living with new families. Carers benefitted from bespoke training which was tailored to meet people's needs. They were highly skilled, knowledgeable and very competent in their roles.

People were supported to have maximum choice and control of their lives and their carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 23 November 2016).

#### 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?

Good ●

The service was 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.

# Nottinghamshire County Council 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

The inspection was conducted by one inspector and an Expert by Experience. 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

The service recruited individuals, couples and families and supported them to provide homes and short breaks, within their own home to people who needed help with personal care and social 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

This inspection was announced. We gave the provider 24 hours' notice to ensure staff would be available at the office location. We also asked them to seek the permission of people who use the service, for us to visit them at home.

Inspection activity started on 18 June 2019 and ended on 20 June 2019. We visited the office location on 18

June 2019.

#### What we did before the inspection

We reviewed the information we had received about Nottinghamshire County Council Shared Lives Scheme since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

At the office location, we spoke with the registered manager and a senior care coordinator. We reviewed six people's care, medicine and financial records. We looked at information regarding the management of the service. This included six shared lives carers records and records related to the quality and safety of the service.

We visited three people who lived in long-term placements with their shared lives carer(s), at their homes. We spoke with six people and five shared lives carers by telephone. We received feedback from two shared lives carers by email.

We contacted 20 external professionals by email who worked in partnership with the service. We received four responses from three care managers and a physiotherapist.

# 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

- People told us they felt extremely safe living with their carers. One person said, "I really don't want to live anywhere else because I feel safe and well supported here." People had established a totally trusting relationship with their carers. Another person said, "I feel safe and I always know that if I have any worries at all, I can always talk them through with (carer)."
- Person-centred risk assessments were highly detailed and provided in-depth guidance for carers, to help keep people as safe as possible.
- Processes were in place to monitor and review people's care to continually safeguard them from the risk of harm. Carers felt there were clear and effective systems to report any concerns, to the management team.
- The management team had a 'safeguarding' champion to ensure best practice was implemented and important training was delivered. They attended local safety events and invited external speakers to their network meetings, such as from the police or fire service to raise awareness about staying safe. People and carers were provided with accessible information which promoted safety and safeguarding.

Assessing risk, safety monitoring and management

- Best practice guidance was fully embedded into the service. The management team ensured risks were identified and fully assessed. They worked in collaboration with people and carers to fully involve them in developing risk management plans. People's individual strengths and their capacity to understand the risks they faced were taken into consideration.
- Carers respected people's desire to take risks. They understood people's needs and empowered them to try new experiences, which had elements of risk, such as independent travelling or staying home alone. Risk management plans were positive, which helped people achieve their goals. One person told us, "I like being given responsibility and I can now stay here at home on my own during the day. I can go out if I like, because there is a box on the wall that I put a number into which lets me have the front door key to let myself back in."

Staffing and recruitment

- Shared lives carers underwent a rigorous recruitment process. Despite many of them being approved foster carers, they still went through the same robust vetting checks when they transferred to the shared lives scheme.
- People and carers were involved in the recruitment process. One person and their carer had been invited to take part in a new recruitment campaign and to appear in a promotional film for the Shared Lives Scheme.
- There was a mixture of long-term and short break placements. This meant if a person needed an emergency placement, a shared lives carer would be available to care for them under interim arrangements.

Carers told us they received excellent support from the management team under these circumstances.

- People were able to choose their carer. Some people had been matched and introduced to multiple shared lives carers to give them a wider choice of who and when they wanted to spend their short break time with.

#### Using medicines safely

- People were fully supported to take their medicines as needed. The provider had a robust medicines policy in place to ensure procedures were followed safely.
- Carers were well trained to administer medicines to people. This included more complex procedures, such as the use of a Percutaneous Endoscopic Gastrostomy (PEG) tube for administering medicines directly into the stomach when oral intake is not possible.

#### Preventing and controlling infection

- Carers encouraged people to be independent with their personal hygiene and raised awareness about infection control. This helped people to successfully identify and reduce these types of risks themselves.
- Carers gave people advice and promoted good food hygiene practices. This had given people the opportunity to help in the kitchen at home and the workplace. One person had successfully maintained a volunteer role at several clubs to serve drinks and snacks.

#### Learning lessons when things go wrong

- The management team had high regard to incidents, near misses and concerns raised. They acted in an open and transparent manner to address any issues raised.
- Lessons had been successfully learned from past incidents. Learning logs were completed after an incident to enable the team to reflect on what went wrong and how they could do things better in future.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team had a holistic approach to assessing, planning and arranging placements. People's needs, wishes and choices were regularly reviewed to ensure carers continued to deliver exceptional support.
- The management team worked in partnership with other services to ensure the latest developments in the care industry were communicated to carers. This inspired carers to provide high-quality, person-centred support.
- Carers implemented national best practice guidance and the law within the support they gave people. This helped people to achieve the positive outcomes we have described throughout this report. One person said, "I just want to go on living here forever."

