Ategi Limited

Ategi Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
• Ategi Shared Lives Scheme is a service that support adults with a learning disability, autistic spectrum disorder, a mental health condition or physical disability. People using the service live with shared lives carers in their homes. CQC does not regulate individual shared lives carers and 'placements'. We regulate at scheme level, through agency locations. At the time of our inspection, the service was providing care to 39 people and had 31 shared lives carers.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
• People told us they felt safe. People were protected against avoidable harm, abuse, neglect and discrimination.
• People's risks were assessed, and plans were put in place to mitigate the risks.
• People's likes and dislikes were assessed and people's needs were being met in a personalised way.
• Feedback from people about the care, their shared lives carers and management was consistently positive.

• People told us the service was caring. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• People's care was person-centred. The care was designed to ensure people's independence was encouraged.
• People were involved in the care planning and review of their care.
• The service had a stable management structure.
• The provider had implemented systems to ensure they continuously measured the quality of the service.
• The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
• More information is in our full report.

Rating at last inspection:
• This was the first inspection for the service since its registration in February 2018.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service through the information we receive.

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?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Ategi 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:
• The inspection team consisted of 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:
• Ategi Shared Lives Scheme is a service that support adults with a learning disability, autistic spectrum disorder, a mental health condition or physical disability. People using this service receive care and support by individuals, couples and families who have been approved and trained for that role and are called a 'shared lives carer'. Care can be on a long-term basis with the adult living with the carer as part of their family, or as respite care to provide regular carers with a break.
• The service had recently appointed a Scheme Manager who was in the process of registering with the Care Quality Commission to become the Registered Manager. Once registered, this would mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Registered Manager responsibilities were undertaken by the Ategi Registered Manager in Buckinghamshire with oversight from the Registered Responsible Individual.

Notice of inspection:
• Our inspection was announced. The provider was given 48 hours' notice because the location provides a shared lives service and we needed to be sure that someone would be in.
• Inspection site visit activity started on 14 February 2019 and ended on 14 February 2019. We visited the office location on 14 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

• Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.
• We asked the service to complete a 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 spoke with the scheme manager, area manager, two care coordinators, the office manager and three shared lives carers.
• After the inspection, we spoke with three people who used the service.
• We reviewed four people's care records, three staff personnel files, staff training documents and other records about the management of the service.

Good

Is the service safe?

Our findings

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

Good – This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• All of the people we spoke with told us they felt safe. One person said, "I feel safe, yes. The service check up on you, make sure I'm ok." Another person told us, "Well I like the service. If I have any problems I just speak to my carer and she advises me, especially if there is any danger although I have no issues with regards to feeling safe."

• People were protected from the risks of harm, abuse and discrimination. There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. Shared lives carers knew what to do if a safeguarding issue arose. One shared lives carer told us, "If I have any safeguarding concerns, we have systems here and you pass it on and it's dealt with. If it's out of hours, I will call the local authority out of hours, [The provider] do have an out of hours but I've never used it."

• The service kept a log of all safeguarding incidents, outcomes and resolutions.

Assessing risk, safety monitoring and management

• Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to support being provided. A care coordinator stated, "We get the initial referral for service users. We will ask for a risk assessment and the last review so we get an idea as to whether we can meet their needs. If we think we have someone, we contact the shared lives carer and send them the documents and arrange an initial meeting. We will then meet the person when we do the introduction session with the carer."

• A shared lives carer explained the process of the initial assessment and being matched with a person to care for, "We get a referral on the person - you need to know who is going to be living in your home and who is going to be living in the area. We also get a trial period. [The provider] are supportive throughout. We get a copy of the pre-assessment. What we try to do, we have a cup of tea, they introduce themselves, they look at the accommodation. It doesn't always happen, not every referral happens."

• Another shared lives carer told us, "One of the care coordinators will try to match the person with the right carer. We have the right of refusal if I can't meet the needs. We have to work around the person and I look at the difference I can make to these people's lives."

• People had risk assessments in place and these were detailed. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs. For example, one person who was assessed as being at risk of falling out of their wheelchair had a risk assessment in place that stated, "[Person] has a tendency to rock backwards and forwards in wheelchair. [Person] now has an anti tipping device fitted to wheelchair. This will safely limit the amount [person] is able to rock chair before it becoming dangerous."

