

West Sussex County Council

Shared Lives Scheme (West Sussex County Council)

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 26 June 2017 and was announced.

Shared Lives Scheme (West Sussex County Council) is registered to provide personal care and support. The service offers long term and short-term placements for adults and older people living in the West Sussex area, who have a learning disability. People who have a mental health need are also supported when there is a dual diagnosis of a learning disability. People may also have a physical and/or sensory disability. People had access to 'day share' facility, where they could go to a shared lives carer for the day. In Shared Lives, an adult over 18 years of age who needs support and or accommodation becomes a regular visitor to, or moves in with, a registered shared lives carer. Together, they share family and community life and in many cases the individual becomes part of a supportive family.

Shared lives carers (SLCs) and people they care for are matched for compatibility and can develop real relationships. The shared lives carer acts as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Not all provided the regulated activity of personal care at the time of the inspection, but may be supporting people with developing access into their local neighbourhood and helping develop people's life skills towards improved independence.

Shared lives carers are supported and managed by staff employed at Shared Lives West Sussex County Council. The provider is responsible for ensuring SLCs are provided with the appropriate knowledge, skills and support to undertake this role. The provider employs Shared Lives Officers (SLOs) to carry out this role. The service operates throughout West Sussex and at the time of inspection provided care and or support to 144 clients from 96 households.

Following the last inspection on 26 June 2017, the service was rated as Required Improvement. At the current inspection, we found that sufficient improvements had been made in the areas of safe and well-led that the services overall rating had improved to Good.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Shared lives staff and shared lives carers showed a genuine and in-depth understanding and compassion for the people they supported. People were treated with high standards of kindness, compassion and respect.

Their independence was promoted as far as possible, whilst respecting their choices. There was a very strong emphasis on people having choices and their preferences being respected. People were actively involved in their support and in the recruitment process of other shared lives carers.

Risks to people's personal safety and wellbeing had been assessed and plans were in place to minimise these risks. People were protected against abuse and avoidable harm. People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. People's medicines were safely managed.

Assessments were holistic and took account of people's diverse and complex needs. People and relatives took part in the interview process for new staff and had an influence over who was recruited. The registered manager ensured there were enough qualified, skilled and knowledgeable staff to meet people's needs. Shared lives staff and carers received training that was bespoke to shared lives arrangements and needs.

Carers were aware of people's individual preferences and patterns of eating and drinking and people were encouraged to improve their life skills and to be involved in the preparation of meals in the shared lives households.

Shared lives staff and shared lives carers worked well together, and with other professionals, to ensure people received effective care and support. Staff followed the requirements of the Mental Capacity Act 2005, only providing care with people's consent. Where they had concerns about someone's ability to give consent to aspects of their care, best interests decisions were recorded so the person's needs were met in the least restrictive way possible.

Care and support was tailored to people's individual needs. People were encouraged and supported to be involved in the care planning and review process. Arrangements for social activities met people's individual needs; there was an emphasis on people living as full a life as possible. Shared lives carers went to great lengths to arrange activities that people really wanted to take part in, based on their interests or expressed wishes.

Complaints procedures were in place and available in formats to support people to raise issues should they need to. The provider used learning from complaints to drive improvements in the service.

People, their relatives, shared lives workers and shared lives carers all spoke positively about the support and management skills of the leadership team. They told us that managers and senior staff were approachable, open and very supportive. The registered manager had a clear vision of the direction of the service and had ensured that a robust and clear quality assurance system was in place. People, their relatives and staff were engaged and involved in the service and the provider worked closely with professionals and agencies to ensure effective support was delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

People told us they were safe. They were supported by shared lives carers and workers that understood their responsibilities in relation to safeguarding and the providers policies and procedures.

The provider had a robust recruitment process in place to ensure that they were safe to work with people. There were sufficient numbers of staff to keep people safe.

Medicines were managed, stored and administered effectively. This process was audited effectively by the shared lives workers.

Individual risks to people's safety had been assessed thoroughly and reviewed when needs changed.

Lessons were learned when things went wrong.

Is the service effective?

Good 

The service was effective

Carers and workers received the training and support they needed. They understood their responsibilities with regards to seeking consent and the Mental Capacity Act 2005 and supported people to make decisions about their lives.