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. Where people may need to be deprived of their liberty 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.

- The management team had a 'champion' for mental capacity. They made sure carers were fully trained and had a thorough understanding of the MCA and its associated principles.
- Carers demonstrated confidence about applying the principles to the support they delivered. Wherever possible, people consented to the care they received. They were fully involved in decisions about their care. Best interest decisions were made in accordance with legislation and people's wishes. This ensured their legal and human rights were upheld.
- Carers had the expertise to judge if people had capacity to make decisions. They sought support from the

management team when people faced difficulties. In turn, external professionals and others involved in the person's care were actively included to make sure their input informed any decisions made.

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

- The management team and carers worked extremely closely with other services. Information sharing and communication with other services was consistently high to ensure people received consistent, timely, coordinated, person-centred care. We received high praise from external professionals. Comments included, "We've worked on joint cases, done home visits and supported each other through the processes."
- The shared lives scheme worked in remarkable collaboration with the fostering and transition team. Where appropriate, children in foster care who turned 18, remained with their family placements and were unaffected by a change in services. The management team provided intensive support to foster carers who transitioned into the shared lives scheme.
- The arrangements for people's placements fully reflected their individual needs and preferences. The management team and carers found effective ways to provide joined-up care to enable people to have a smooth transition between services. For example, arranging introductory visits and short breaks before securing long-term placements. An external professional told us, "The team were very supportive and considerate of a service user's individual set of circumstances."

Staff support: induction, training, skills and experience

- All carers completed a full induction and training programme when they joined the shared lives service. This included foster carers who transitioned into the service with the people they already supported.
- Carers were highly skilled, experienced, trained and extremely well supported. They demonstrated extensive knowledge of people's history and their care needs.
- Training in key topics was regularly delivered and updated. Bespoke training was provided to carers who supported people with specific needs such as emergency medical care, dementia care and positive behavioural support. One carer who recently attended an external event said, "It was really inspiring."
- The management team conducted regular, meaningful supervision and monitoring visits with carers which included checking their competence and identifying any further learning and development needs. Carers described the support as "Great"; "Wonderful" and, "Second to none."

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

- External professionals were involved with people's complex nutritional care needs to enable them to maintain a good diet. Carers received individual training from them, tailored to the needs of the people they supported. For example, with PEG tubes, diabetes and allergies.
- Carers showed high regard for ensuring people ate and drank well and followed a healthy diet. People told us they were involved in shopping, making meals and could help themselves to snacks and drinks of their choice.
- There was a strong focus on family orientated dining experiences and people were absolutely embraced into the carer's wider family. This was demonstrated daily as well as for special cultural celebrations and religious festivities.

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

- The management team and carers had excellent links with other health and social care services such as social workers/care managers, physiotherapists and speech and language therapists to continually monitor and improve people's quality of life.
- There were 'champions' amongst the management team in a range of topics to ensure best practice was implemented throughout the service. This enabled carers to empower people to make good choices and experience positive outcomes.

- The service has sustained outstanding practice over time and had continued to make significant improvements to the service. This included retaining membership of a nationally recognised scheme which independently supported the service and the shared lives carers.

# 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

- People were overwhelmingly complimentary and affectionate about the carers who supported them. Our observations and conversations with people revealed strong bonds had developed between them. One person said, "I do love living here. They are all my family now." Another person said, "I love living with (carer) because we are best friends and we do many things together."
- Carers were extremely kind and compassionate. They were greatly motivated and driven to provide exceptional care by the management team who led by example. One carer told us, "I love the fact that I can give (person) a secure home environment where she can flourish as an individual."
- People and their carers had developed very close bonds. For example, one person was temporarily not able to be supported by their carers who they had become extremely fond of. The management team worked closely with them to ensure their relationship could continue by carefully considering the alternative arrangements.
- Young people were fully supported by the management team who understood their needs with regards to transitioning between child and adult services. Children in foster care who continued to need social care support in adulthood remained with their foster carers if they wished. The shared lives management team ensured foster carers were given information, advice and guidance to enable them to become shared lives carers. This gave young people the comfort and assurance that they would continue to live with the families they felt most happy with, without disruption.
- The matching process was now incredibly effective. A lot of work and learning from the past had contributed to a very high success rate of placements. The management team put a lot of time and effort into carefully considering people's personalities, preferences, lifestyle, likes and dislikes, before starting the matching process.
- The management team and carers demonstrated sincere empathy and a genuine understanding of people's needs. They appreciated people's differing cultural and social needs and they acted in a careful and considerate way to ensure people's wishes and choices were always fully respected.