• Another person had a risk assessment in place for going on holiday that included robust mitigation plans for travel sickness, accident, illness, risk of not taking medication, sun burn, sun stroke and dehydration,

unplanned environmental hazards, loss or theft of personal belongings, getting lost or going missing, risk of drowning, accident or injury and cramp while in the water. This meant that risk assessments were robust and shared lives carers had all of the information they needed to support people in a safe way.
• People were supported with their money if this was an assessed need and shared lives carers explained the processes that were in place to protect people from potential financial abuse. A shared lives carer told us, "[The provider] sends us a form to complete with all of the expenditure and to keep receipts. They come for monitoring and they check that out. Once a year the social worker will also check this out." Records showed that checks were carried out by coordinators at monthly monitoring visits where balances were counted, receipts were checked and a finance risk assessment was completed and updated.

Staffing and recruitment
• The provider followed safe recruitment practices. Recruitment records showed relevant checks had been completed before shared lives carers worked with people. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. A shared lives carer told us, "They do DBS checks every two to three years, the entire family have DBS checks."
• People told us they always had access to a member of staff. One person said, "Yes, yes, they are [reliable] and they are easily accessible if I want to chat I can." A second person said, "My carer is available all the time." A third person explained, "Yeah, they're all reliable."

Using medicines safely
• Medicines were managed safely and records were kept of medicine administration for each person.
• Records showed that shared lives carers had received up to date medicines training. One shared lives carer explained, "One of the [people] I support is independent with medicine but I prompt [them]. I've had training in that."
• Each person had a medicines risk assessment in place and records confirmed this.
•If any medicines had been missed, the service took appropriate steps to ensure the safety of the person, which included liaising with the person's GP, a home visit was carried out and the relevant local authority was also informed.

Preventing and controlling infection
• Shared lives carers completed training in infection prevention and control and records confirmed this. A care coordinator told us, "We pick this up with monthly monitoring and we have a section in the form relating to health and safety, any matters within the home. The carers will complete self assessment and they provide gas safety certificates etc. They complete a comprehensive health and safety checklist."

Learning lessons when things go wrong
• There were appropriate forms and processes in place for use for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.

Good

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.

Good – this means 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
• Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support was regularly reviewed.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life
• People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation relating to the person's home environment.

Staff support: induction, training, skills and experience
• People told us they felt that their shared lives carers had the skills, knowledge and experience to provide care. One person said, "Yes [they have the experience]." Another person explained, "Yeah [they have the skills.]"
• Shared lives carers were subject to a 'carers assessment' prior to being taken on by the provider. This is the process of assessing people who have expressed an interest in becoming a shared lives carer. This is completed in stages over eight to ten home visits by care coordinators and includes DBS checks, personal, professionals and medical references and proof of the right to work in the UK. 'Carer approval' followed once a report had been completed regarding the potential shared lives carer and this was required to be approved by a panel of members chaired by the head of Ategi Shared Lives and independent members and professionals. This was also known as the induction process.
• In addition, shared lives carer reviews were completed annually to ascertain any changes in relation to the shared lives carers status, circumstances, training needs, and any support needs as well as a re-approval requirement every two years to confirm their sustainability to continue with their role.
• A care coordinator told us about the process in which shared lives carers were considered as being suitable for the role and said, "We are very hands on from the beginning in assessing carers, they will call and express an interest in becoming a shared lives carer and we are the ones that do the assessment. By the time we complete the assessment, we have an understanding of that person's whole life and the family within the household, which makes the matching process easy for when the social worker makes the referral. Once we look at the referral and the service user's support needs, we have an idea which carer will make a perfect match."
• Records showed that all shared lives carers as well as office staff had completed training and an induction upon commencement of employment.
• Records confirmed that shared lives carers were provided with consistent and relevant training that was updated regularly. One shared lives carer told us, "There's always training. I did quite a lot, have done all of the essentials. And there's always the opportunity to do extra if you want to." Another shared lives carer told us, "If there's a course available, they will pick up on it and tell us we need to do it. They prompt us. It keeps