Shared lives staff and shared lives carers worked well together, and with other professionals, to ensure people received effective care and support.

People and their carers were matched effectively using a process that considered their needs and lifestyles, as well as the skills and knowledge of the carers.

Assessments were holistic and took account of people's diverse and complex needs.

Is the service caring?

Outstanding 

The service was exceptionally caring

People were supported by extremely kind and caring carers and shared lives workers who knew their preferences and needs well and who went the extra-mile to offer both practical and emotional support.

People were always supported to express their views and be involved as far as possible in making decisions about their care, treatment and support. People were involved in the recruitment process of new shared lives carers.

People were treated with utmost dignity and respect. Lives were valued and people were supported in continuing their lives in a meaningful way.

Staff consistently supported people to learn new skills and always encouraged people to have a positive lifestyle to become as independent as possible.

Is the service responsive?

Good ●

The service was responsive

People's care plans were holistic and person-centred. People were involved in creating their support plans. People were supported to access activities and maintain relationships that were important to them.

People were supported to develop their skills and maintain their independence as much as possible.

Complaints procedures were in place and people told us that they would feel comfortable raising concerns if they had to. Complaints were used by the provider to improve the delivery of care.

Is the service well-led?

Good ●

The service was well-led

Quality assurance and health and safety systems were effective and embedded into practice.

The management promoted an open and transparent service that encouraged feedback and discussion to drive improvement.

People and staff were actively engaged and involved.

The service worked closely in partnership with professionals, agencies and local authority teams to ensure joined up and effective support.

Shared Lives Scheme (West Sussex County Council)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 September 2018 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection.

The inspection was undertaken by two inspectors 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. The expert by experience gathered feedback from people by speaking with them over the telephone.

We used information the provider sent us in the Provider Information Return (PIR) to complete the inspection report. 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 looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spoke with seven people who used the service, six shared lives carers and three relatives. During the inspection we spoke with the registered manager, the quality assurance manager, two senior shared lives workers and a shared lives worker. We also spoke to people using the service who were attending the adjoining day care facility on the day of the inspection. Prior to the inspection we also received feedback from professionals within local authority commissioning teams and transition teams.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for five people, recruitment and training records for four shared lives carers and shared lives workers, medicine management records, quality assurance audits, complaints management, incident reports and records relating to the management of the service.

The service was last inspected on the 26 June 2017 and was given the rating of requires improvement. At this inspection the service's overall rating had improved to good.

Is the service safe?

Our findings

People told us that they felt very safe under the care of their shared lives carers. One person said, "I feel safe there." Another person told us, "Having somewhere nice to sleep and having things to eat keeps me feeling safe."

At the last inspection of 26 June 2017, we found that the provider had implemented an assessment and monitoring system to ensure that health and safety checks had been completed on shared lives carers' homes. This was to ensure that people using the service were living in a safe and maintained setting. However, it was found that these checks had not yet been firmly embedded and completed across all shared lives carers' homes. At this inspection, we found that robust health and safety checks and monitoring had been fully embedded across the service. Two shared lives carers told us that they found the health and safety checks, "Very robust." Another shared lives carer told us, "We now have more intensive health and safety checks." Health and safety checks ensured that appropriate fire plans and evacuation plans were developed and agreed. Shared lives workers carried out regular reviews of these health and safety checks to ensure ongoing compliance and to determine whether any changes have had any impact on the safety of people living there.

People were living with a range of complex needs. Risks to people had been assessed and were managed effectively to maintain their safety and support their freedom. People had personalised risk assessments that detailed the specific activity, the associated risks, and the actions and needed to lessen that risk. For example, we saw robust assessments to ensure that individuals remained safe when taking baths or showers, through the checking of water temperatures. Another risk assessment looked at the safety of a person when accessing a taxi outside their home. The risk assessment required the shared lives carer to ensure that the taxi drivers parked on the correct side of the road so that the passenger door faced the curb. The impact of this was to reduce the need for the person to step out on the road unnecessarily.

