

Wigan Council

Wigan Council Shared Lives Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 29 and 30 July and 5 August and was announced. This was the first inspection of Wigan Council Shared Lives Service we had undertaken.

Wigan Council Shared Lives Service provides care and support for people over the age of 18 years who need help due to age, illness or disability. Care is provided by approved carers called 'Champions' in the champion's

own home or, in some circumstances the person's own home. Champions' provide support to people on either a long-term basis, for short-breaks (respite) or for day support. The service provides support to around 50 people with varying support requirements. This report is in relation to the portion of the service that provides support to people who required assistance with personal care.

Summary of findings

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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. You can see what action we have told the provider to take at the back of the full version of this report.

The shared lives service had taken over from the previous adult placement service in October 2014. The registered manager told us they had identified a number of short-falls in service provision when the shared lives service took over and we saw the service was in the process of acting upon areas where improvements were required.

There were no current policies specific to the shared lives service and we found processes to ensure the safety of support provided had lapsed. Not all champions were recording medicines they supported people with for example, and champions were not all aware they had to report accidents and incidents to the service. We have made a recommendation in relation to reviewing guidance in relation to the administration of medicines.

The champions we spoke with felt well supported and due to the length of time they had provided support to the person they cared for, they felt competent and able to meet their care needs. Training for champions inherited from the previous service, including training in safeguarding and medicines had lapsed. We saw the service had identified this and was in the process of booking champions onto the required training.

A thorough process of building up a profile of both the champion and person using the service was followed. This was then used to help match people effectively to champions. The service followed safe recruitment processes for champions and shared lives workers (officers), such as seeking references and requiring a DBS (disclosure and barring service) check, which would show

if the applicant had any convictions or was barred from working with vulnerable people. The appointment of champions was validated by a panel, which included an external member.

Champions supporting people on long-term placements told us they had been given the opportunity to receive short-breaks (respite) care. Champions said they were supported effectively by the service and were able to contact one of the staff members or registered manager when needed. The service had set up a champions meeting to help champions share best practice and ideas.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and community care setting, including supported living, are looked after in a way that does not inappropriately restrict their freedom. Staff told us no-one was subject to restrictive practice, but that they could contact the local authority DoLS lead for support in making an application to the Court of Protection if required. Some champions and all the shared lives officers had undertaken training in the MCA and DoLS.

People's preferences and dietary requirements were documented in their reviews and plans. One champion told us the person they supported would help make meals of their choice. Another person said they enjoyed going for meals out with the family.

The service kept a record of any comments, compliments or complaints. We saw the service had acted upon comments and suggestions received, such as a suggestion to introduce ID badges for champions, and a suggestion to allow the banking of mileage allowances. This showed the service acted on the feedback and expertise of champions.

People took part in a wide range of activities supported by their champion or independently. We saw people had activity time-tables in their files and the shared lives officers supported people to find new opportunities. People had goals recorded on their files and the shared lives officers told us people were achieving a wide range of goals and ambitions supported by their champions.

Summary of findings

Champions said the people they supported were treated as part of the family and took place in family events. When we asked one person if they felt part of the family they replied; "Yes, definitely." Many of the champions we spoke with had supported the person they cared for, for many years and they had an in-depth knowledge of their likes, preferences and support needs.

There was a caring approach apparent throughout the service. The shared lives officers told us there was genuine concern from management for the wellbeing of the staff and champions.

From discussions it was apparent that the shared lives officers and registered manager were committed to the service and showed a genuine desire to continue to develop and improve it. The registered manager spoke highly of the champions and officers and said it was "more than just a job to them." Champions told us the officers and registered manager were friendly and approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Not all shared lives carers had received safeguarding training recently. The service had identified this as an issue and was taking steps to put this in place.

There was no current medicines policy specific to the shared lives service and shared lives carers were not recording medicine administration as was an expectation of the service.

A thorough recruitment process was followed for any new shared lives carers. Appointments were verified by a panel that included an external member.

Requires improvement



Is the service effective?

The service was effective.

Shared lives carers offering long-term support were offered the opportunity to receive short-breaks (respite) care. There were systems in place to ensure continuity of support should the shared lives carer be unable to provide support.

Shared lives workers told us they felt well supported and we saw they received regular supervision (keeping in touch meetings). Shared lives carers said there was regular contact with the service, and we saw reviews with carers were taking place routinely.