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

- People felt fully respected and listened to. People chose who they shared their lives with. The management team respected people's choices to live or spend short breaks with certain carers and made the appropriate arrangements. Every effort was made to ensure siblings stayed together. Two siblings who had previously found it difficult to settle with a permanent carer, were now settled with a choice of three families to spend their short breaks with. The management team had worked extremely hard over a long period of time to carefully introduce the siblings to new families.

- Carers were extremely proactive in supporting people to express their views and opinions. One person and their carer had recently attended an external national conference to represent the service and feedback about the topics discussed. The person gave their views and opinions of the latest opportunities and innovation in independent living to other people and carers at a recent network meeting. The carer said, "We felt really involved, it made me really proud."
- The management team used a range of communication methods to encourage people to share their views and make important decisions about their care. This included home visits, newsletters and group meetings. People and their carers knew they could call or text their care coordinator at any time to discuss their care needs.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was held in high regard. People had their own bedroom within their carer's home which was personalised. This created a private and familiar space for people to spend time on their own if they wished.
- Carers knew people extremely well and could recognise situations which may cause people distress or conflict. This enabled an early intervention to ease a situation. Carers provided sensitive and discreet support to protect people's privacy and dignity. Carers had a clear understanding of maintaining confidentiality.
- The promotion of independent living was now fully embedded into the service. One carer told us, "We have been working so hard recently to get (person) to a stage where he is able to be on his own during the day, and that has gone really well. The next stage is to see how he does overnight on his own, because the long-term goal for him is to live independently without our support in the future."

## 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

- Care records had been developed further. Extensive care planning focussed on how carers could help people to achieve their personal goals and positive outcomes. Carers delivered extremely person-centred care. They considered people's age, character, gender and social interests. An external professional said, "They have a very person-centred approach in the way they work."
- People took a lead role in creating a plan of personalised support which met their needs and aspirations. Carers and the management team listened carefully to people's opinions and valued their contribution. There was now more engagement with people about how their support could be developed.
- Carers empowered people to take control of their lives and they were given the independence and freedom to try new experiences. There were multiple examples of carers going the extra mile to enrich people's lives and help them accomplish dreams and ambitions. One person whose social skills, confidence and friendships had significantly increased since being introduced to their carer had recently been to see the Spice Girls in London. The registered manager showed us a photograph and said, "This picture truly indicates how the changes in opportunities for (person) have had such a positive effect on their happiness and wellbeing." This person had also been able to get over previous anxieties and had recently taken their first holiday abroad.

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

- People led lives that were full of possibilities through exceptional support from their carers. People had been inspired and motivated by their carers to pursue activities that were pleasurable, meaningful and rewarding. This included going on holiday for the first time, playing instruments, attending concerts and theatre shows and visiting church.
- One person's skills had increased since they changed their short breaks to longer placements with their carer. The person had experienced many new activities including horse riding, theatre trips and dance classes. Their speech and communication skills had increased making them more confident in making choices and talking to people. Their health had also improved due to consistent work from their carer to attend health appointments.
- People enjoyed a range of pursuits, education and work-related activities which fulfilled them and reduced the risk of social isolation and loneliness. One person told us with delight about a volunteering role they had secured. A carer told us, "(Person) has an active life. She's out all day Monday to Friday at various day centre offerings or exercise classes or socialising with her friends."
- One person who had been unhappy and not achieving in a college course was encouraged by their carers

to change to a sports course. This boosted their confidence and they developed friendships with people with similar interests. They were enthused by their carer to take their passion for football to a higher level. The person said, "(Carer) has taken me to the Special Olympics twice and I have won a silver and bronze medal in the football tournament. It felt really good standing on the podium with my teammates, when we had the medals presented to us."

- Carers supported people to build strong friendships and make links within their local community. One person had formed a loving relationship with a person they met at a local club. Their carer had helped them to arrange "dates" and make suitable arrangements to ensure their safety. The pair regularly visited each other's home for tea and went to the cinema and restaurants to enjoy time together.