People were protected from harm and abuse. Shared lives carers and workers had a good understanding of the providers policies and procedures around safeguarding. As part of the application process, shared lives workers discussed Making Safeguarding Personal with shared lives carers. Making safeguarding personal was an initiative that aimed to engage people in the safeguarding process to determine what outcomes they wish to achieve. Records showed that robust and informative conversations took place to emphasise the importance of safeguarding and raising concerns to the provider. As part of the selection process, the shared lives workers record whether they were confident that carers understood the importance of this. A shared lives carer told us, "I explain things to him in ways he can understand and invite him to ask me questions. I am his 'safe person' so we make sure we have open chats."

Shared lives workers worked with carers to prepare for occasions when could potentially have to challenge prejudice and discrimination towards people. Carers were informed on the areas of discrimination that people may encounter, and how they can support the person to remain safe while still challenging any discrimination. The impact of this was that people were protected more effectively by their shared lives carers.

Medicines were ordered, stored and administered safely. We do not inspect how medicines are stored in shared lives carers' homes. Shared lives carers told us that they had received training in the administration of medicines and demonstrated a good knowledge of the provider's policies and procedures. One shared lives carer told us, "I'm provided with regular training with shared lives to top up my knowledge and keep me up to date so I can look after (the person) well." Shared lives workers completed regular checks and audits on the administration and recording of medicines when they carry out site visits to shared lives carers' homes. For example, one check identified that a person, who was self-medicating, was starting to experience difficulty managing this area and so the reassessment adjusted the level of support that was needed for the person to remain safe and to retain a level of independence.

There were enough suitable staff to care for people safely. Staffing levels were set according to the number of people using the service and their needs. Relevant checks had been carried out to ensure that staff were safe to work within the health and social care sector, including employment history, references from previous employers and a Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited.

The provider carried out a thorough assessment process for new shared lives carers that could sometimes take up to eight months to complete. Prospective applicants were initially screened by the registered manager to determine their suitability to undertake the extended vetting process. The impact of this was that it ensured that only suitable and committed applicants went forward for selection. The vetting process involved a number of meetings with shared lives carers, the gathering of information from professional sources and undertaking observations of carers interactions. Carers could complete training courses and were offered opportunities to volunteer during the vetting process, and shared lives workers would observe carers' practices and interactions as part of the assessment process. Shared lives carers, and relatives of people, told us how robust the process was. Prospective shared lives carers applications would then be considered by independent panel to consider.

Procedures were in place for staff to respond to emergencies. Shared lives carers were knowledgeable in how to respond to urgent situations and to follow procedures. They understood the importance of reporting issues to SL workers immediately. Shared lives carers had to access an on-call emergency team 24 hour a day to ensure that people remained safe. One shared lives carer told us of an occasion when the person they supported fell ill quickly out of working hours. Due to nature and location of the incident, the person required immediate emergency support. Through effective communication with the on-call team, the shared lives worker had sent through the person's hospital passport to the relevant medical staff so that they were in possession of this before the person arrived at hospital. The shared lives worker maintained continuous communication throughout the evening with the person and the shared lives carers. The shared lives carers told us that, "Staff were very reassuring and the support was brilliant."

Incidents and accidents were recorded, monitored and escalated appropriately. Records showed that each event was reviewed to ensure that appropriate actions had been taken at the time and following the incident. Shared lives carers received training in health and safety, first aid and managing incidents. Incidents were documented appropriately and then passed to shared lives workers to review and use for any shared learning. The provider audited incidents to identify patterns in order to oversee any necessary changes in practices. For example, one incident involving a person falling in the community was reviewed in light of two previous falls that had occurred in other situations. The provider could review these and advise the shared lives carer accordingly while making the necessary referral to the falls team. People's voices and opinions were obtained in the outcomes following these incidents.

Is the service effective?

Our findings

People were supported by shared lives workers and shared lives carers who understood their needs and provided effective care that respected their wishes and choices. This information had been used to complete detailed care plans that worked towards achieving the outcomes that the person wanted. One person told us, "I knew I'd be moving and I was happy. I like it here."

People were supported by shared lives workers and carers who had the knowledge and skills to deliver effective care. Shared lives workers received a thorough induction and were provided with a range of training that was tailored towards the needs of people. For example, staff received training in medicines, autism, dementia support, MCA, positive behaviour support and safeguarding. One worker told us, "The autism training has been particularly useful here as a lot of people we support live with autism, and I am more confident in knowing how to support them effectively."