us up to speed. Have had recent training in safeguarding, medicines and first aid." A third shared lives carer told us, "When it comes to training, they will email me and let me know what's going on, and if you miss it they will put a deadline." A care coordinator said, "We get all the same training as everyone else. We do it over and over again and it becomes refresher training. I re-did first aid the other day."
• Staff supervision took place every month at the shared lives carer's home and records confirmed this. A shared lives carer explained, "Supervision is called 'monitoring visits'. We have them every month but if you need more, you just ask and get more." Another shared lives carer explained, "With Ategi, there is more monitoring and they are there for you. Every month they come for monitoring. They will phone as well. They want to find out what's going on with the person and me as a carer."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink in line with their preferences and any dietary requirements, and these were documented in detail within care plans. For example, one person's care plan stated, "I like to eat cheese sandwich, cornflakes, green apple, bread, chocolate, cakes, biscuits, potatoes, swede, steak (raw rump) and pork chops. I don't like to eat spaghetti, pasta, liver, scrambled eggs, beef, cabbage, broccoli and cauliflower."
• One person told us, "I get to pick what I want to eat I do have a choice of what food I have." A second person said, "I always have a choice of what to eat. I'm independent so I do things for myself." A third person explained, "I get a choice yeah."
• One shared lives carer told us, "I work with people with their cooking, shopping, developing skills. We make sure people are well nourished."
• The service supported people with eating disorders and a shared lives carer told us, "One person has eating disorder. You have to remain calm, encourage, prompt. If you involve someone right at the beginning, go shopping with them, it's much easier."

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other agencies and professionals to ensure people received effective care. Where people required support from other professionals this was supported, and shared lives carers followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, health services and social services. A shared lives carer gave us an example of working across organisations and said, "For example, If someone refuses medicines, we try and bring it to the attention of the CPN (Community Psychiatric Nurse), we try and pre-empt any issues, to prevent hospital admission or a section."
• A care coordinator told us about staff consistency and supporting each other as a team in order to support people who used the service, "We know each other's cases, for example if [care coordinator] has an emergency, I will know what's going on. If a carer called and needed support, I'd be able to provide that support. It's very important, as it's moved away from working in isolation and as part of a team."

Supporting people to live healthier lives, access healthcare services and support
• Care plans contained information from healthcare professionals along with any relevant guidance for care workers to follow.
• People had access to health professionals and records confirmed this, for example one person had information from their speech and language therapist within their care plan for shared lives carers to follow.
• Records showed that referrals to healthcare professionals were made when necessary.

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.
• Care plans were signed by people who used the service, demonstrating their consent to care and treatment and mental capacity assessments were carried out by the provider with the support of the relevant local authority. People told us their consent was always sought. One person said, "Yep, if it's something that's concerning me, they do ask me. Also, if they want to do anything they don't just do it, they ask my permission." Another person said, "Yeah, they always ask my permission before carrying out any steps." A third person explained, "I get a heads up before they do anything."
• We saw an example of a recent mental capacity assessment where a person wanted to go on holiday with their shared lives carer. The assessment included aspects such as how the person was involved in selecting the proposed holiday and how this was presented to them, whether the person had capacity to make the decision, whether the person understood the financial cost of the holiday, specific details of where the person would be staying, travel insurance documents and access to healthcare whilst abroad. This meant the service was proactive in supporting people to make decisions that would have a positive impact on their lives.

Good

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.

Good – this means people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us their shared lives carers were caring and positive relationships had been formed. One person said, "I'd say they are very caring, they listen and yes they are definitely caring, they help me progress." A second person told us, "My [shared lives] carer is really nice. Reminds me of my mum, she's like my second mum." A third person said, [They're caring] I've been with the family for years."
• The shared lives carers we spoke to demonstrated a passion for providing good care. One shared lives carer told us, "I've been a carer for 39 years. As a family we've been doing shared lives for over 40 years, back when it was called something else. We always wanted to give something back to the community."
• The care coordinator's we spoke with also demonstrated their desire to provide high quality care to people to ensure that they were well treated and supported. One care coordinator said, "The ethos of the service is about sharing and caring and being part of a family setting." Another care coordinator explained, "I enjoy being able to support the carers to support the service users to live a normal life. For example supporting them to get their first passport to go on holiday."