All newly recruited shared lives carers undertook mandatory training prior to providing support. Training for shared lives carers inherited from the previous service had lapsed, however the service had identified this and was working to ensure adequate training was provided.

Good



Is the service caring?

The service was caring.

Shared lives carers told us the people they provided support to were treated as part of the family. People supported on long-term placements took part in family events. We asked one person if they felt part of the family and they replied; "Yes, definitely."

There was a strong caring ethos throughout the service. Staff told us the management had a caring approach and showed genuine concern about their well-being and the well-being of the shared lives carers.

People had unrestricted use of their homes and shared lives carers were mindful of respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

There were processes in place to ensure there was an in-depth assessment of any new referral. This included details of aspirations, preferences and support requirements. The profiling allowed the service to 'match' people effectively with a shared lives carer.

People took part in a wide range of activities both independently or with the support of their shared lives carer. Activities included supported employment, holidays, trips out and leisure activities.

There were regular reviews with carers and people using the service. The service was still in the process of implementing the new form of service-user plan for people who had been inherited from the previous adult placement service.

Is the service well-led?

The service was well-led.

The shared lives service took over from the previous adult placement service in October 2014. The registered manager had identified areas of the service where improvements were required and had produced a transition plan to monitor the implementation of these improvements.

The service had built links with other shared lives services and was a member of the shared lives plus network. The registered manager told us they were active on an online forum for shared lives providers. They told us this was a useful tool to share good practice and problem solve.

The registered manager and shared lives workers showed a genuine commitment to and belief in the service and shared lives model of support. There was a desire to continue to develop and improve the service.

Good



Wigan Council Shared Lives Service

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 July and 5 August. The inspection was announced. We gave the service six days' notice of our visit. This was to ensure someone would be at the office when we visited and so that the service could contact people who used the service to arrange for us to visit them.

The inspection team consisted of one Care Quality Commission adult social care inspector. Prior to the inspection we reviewed information we held about the

service. This included records of any notifications the service are required to send us, such as notifications of any safeguarding incidents. We also contacted the local authority safeguarding team for feedback.

During the inspection we spoke with the registered manager and two shared lives officers (also known as shared lives workers) employed by the service. We spoke with seven champions (shared lives carers) and two people who used the service. We visited the homes of three people who were placed with champions on long-term placements.

We looked at records including three service user files, three champion files and records relating to two shared lives officers. We also looked at records the service held such as records of complaints and minutes from meetings. Following the inspection we sought feedback from the independent member on the shared lives carers' approval panel.

Is the service safe?

Our findings

We looked at the processes and procedures the service had in place to ensure people received safe care. The shared lives service had taken over from the previous adult placement service in October 2014 and we saw new systems and procedures in relation to many areas of the service were still in development. There were no current policies specific to the shared lives service covering aspects of service delivery such as medicines and safeguarding. The registered manager told us these would be developed and included in a new handbook that was being put together for shared lives champions (carers). We saw a copy of the draft version of this handbook, which included flow charts that would help people follow processes around reporting of any accidents, incidents or safeguarding.

We looked at the procedures that were in place to help ensure people were protected from abuse and that any allegations of abuse were appropriately investigated and acted upon. The service had a copy of the Wigan Safeguarding Policy and we saw the registered manager had introduced a new end to end process detailing how shared lives officers (also known as shared lives workers) should respond to any concerns raised. The process was simple and would be straightforward to follow. The registered manager and shared lives officers we spoke with were aware of potential indicators of abuse and how to respond to, and report any concerns appropriately. However, of the four shared lives staff employed by the service since October 2014, the training matrix showed two were still awaiting safeguarding training. We saw this training had been scheduled for October 2015.

We saw that any new champions who were recruited undertook mandatory training, which included training in safeguarding. However, training records indicated few of the existing champions inherited from the previous adult placement service had undertaken recent safeguarding training. Only one of the three champions we spoke with was able to recall having undertaken safeguarding training recently. The registered manager told us this had been identified as an issue when they took over from the previous service. They told us all champions would undertake this training and this was currently being arranged. Not all of the champions we spoke with were familiar with the term 'safeguarding'. However, all were aware of potential signs of abuse. They told us they would

report any concerns they might have to one of the shared lives officers or the central duty team if concerns occurred outside normal working hours. All champions we spoke with told us they had been provided with contact numbers for the shared lives staff and central duty team at Wigan Council.