Training courses were tailored to providing shared lives support and shared lives carers told us that they benefited greatly from this. One carer told us, "I did do an autism course which was really useful in helping to understand (the person). Shared lives arranged a challenging behaviour course for us, specifically person centred just for (the person)." Carers were kept informed of training opportunities by staff and reminders of when they needed to attend courses. One carer said, "We get advanced warning of when refreshers are needed. Staff provide information about upcoming courses." Another carer told us, "The training has helped me to support him and they do provide extremely good training. If I found anything I was unaware of I can contact the scheme and they would source training for me." Shared lives carers spoke of the effectiveness and flexibility of the provider to support them to develop and learn. One carer told us, "In order for me to attend an upcoming training course, shared lives supported me by funding an extra night of respite for (the person), to reduce the anxiety for him and me, which has facilitated me going to training." Another care said, "The training has helped me to support (the person) and they do provide extremely good training. If I found anything I was unaware of I can contact the scheme and they would source training for me."

Shared lives workers told us they felt very well supported and records showed that staff were receiving regular supervision in line with the provider's policy. Supervision is a mechanism for supporting and managing workers and can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff received supervisions regularly and had appraisals annually to promote continuous development.

People continued to be given choices in the way they wished to be cared for. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Some people lacked capacity to make specific decisions. Records showed that mental capacity assessments had been carried out to confirm their lack of capacity. The process for making decisions in people's best interest was recorded clearly. This showed that relevant people had been consulted and that consideration had been given to ensuring that the least restrictive option was chosen. Pictorial guides were in place to support people to communicate their decisions and responses during mental capacity assessments.

The registered manager had recognised that some people were potentially being deprived of their liberty and had made appropriate DoLS applications. A system was in place to ensure that conditions imposed within DoLS authorisations were being met and that applications were submitted to the local authority in a timely way to ensure that people were not being deprived of their liberty unlawfully. Shared lives carers told us that they had undertaken training in the Mental Capacity Act and understood the principles around depriving people of their liberty to keep them safe. One shared lives carer told us, "We have a DoLS in place for him which is decision specific for stair gates, to remove the risk of him falling down the stairs and risks in the kitchen. This is for his safety."

There was a robust and effective matching process that ensured people were matched with shared lives carers who had similar interests, and who possessed the right skills and understanding of their needs. The assessment framework was thorough in allowing staff to obtain as much information about the lifestyles, skills and knowledge of the prospective shared lives carer. One shared lives carer told us that the matching process, "Really is fantastic. They really listened to our lifestyle."

Workers looked to support carers to develop areas of knowledge throughout the recruitment process and carers were encouraged to complete training in preparation for the transition. The transition process for people moving from home to a shared lives home was planned, structured and monitored closely by staff, and tailored to the pace required by the person. People would be introduced to the shared lives environment in short, and often, informal stages so they can become acquainted with their carers and, sometimes, their extended family. People chose where they wanted to live and with whom. One person told us, "I met the carers before and I thought 'I know I can get used being with the new family'. I knew I'd be moving and I was happy." Carers also told us that the benefits of the matching process also extended to them. One carer said, "We also got from the process what we were hoping for as well."

People were supported by their shared lives carers to access healthcare services and receive ongoing health support. One shared lives carer told us that they had supported a person who was suffering from chest and nasal issues to access the GP. The promptness and effectiveness of the support meant that remedies were sought promptly that allowed the person to breathe better and improved their quality of sleep. The carer told us that in respect of supporting the person with their health needs that, "I'm provided with regular training from shared lives to top up my knowledge and keep me up-to-date so I can look after him well."

People were supported to maintain a balanced diet that reflected any specific nutritional requirements. People told us that the food they received was good and that they had opportunities to be involved in the preparation of food for their shared lives families. One person told us, "My carer is teaching me how to cook and things." One carer told us, "We complete a daily diary for him which follows him wherever he goes and keeps a log what he's eaten. It is a good system as I can see if there are any changes and other people can write in it, it helps people understand him better."