Supporting people to express their views and be involved in making decisions about their care
• People told us they felt listened to. One person said, "Yes, they [shared lives carer] listen and they ask me how I'm doing." Another person said, "Yeah, I'm involved [in decision making]."
• People were supported to express their views and one person whose birthday it was wanted to celebrate at a specific restaurant and this was adhered to. The shared lives carer for this person said, "Yesterday was [person'] birthday and we took [them] to a restaurant and they made a fuss and [they] loved it."

Respecting and promoting people's privacy, dignity and independence
• People were supported in a dignified way. One person said, "Yes, [shared lives carers] knock on my door before entering, also when I have visitors my privacy is respected when it comes to my boyfriend and friends." Another person told us, "Yeah, they knock on my door before entering and if I want to make a private call, so yeah my privacy and dignity is respected."
• A shared lives carer explained how they supported someone in a dignified way in relation to personal care, "Whenever you're faced with an adult you don't know and you have to help them with personal care, dignity and patience is important. I always run the bath for [person]. I wash [person's] back, sometimes I need to wash [them]. [Person] needs help when [they] goes to the toilet. We make it a part of life."
• People were also supported to maintain and develop independence and a shared lives carer gave us an example of this, "When [person] gets in the bath, [person] tries to wash parts of [their] body. [Person] really is as independent as [they] can be. We promote that independence as much as we can." Another shared lives carer told us, "We teach them how to wash themselves, encourage them to set the table, promote

independence, they are part of the family and we encourage them to be part of family life. This is important to us." One person told us, Yes, [I am encouraged] to be independent as much as possible, it makes me feel happy that I get the opportunity and [shared lives carers] are very praising when I achieve something myself."

• People's religious and cultural needs were respected and their preferences were recorded in care plans. One person's care plan said, "I am Roman Catholic. I don't practice my religion and I don't go to Church."

• One shared lives carer told us, "Two [people] I care for are Muslim, we have Halal food. One person I always take to Church, [they] likes singing and is always welcomed."

• The scheme manager, office staff and shared lives carers understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. One person who used the service told us, "I go to a LGBT group."

• A shared lives carer told us, "We haven't had anyone [who is LGBT] but I would love it. It's just another part of a person." Another shared lives carer explained, "We've had hundreds of people from different cultural backgrounds. Whatever their sexuality, culture, we just go with the flow. Live and let live."

Good

Is the service responsive?

Our findings

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

Good – this means people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans were person-centred and tailored to their individual needs, for example care plans contained an 'about me' section with information such as their next of kin, GP, religious and cultural needs.
• People told us their care was provided in line with their preferences. One person said, "My [shared lives carer] has got to know me really well and I get a lot of support."
• People's care plans were detailed and highlighted their needs and preferences on an individual basis. People's likes, dislikes, hobbies and interests and communication needs were documented and updated accordingly. For example, one person's care plan contained detailed information about what may upset them and also comfort them, "[Person] will make a frowny face, and may push you away or scratch or make a different noise. In addition to receiving reassurance from the carers, [person] has a comforting toy which helps to settle [them] when upset." This meant that shared lives carers had the information they needed to support people.
• Shared lives carers told us they found the care plans useful and resourceful. One shared lives carer said, "We have monitoring visits and we talk about the care. I read them [care plans], and they are kept up to date. When I first read [the care plan] and I have the person for the first few times, I do refer to it, but I do get to know people really well. If anything changes, I'll let the office know and they will update the care plan."
• Care plans were reviewed every six months and shared lives carers told us they were involved in the review process. Reviews looked at health and medical information, annual health check, employment, social and leisure activities, cultural/faith needs, personal relationships, personal financial information, health and safety and risk assessments. Reviews also looked at positive outcomes for the people and any feedback regarding the arrangement from the person who used the service, their family, and coordinators.
• One shared lives carer explained, "I am involved in the reviews, they come to the house and they invite the family if there is family." People also told us they were involved in their reviews.

Improving care quality in response to complaints or concerns
• The service had a complaints procedure in place that included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service.
• People who used the service knew how to make a complaint. One person said, "I've got a complaints telephone number also I have an email address to write into if I want to make a complaint." Another person said, "Yeah I do [know how to make a complaint] and I would feel comfortable in doing so."
• The service manager told us, "We haven't had any complaints."

End of life care and support
• The service did not support anybody at the end of their life. However, the service had the relevant policies and procedures in place to help staff understand this aspect of care, should it be needed and to ensure

people had a comfortable, dignified and pain-free death.