The gaps in safeguarding training and processes were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Most of the shared lives champions we spoke with had been providing support to the people living with them for many years. As such, they had a good awareness of the support needs of the person living with them. The champions we spoke with talked about seeing the person they supported as a member of their family, and as a result we found some processes the service had had in place to ensure people were safe had lapsed. For instance, two of the four champions we spoke with said they were not aware of the need to, or told us they would not report accidents to the service if they were things they could handle.

Safe processes around medicines had also lapsed for people on long-term placements. We found the service did not have an up to date copy of an epilepsy support plan for one individual. We also found that champions were not keeping a record of medicines administered when they provided support with this aspect of care. The champions said they used to do this, but had stopped some years ago. The registered manager told us it was an expectation that champions would record medicines and that this would be addressed. We saw that any new champions who were providing support with medicines received medicines training. The registered manager told us they were not aware of when existing champions had last undertaken medicines training, but that anyone supporting with medicines would be booked onto this training as soon as it became available. All the shared lives officers had undertaken medicines training and were able to provide support to champions if required.

We recommend the service reviews current guidance in relation to the safe management of medicines within shared lives settings.

Whilst the care files we reviewed did not contain recorded risk assessments or risk management plans, we saw that risks to individuals and ways to control risks had been

Is the service safe?

considered as part of the assessment and review processes. Staff and champions told us if something was considered to be a significant risk, the shared lives officers would carry out a risk assessment. The shared lives officers we spoke with had a good understanding of taking a proportionate approach to managing risk. They talked about the importance of positive risk taking in supporting individuals to be as independent as possible, whilst taking some considered risks.

Staff told us the safety of champions' homes would be considered as part of the champion profiling process. We saw the service had developed a health and safety checklist for homes. A recently recruited champion confirmed someone had come to look at their home as well as having received a visit from a fire safety officer. We saw champions' reviews also covered aspects such as insurance and checking that the home had smoke alarms in place and details of any change in the household or circumstances. This showed the service was monitoring that a safe environment was maintained.

We looked at the end to end process that the service had developed in relation to the recruitment and matching process for shared lives champions. We saw a thorough process was followed that involved a number of meetings with the applicant. The process also included the completion of an in-depth application form, checks on health, meetings with reference providers, meetings with other household members and obtaining a DBS (disclosure and barring service) check. This would show whether the applicant or any household member had any convictions or if they were barred from working with vulnerable people and would help the service make safe recruitment decisions. Once this process was complete, the recommendation of the shared lives officer completing the champion recruitment would be sent to a panel, which included the registered manager and an independent

person. We asked the independent panel member for feedback in relation to the service's recruitment procedures. They told us the service's approach was professional and approachable.

The recently recruited champion we spoke with confirmed this process had been followed. We saw shared lives agreements between the person using the service, the champion and the service were in place that clearly set out the roles and responsibilities of all parties. For two of the three champion files we looked at who were recruited by the previous service we found all required checks were in place. However, we could not find copies of references or the original application form for a third champion. This champion had been providing support for many years and it was not known where these documents were now located. The registered manager told us it was expected that DBS checks would be refreshed every three years to help ensure only people of good character provided support. The previous service had not kept up to date with refreshing DBS checks, however we saw records that indicated the service had asked all champions to obtain an up to date check. We looked at recruitment records for the shared lives officers and saw appropriate checks had been carried out.

There were five shared lives officers working for the service. Two of the officers had been recently recruited to the service. The shared lives officers we spoke with said they felt that following this recruitment, there were sufficient staffing to provide adequate support and monitoring across the service. The registered manager told us the frequency of reviews and contact with champions and people using the service had been increased since the shared lives service had taken over. This was confirmed by the champions we spoke with. This would help enable the service to monitor the safety of placements and act on any concerns.

Is the service effective?

Our findings

All the champions we spoke with told us they received, or had been offered the option to take up short breaks (respite) care. The registered manager told us they would offer all champions 28 days respite per year as standard. We found there were appropriate arrangements and safeguards to ensure support would be provided to someone in the event that the champion was unable to do so. The registered manager told us some people had approved support carers. A support carer is someone who it has been agreed can provide unsupervised support in the absence of the champion. They told us if there was no support carer that the service had a bank of champions whom had undergone the required checks and training and could be called upon. If there was no suitable match, the registered manager said alternative support arrangements would be sought, for example, through other council services. This would be done in conjunction with the social work team. The shared lives officers talked about an instance when they had arranged respite care at short notice in order to provide effective support.