Is the service caring?

Our findings

Within the shared lives scheme, people were given the opportunity to live and develop within a family setting. People, often young in age, were transitioned from home settings and other services that required staff to provide structured and caring support to ensure their emotional wellbeing was promoted and maintained. We found that staff were extremely successful in ensuring that people were matched with well trained, compassionate carers who offered them choices, provided them with very kind and compassionate care while continually promoting their independence and development. One compliment we saw from the parent about the shared lives carer said, "This angel of a lady has transferred (daughter's) life beyond expectation into a very contented happy modern woman."

People were actively involved in choosing who would become their shared lives carers and where they would live. To support people with these difficult and important decisions, carers and workers developed photo books of individual shared lives families that detailed all the positive and caring elements that people would receive in that specific shared lives home. People were able to see photos all the individuals they would be living with, the rooms of the home, including the bedroom they would have, and what activities they could experience. One shared lives carer told us, "When we read about (the person), they were the same, had the same interests as me and my husband and we were matched very well." One person's relative told us about the carers, "My experience of them is absolutely amazing. I don't know where they get their carers from but they are just lovely, lovely kind people."

People were supported with great compassion to explore and maintain their cultural identity and origins. One person was involved in decisions about a holiday to their original birthplace abroad, a country to which the person had never returned and whose dream it had been to visit. The carer told us, "I involved him in choices about his holiday. It was important as I wanted him to get the most out of it. He really wanted to see where his mum and dad got married and where he was born so we did all of those things." The impact of the support from staff and carers to facilitate this was profound and gave the person the opportunity to engage and explore their cultural heritage. The person showed great happiness and emotion when telling us how they were supported to achieve their dream and told us that it was, "Special to see all those places."

We observed extremely caring interactions and affectionate interactions between people and their shared lives carers that showed how comfortable and happy people were with their shared lives 'families'. We observed communication and interactions that showed that carers could skilfully balance a formal caring approach as part of their role while successfully enabling people to feel part of their family. One person joked confidently about how it was they who supported their shared lives carer with their lives. People told us enthusiastically about how their carers helped them develop and thrive within a setting they considered their home.

The service had a comprehensive understanding of the needs of young adults when they transition from services for young people. People's emotional needs and wellbeing were protected through the compassionate support of staff when they needed to facilitate transitions, often emergency ones. to the service. Staff were often required to facilitate support for young adults through children's services and the

transitions teams, sometimes during difficult periods in their lives. One person required an emergency transfer from a foster care setting and staff were extremely sensitive and compassionate to the person's emotional needs. The shared lives carer described how staff's caring approach and professionalism ensured that the person was supported with compassion while their emotional and mental wellbeing was protected. They told us, "The transfer was handled really well and done in a way that (the person) was unaware during that difficult time."

The provider placed great importance on putting young people at the heart of the process when they transitioned to the scheme from a home setting or other placement. People's needs and wishes were sought and anticipated at the earliest stage to ensure sensitive and respectful care, and both the person and their families were closely involved in planning this. The provider has a system where they worked closely with the person prior to their transition to the service. Staff worked with people at home to develop their transition plan in a bespoke way that identified and anticipated their needs. The provider had a very strong emphasis on putting the person at the centre of the process to enable a strong person-centred approach. One person's relative told us, "The transition has been really, really fantastic. I can't compliment them enough. So well thought out and professional."

People told us that their privacy and dignity was respected by the workers and carers that supported them. People valued their rooms and personal spaces in their shared lives home and told us how these spaces were respected by those they lived with. One person said, "I have my own room and no one comes in." Another person told us, "I've got my own bedroom and it's quiet." The importance of protecting and promoting people's privacy was emphasised and discussed with shared lives carers during the assessments process. The provider gathered evidence through ongoing monitoring of how the person was sharing the lives of the carer and ensuring that there were no separated areas within the home.