Good

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.

Good – this means the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility
• The registered manager left the service in August 2018 and the provider had an acting manager who was referred to as the 'scheme manager' and they were in the process of registering with the Care Quality Commission to become the registered manager. Once registered, this would mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
• Effective communication systems were in place to ensure that shared lives carers and office staff were kept up to date with any changes to people's care and support needs. For example, through team meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Shared lives carers spoke positively about the management of the service, particularly around the recent change in ownership. One shared lives carer said, "The transition was smooth. We didn't notice the change over, the scheme continued with no real difference." Another shared lives carer told us, "The transition has been smooth. Ategi are good."
• Shared lives carers explained the office atmosphere was always welcoming. One shared lives carer stated, "Always get a warm welcome whenever I come here. It's been a really nice environment." Another shared lives carer told us, "I've always had the support I've needed." A third shared lives carer said, "I can call them at any time, they are supportive."
• A care coordinator told us about the supportive nature of the management team and said, "I love working for Ategi. They value you and support you. They give you reign to go and do things. As a team, we have grown since the change over and it's nice working for an organisation like this. It's nice to get a 'good job' said to us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People told us they knew who the manager of the service was as well as the care coordinators. One person told us, "I think it's [an] excellent [service] I get help to progress my life overall they are really good service." A second person told us, "I think it's really good. I like the service that I'm in." A third person said, "Overall I think it's good, excellent I'd say really."
• The service encouraged people, their relatives and any third parties to complete feedback forms about the service and we saw recent examples of these.
• One relative stated, "[Shared lives carers] have been exemplary in their care of [relative]. He is literally a member of their family. They evidence love, compassion and concern. [Relative] has benefitted enormously

from this arrangement."
• Another person's relative wrote. "I haven't had any concerns about [shared lives carers] ability to support [relative] over the past 12 months."
• A professional left feedback saying, "[Person] feels settled and comfortable and is happy where he is at in his life. He enjoys living with his shared lives carers and being treated like a member of family."
• Another professional wrote, "You are top of my list in one of the best carers that I have ever worked with. Keep up the hard work."
•Team meetings took place with shared lives carers and office staff on a quarterly basis and records confirmed this. A shared lives carer said, "We do have them, last one was before Christmas. The ground staff are so effective." A care coordinator told us, "We have team meetings. We are constantly communicating between meetings as well, we know what everyone is doing."
• In addition, a shared lives carer told us about social events that took place for shared lives carers, "[Management] do hold different functions for the carers and the service users. They do different types of day events with the carers. It's not something that we always do but it does happen."

Continuous learning and improving care
• The service was proactive in learning from shared lives carers experiences in providing care and encouraged shared lives carers to complete feedback forms following on from the end of a placement, whether short term or long term. Records showed feedback forms were completed and we saw examples of these. For instance, one shared lives carer wrote, "[Person] had two weeks respite with us. [Person] enjoyed [their] stay. We did plenty of walking, shopping and snacks in cafes. [Shared lives carer] supported [person] to a bookshop where [person] enjoyed looking at books. [Person] was welcomed to [place of worship] and joined in the singing. [Person] continued with his usual support at [day centres]."
• Monthly audits were completed at people's homes and included aspects such as the shared lives carer's health and wellbeing, health and safety, accidents or incidents, household changes, training, significant events, contact with family, social life, health appointments, benefits and finances.
• Shared lives carers who provide short breaks or day support were also required to complete a 'monthly return' which included information about the person who used the service's needs, environmental factors and any other relevant information. This information was used by management to monitor the service to ensure that people were receiving a high quality of care and to ensure that the shared lives carers were supported accordingly.
• In addition to internal audits, the service worked with the local authority who completed monitoring visits and where any areas of improvement were highlighted, the service worked proactively to ensure any issue were rectified.

Working in partnership with others
• The service worked in partnership with organisations within the community with a view to enhance knowledge and learn from others. The manager explained, "We work in partnership with other organisations and we are part of the 'Mental Health Stepdown' monthly meetings. We have a community engagement strategy which entails ongoing mapping activities and events in the community, attending events, promoting the service and net- working." Records showed the service had organised networking events for 2019 and a timetable was updated regularly with events, meetings and activities that the team attended to engage within the community.