Shared lives officers told us they received regular monthly supervision, or 'keeping in touch' (KIT) meetings with the registered manager. The shared lives officers told us these meetings were very useful and would be used to discuss their current work, training and development needs, service developments and their general well-being. We looked at minutes from these meetings. The registered manager showed us a database of all champions being supported by the officers, which was used as a point of discussion at these meetings.

Champions had a review annually or more frequently if required, for example in the case of new placements. We saw copies of these reviews, which showed a range of areas were discussed including how the placement was going, discussion of training requirements and any support needs. Champions told us there was regular contact with the shared lives officers in addition to the reviews. We saw this was recorded on electronic diary sheets.

Champions felt well supported by the service and told us they could contact the shared lives officers or the registered manager at any time for advice or support. One champion said; "It's good to know there's someone you can contact." Another champion told us; "The shared lives officers always say 'if you want anything then just call' " The service had

recently set up a champions meeting group. The registered manager told us they had been nominated to chair the group but that the long term aim was that champions would take ownership of the group and the agenda. We looked at the agenda from the first two meetings, which showed topics including sharing good practice, problem solving, ideas for places to visit, service developments, training and data protection were covered. One champion we spoke with who had attended these meetings told us they had found the meetings useful and enjoyable.

All newly recruited champions undertook training in safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, first aid and medicines if required, prior to providing support. The registered manager told us they had identified gaps in training for existing champions and were working with their training provider to book champions onto the required courses. Two of the champions we spoke with that were supporting people on long-term placements confirmed they had not had recent training. We found training in relation to epilepsy and learning disabilities had also not been provided where this would have been beneficial. However, these champions also told us that they felt competent to provide effective care to the person living with them as they had extensive experience of caring for that person. They told us training needs had recently been discussed with them and that they felt they would be able to request training should they feel they would benefit from additional knowledge or expertise in a particular area. The registered manager told us any additional training or support requirements would be considered for any new champions or people who used the service as part of the profiling and matching process. We saw the shared lives officers had undertaken training in the MCA and DoLS, dementia awareness, medicines and first aid. Further courses in areas including moving and handling, fire awareness and risk assessment had been identified, but not yet completed.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and community care setting, including shared lives settings, are looked after in a way that does not inappropriately restrict their freedom. The registered manager and shared lives officers had undertaken training in the MCA and DoLS. They told us no-one supported by the service was subject to restrictive

Is the service effective?

practices that would require a DoLS application to be made to the Court of Protection. The registered manager and shared lives officers told us they had good links with the lead for DoLS at Wigan Council who was able to provide advice and guidance as needed. We saw some of the champions had undertaken training in the MCA and DoLS and we were told all champions would eventually complete this training. One champion we spoke with who had recently completed the training showed a good awareness of how issues of capacity and consent were relevant to the care they provided.

We saw people's support needs in relation to eating and drinking as well as preferences and any allergies were

documented as part of the profile document or service user plan. One person told us they would help cook meals and another said they liked the food at home, and also going out for meals. People's health needs were documented in their service user plan or profile and were reviewed annually or more frequently if required. Champions demonstrated a good knowledge in relation to the health needs of the person they provided support to. They were aware of the different health professionals and services involved in the care of the person they were supporting. The champions provided the required level of support for the person they cared for to attend health appointments, such as visits to the GP.

Is the service caring?

Our findings

We visited two people who were supported on long-term placements with their champions. The interactions we observed between these people and other members of the household were warm, natural and friendly. Champions who provided long-term support told us the person they supported was treated as a member of the family. One champion said; “[Person] is part of our family... other family members call him cousin or nephew.” Another champion spoke about how the person they cared for enjoyed taking part in family events such as weddings. One person we spoke with said; “I had never had a nice carer before and now I’ve got one. At first I had wanted to leave, but I’m glad I didn’t.” When asked if they felt like they were part of a family they replied; “Yes, definitely.”

The champions we spoke with demonstrated a very in-depth awareness of the likes, dislikes and preferences of the person they supported. One champion we spoke with who provided day support to people said shared lives was also about “friendship.” We asked the shared lives staff how they would monitor whether relationships between people and their champions were caring. They told us this would be picked up as part of the review and profiling processes. The registered manager and shared lives officers also spoke about building trusting relationships with people and their champions.