The provider was exceptional in helping people to express their views on their care and in making important decisions about the service. People were actively involved in the recruitment and selection of other shared lives carers. People were part of interview panels and could select, and ask, their own questions to determine the suitability of new carers. People could use interview forms that were adapted in pictorial form to support them to understand other questions so that they could participate further. People were then able to provide feedback on the candidate and rate them with a 'thumbs up' or 'thumbs down' system. Shared lives workers would also make notes and observations to see how the interviewee interacted with the person during the process. The impact of this creative involvement was that, not only did people feel a great sense of self-worth and independence, but gave them a sense of fulfilment that they had contributed effectively to the successful recruitment of other carers for other people.

People's views and opinions were constantly listened to and acted upon by staff. One person had a passion for one particular sport but was unable to play. Shared lives workers understood the positive impact this activity would have and actively sought out and approached other shared lives carers with the similar interest. Staff then facilitated regular meet ups with a shared lives carer with the same interest. The impact of workers acting on the views and needs of the person was that they were able to continue to participate in an activity they loved and to make new friendships.

People were supported to express their views through easy read surveys. The provider had given careful and thoughtful consideration to the conflicting emotions people may have when faced with giving opinions about their carers. Within the easy read surveys, the provider had reassured people by stating, "Don't worry there are no right or wrong answers, so feel safe that you can tell us how you feel." We saw overwhelmingly positive responses from people about the how caring staff were to them. One said, "They are kind to me, I love it here. Yep safe now, scared of nothing." The provider had also supported a person whose first

language was not English by engaging the services of a translator to successfully allow them to express their views and wishes.

People and shared lives carers could tell us about the support received and given to develop life skills and promote independence. One person told us, "I get more independence and I can do more stuff." One shared lives carer told us that the person was sad and bored with their current job and that they had supported the person's decision to leave and helped them emotionally through the resignation process. The shared lives carer told us, "I enabled him to make the choice to leave and find something more suitable, this has led to his wellbeing improving, relaxing and enjoying his life." The person told us that their carers were then proactive in supporting him to find more fulfilling places to work that reflected, and used, his personal interests and skills.

The person told us that he loved living with the carer and that he was well looked after. He told us that he felt this because, "She takes me somewhere and we go out for trips, she has a dog and I love the dog." One carer's family member told us, "He has always been involved in the family and social outings. When I first knew him, the conversations were basic and he was really quite shy but now you can't stop him. He has become so much more independent. He has come on leaps and bounds since he has moved in with (the SLC). I see him every two or three months and the improvement is great."

People were actively supported to make decisions and choices about the care they received, as well as participating in wider decisions within their shared lives setting. People told us that their carers were always involving them in activities and tasks and would enable them to make decisions about their support. One carer told us, "He can make more choices now he lives with me that he couldn't do before. We started small like offering choices of tea or coffee to support him to get used to making decisions." The person said, "I like choosing what I want."

People's confidentiality, and the protection of this, was prioritised by the provider. All shared lives carers and workers had undertaken training in the new General Data Protection Regulation (GDPR). This regulation requires providers, like the Shared Lives Scheme, to maintain and demonstrate evidence of data protection compliance. The service had a GDPR lead that ensured that systems were in place to protect people's information according to current guidance. Shared lives carers are signed up at the assessment process to the principles of GDPR and shared lives workers work with shared lives families on their responsibilities to protect people's information at home. People's files showed that the provider has sought people's consent to use their personal information. The provider had informed them how this information was to be used and who they wished to share the information with.

Is the service responsive?

Our findings

People were fully involved in the planning of their care and support, and their strengths and levels of independence were considered. People and their families were involved in their care planning from the earliest possible stage where shared lives workers would work with people to develop detailed care and transition plans.

Care plans were developed to include the person's own personal history and was written in a person-centred way. Care plans were written to emphasis the areas where the person was independent, and areas where carers could develop and encourage independence. They had shown consideration of the person's diverse needs, their background, social and religious needs and preferences, and how staff and carers could actively support them to meet these needs. One professional we spoke to said, "They are responsive and proactive with working with the person and the shared lives carers. The service is person-centred and works very well."

Care plans detailed important family details and histories that embraced the person's life and history. Not only did this serve as a person-centred approach to care planning but served as information for carers to mitigate any issues that arose with any future care they provided. Shared lives arrangements can often require the provider to manage complex relationships between the service, shared lives carers and family members. The provider was responsive and effective in managing these relationships to ensure that people led consistently happy lives. One professional told us, "They are good at providing information and support to the person and the shared lives carers."