#### End of life care and support

- There was no-one using the service who needed end of life care. Where they chose to, people had shared their end of life wishes which included religious, cultural and spiritual preferences.
- Advanced care planning, emergency care and resuscitation preferences were recorded. This helped carers fulfil people's wishes if they were not able to express those themselves, due to illness.
- If people had family or friends who were receiving end of life care, they were supported emotionally and practically. This enabled them to visit their loved ones and understand the situation.□

#### 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 informal carers.

- The management team had further developed the information they gave to people and their family members, making it more accessible and much easier to understand. An easy-read licence agreement had now been produced for people in long-term placements. This enhanced the existing easy-read documents already available.
- People's communication needs were identified and explained within their care records. Information was recorded about what support people needed to communicate effectively. This included how people should be given information and how to make sure they understand it, such as pictorial, verbally, written in large print or easy-read language.
- People's communication needs were clearly explained to their carers and to external professionals, to ensure any information they provided to people could be understood.

#### Improving care quality in response to complaints or concerns

- The service used the local authority corporate complaints process and paperwork. However, the management team had developed an accessible information leaflet, called 'Having your say', to make it easier for people using this service to understand the process and how to contact the shared lives management team.
- There had been no complaints made about the service. People and their carers were aware of their right to complain but told us they had nothing to complain about.
- Comments from reviews and feedback from stakeholders was recorded and tracked in a compliments log.

## 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; 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 had been promoted into this position since the last inspection. They had advanced an already positive culture which put people at the heart of the service. The service vision and values were fully embedded into the support people received. The management team and carers worked in partnership with people and were committed to promoting choice, independence and dignity. One carer said, "I can't praise the shared lives scheme highly enough."
- The management team and carers demonstrated a genuine passion and commitment to people and they displayed strong person-centred values. They all strived to provide continuous high-quality care, which they had achieved over a long period of time. An external professional said, "(Registered manager) was sympathetic and caring and clearly wanted to provide (person/family) with the support they needed."
- Carers were highly motivated and inspired by the management team who they said were exceptionally supportive.
- The management team and carers acted in a transparent manner when advocating on behalf of people to uphold their rights. They were open and honest in their approach to reporting any concerns.
- The registered manager was supported by a manager of residential care and support within the local authority. This senior manager ensured any action taken was candid and beneficial to the service.

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

- The service was extremely well-led by a confident registered manager who exhibited excellent leadership qualities and had set very high standards. They were very experienced, highly skilled and had a solid understanding of the service. They took a hands-on approach to daily operational activities. An external professional said, "(Registered manager) provides inspirational leadership. Her positive attitude towards the service is very apparent and filters down to the coordinators in the team."
- The policies and procedures in place fully incorporated best practice guidance. This focussed the team on the high standards expected of them.
- Quality and compliance with regulations was closely monitored by the management team through regular meetings, monitoring visits and audits. The registered manager had oversight of this as did the local authority's manager of residential care and support.
- A solid governance structure was firmly embedded into the service. Safety and quality audits were regularly carried out. Audits were thorough, and any issues raised were addressed immediately.



- The registered manager analysed aspects of the service to identify any areas for improvement. There was a proactive response to tackling matters which would advance the service further. They had made a lot of positive changes to the service and driven forward improvements. This included changing the staffing structure to promote one care coordinator into a senior role. This created additional support for the other care coordinators with managing complex cases and workloads.

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

- There was a strong and consistent approach to engaging with people and their carers. Designated care coordinators regularly visited people at home with their carers or with family members to check on the quality and safety of their service. Family members had taken part in surveys about the service their relatives received from the shared lives scheme.
- The provider had developed and strengthened links with local and national organisations to involve people and their carers in how the service was operated. People and their carers were often invited to attend external events to represent the service and share their feedback with their peers.
- The management team facilitated regional coffee mornings for people, their carers and family members to meet up and discuss ideas. They invited guest speakers, discussed themed topics and shared best practice examples with each other.
- People had been involved in the published newsletters. They had shared their good news stories or reported on a positive experience.

Continuous learning and improving care

- The service demonstrated outstanding characteristics which have been developed and sustained over time. The management team and carers had improved their practices to reflect updates in best practice. This had added value to the service they provided to people.
- A nationally recognised scheme which independently supported the service had been invited to act in a consultative capacity to support the continued development of the service.
- Carers exceeded the expectations of a traditional social care service by delivering a unique service which normalised social care and provided people with the security and safety of a loving family environment.
- Carers recognised that their input had helped to shape and improve the service. One carer said, "They are the type of organisation that will listen to the carers and change things if we feel it is necessary."

Working in partnership with others

- The management team had fostered and maintained very positive relationships with external professionals. This contributed enormously to the positive outcomes people had achieved.
- The management team and carers worked in partnership with external professionals to provide people with a seamless service. Their effective engagement with outside services provided people with timely interventions from external professionals to maximise the support they received.