One care plan detailed the preferred name of the person and the explanation given by the person was, "Being called by my middle name is a family tradition." The care plan detailed how the person dealt with the grieving process of losing a family member and how part of this process was ensuring their family member's funeral wishes were respected. Carers identified that this was an important element of the person's history and responded by supporting them to pay their respects to their family member each weekend.

Shared lives carers demonstrated an acute awareness and appreciation that, by supporting the development and independence of the people they cared for, it could, in some cases, result in them successfully transitioning to a more independent living setting. These considerations did not prevent carers from providing full and dedicated support to people. One shared lives carer told us, "We plan things with him and he has a good social life. He cooks a family meal once a week and we think he may eventually be able to go into supported living, although he'll always have a home here if needs be."

The service placed a good emphasis on enabling people to live as full a life as possible. They found out people's likes and dislikes so they could be incorporated meaningfully into an activity for each person. One person told us, "I look at the calendar in the kitchen every day to see what's going on. I like that." One relative spoke proudly of the development of their family member under the shared care scheme, and that support had allowed them to access, "New skills and workshops."

People were supported to maintain established friendships and to develop new relationships. One person was supported to regularly attend an activity near his original home where he used to socialise with friends. The person was supported to maintain contact with old friends and go to events with them. The carer told us, "He likes to see them and I think it's important that I support him to maintain those friendships."

The provider was proactive in ensuring that the communication needs of people were identified and that they received information about their care and support in a way that took their needs into account. We looked at whether the service was compliant with the Accessible Information Standard (AIS). From August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs relating to people with a disability, impairment or sensory loss.

Records indicated whether people had disabilities or sensory impairments. There was guidance in communicating with people in a manner they could understand. People were provided with easy read versions of information packs that communicated to them the support that the scheme would provide for them, informing them about equality issues, the choices they can make about their support and what they could expect living in a shared lives home. People had extensive easy read support plans in place that summarised all the information the person had contributed to formulate the plan. People were supported to receive information through a photo symbols library and would receive information on safeguarding issues using pictorial methods.

Technology and equipment was used by the service to support people to receive timely care and remain as independent as possible. One person who lived with severe learning and physical disabilities was supported by staff to remain in their shared lives home through the introduction of equipment. The service had an assistive technology champion who had completed bespoke training to ensure that they were better equipped to source and access the most up-to-date technology to support people to remain as independent as possible. Technology had been introduced to people's support to help them in all areas of their care. For example, the provider had supported a person to introduce sensor mats so their night seizures could be monitored by their SL carers. The provider had also introduced bath laser technology for some people. This technology prevented people from slipping below set water levels in the bath to ensure that they stayed safe. This technology was introduced as part of comprehensive review of health and safety systems.

People told us they knew who to speak to should they have any concerns. One person told us, "I would tell my carer or my social worker if I was worried about anything or not happy." The provider had a complaints policy in place. Shared lives carers were also aware of their responsibilities should any concerns arise. One carer told us, "I would report any concerns or issues to shared lives and adult social care duty. I would complete the incident form and support the service in anything I needed to do. I have no concerns raising any issues." Complaints and concerns that the provider had dealt with had been taken seriously and used as an opportunity to improve the service. Areas of learning that the provider had taken, and actioned, from resolved complaints included the matching process and managing family's expectations. The provider had invited one complainant to suggest solutions and learning in looking to resolve the problem.

Is the service well-led?

Our findings

People, shared lives workers and shared lives carers were all very complimentary about the leadership of the service, how well the service was run, and of the quality of support they received from those who managed it. One shared lives carer told us, "The registered manager manages the service well. She is really nice, organised and friendly." Another SL carer said, "The registered manager has done a sterling job at leading the service."

At the last inspection in June 2017, it was identified that there was an area of practice that needed to improve. This was because some elements of the quality assurance system were not firmly embedded into practice. At this inspection on 27 September 2018, we found that these systems had been fully embedded. Quality assurance systems and health and safety checks had been strengthened effectively to ensure the service remained safe, effective and able to provide quality support.

The registered manager and provider were proactive in ensuring that a transparent and open culture existed, and that its values were embedded across the scheme. Staff appraisals were comprehensive in not only embracing the continuous development of SL workers but also ensured that Shared Lives values were incorporated into practices, such as person-centred, honest and realistic, and trust and support. SL workers and carers told us that the manager was open and approachable in her management style. One worker told us, "I think the service is managed very well. The manager is very supportive and there is always a senior manager we can contact for advice. It is quite a close team which makes a lot of difference." One shared lives carer told us, "I feel open and comfortable with (the manager)."

Quality assurance surveys completed by people's relatives demonstrated that the management have been effective in promoting an open and transparent service. Relatives were asked whether they were happy for their comments to be shared with shared lives carers. Responses to these requests were overwhelmingly positive, demonstrating that family members not only had confidence in the support being provided, but were happy for others to receive feedback about their performance.

Staff spoke highly of the sensitive approach of the registered manager when they required support outside of their work role. One worker told us of their gratitude for the emotional support they were helped to access, when personal matters were impacting on their wellbeing and work role. The worker told us that this support, "Really helped" and allowed them to return to their role effectively. The registered manager confirmed that the service offered a comprehensive employee assist programme to ensure the wellbeing of staff should they require it.

Shared lives carers benefitted from a comprehensive support system that not only ensured that the quality of the support they were providing was good, but also served as a forum for feedback. SL carers received monitoring and support visits every two months. The visits ensured that robust checks occurred on the quality of support being provided and that development issues could be discussed to drive improvements. All elements of the person's support were discussed including, their social activities and skills development, the monitoring of health issues, the robust financial auditing and monitoring of people's finances, and

health and safety checks to ensure they continued to remain safe. Records showed that the provider was proactive in following through on actions raised during these visits and that they were completed within the timescales agreed. One shared lives carer said, "They are really good at taking on board things that have been discussed and implemented quite a lot since." Another carer told us, "Staff come out and do monitoring visits and kept me up to date, communication is very good. If I had any issues I would communicate with them, communication is very easy with all of the team."

Shared lives workers and carers were clear on their responsibilities. The provider was proactive in supporting staff practices through training, promoting continuous development and ensuring that information was made available to them. The management team were committed to ensuring that the service was up-to-date with best practice and new guidelines within health and social care. Regular meetings allowed staff to receive guidance on regulatory and legislative changes, safeguarding updates, new referrals and training opportunities. One worker told us, "The management is very supportive. It is quite a close team which makes a lot of difference. We work well together and have respect for the role the other has." Another worker confirmed that the staff team were close and worked proactively together. One worker said, "We work well to develop and implement things". One senior shared lives worker told us that the provider had funded them to complete a postgraduate degree in social care. The worker confirmed that this had helped them with their current role and that it had, "Helped me to be a more reflective practitioner, and I am more up to date with social care theories. It's definitely helped with current role." One shared lives worker told us, "The thing they do really well is the development of the service."

Shared lives carers were equally positive about the communication and involvement from management and staff to ensure they could carry out their roles effectively. One carer told us, "They are always providing us with information and meetings that we can attend." Another carer said, "The support is really good, there is always someone at the end of the phone and staff are consistent."

The management demonstrated a commitment to continuously learn and improve the service, both in forward development and in response to when things went wrong. For example, the registered manager had implemented a full and comprehensive health and safety review following an historical serious incident. Health and safety checks were strengthened and a more robust monitoring of ongoing compliance was introduced. The provider introduced bespoke health and safety training that was more relevant for people living in their own home, and which referenced the specific incident to allow a more impactful training experience for staff. The provider implemented a working group that included the health and safety lead, quality assurance lead and senior staff to look at how to further strengthen and improve its management of safety. To ensure that the new systems keep up-to-date with new guidance and incorporate changes in health and safety legislation, a new auditing process was implemented. Part of this new process ensures that shared lives workers are all using standardised quality assurance paperwork to complete their health and safety checks.

The service worked closely in partnership with other agencies. Staff worked closely with professionals from the community learning disability teams, fostering services and mental health teams. The management team ensured that social care management teams within the local authority worked closely with shared lives to enable safe transitions of people to the scheme.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that 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.