There was a strong caring ethos that ran throughout the service. The shared lives officers told us there was genuine concern from the management of the service about the well-being of staff and champions. The registered manager told us they grew up in the local area and felt proud and privileged to run a service that had a positive impact on people’s lives in their home town. The registered manager spoke highly of the shared lives officers and stated; “It’s more than just a job to the team.” On the final day of our inspection the registered manager told us they had given one of the shared lives officers the day off due to having had a heavy workload over the past few days. This caring approach was also apparent in the support the shared lives officers provided to the champions, who spoke highly of the registered manager and officers.

We discussed the aims of the placements with the champions we spoke with. One champion said the aim of the placement was “to keep [person] safe, happy and secure.” Another champion said a long-term aim was for the person they provided support to, to develop the skills and abilities to enable them to live independently. We asked champions how else they would encourage people to be as independent as possible. One champion told us the person they provided support to didn’t need much encouragement to be independent as it had become part of a routine that they would help out with tasks around the house including tidying, cooking and making cups of tea. They also told us they would encourage this person to be as independent as possible when supporting them with personal care. One of the people we spoke with had a part-time job and told us they could hold a key to the house if they wanted.

There was no handbook for people who used the service at the time of our visit, although this was something the registered manager told us they were looking to develop in an accessible format. Staff told us they would use communication aids such as pictures when putting together profiles if this was required. We observed the champions communicating effectively and respectfully with the people they supported. One champion who provided support to a person with limited verbal communication, explained how they were able to understand what this person was communicating through their behaviours and expressions.

Champions told us the people they supported had the unrestricted use of the whole of the house other than areas required to maintain privacy and dignity for other household members. The service met with other household members prior to approving a champion to ensure they were happy with and supportive of the arrangements in relation to shared lives. Champions were also mindful of respecting the privacy and dignity of the person they supported, for example by ensuring they were appropriately dressed after showering. One person we spoke with told us they had a TV in their room, so could have space to themselves if wanted.

Is the service responsive?

Our findings

We saw the service had developed paperwork to produce 'profiles' of both people who wanted to use the service, and champions. This included details such as values, preferences, interests, background and past experiences, family details and other information that would provide a full and detailed picture of both parties. We were told by the registered manager that the person and any family or friends that were important to them would be involved in the profiling process. The registered manager told us the service had developed links with children's services and social workers involved in transition planning as a number of long-term placements had previously been made as a result of children who were previously supported by foster carers continuing with their support arrangements under the adult placement service.

The paperwork for people wanting to use the service also included details of what kind of champion would be a good match for the person and what makes a great day for them. This information was built up over a number of visits with the champion and person. The service then used this information to help match people who would get along well together. One champion we spoke with said the process had been thorough and had worked well. They told us they enjoyed providing support to the people they supported and this was made more enjoyable as they had shared interests. The external panel member told us that the paperwork the service completed was thorough and provided a good insight of the champions they were putting forward.

For champions and people starting to use the service with Wigan Council Shared Lives, the profile documents were used as a service user plan, similar to a care plan. The profile also documented support needs in relation to areas such as health, mobility and medicines. The registered manager told us the profiles would be reviewed annually or more frequently when service-user reviews were undertaken. The profile documents were not yet in place for the people who had originally received a service from the previous adult placement service as the paperwork followed a different format. This meant there was not a clear review of all support needs for these people, although copies of the previous service user plan were in place. The registered manager told us paperwork would be

standardised and put in place for all people. They told us a new administrative assistant was due to start in the next few weeks and said this additional support would help the service to meet this aim in a timely manner.

The registered manager told us that the reviews had been taking place more frequently since the shared lives service had taken over. Champions and the people we spoke with confirmed this and told us they had had more contact with the service than they had before. Feedback was sought from people who used the service at their reviews whenever possible. One person we spoke with told us they had taken part in regular reviews and said they provided a useful opportunity to talk about the things they liked and any good or bad things about the placement. The documents we reviewed showed there had been regular reviews carried out.

Shared lives staff told us that the one to one support champions provided enabled people to take part a wide range of activities and opportunities. We saw people took part in a variety of activities both with the families they were placed with and independently. These included holidays, trips out, attending social groups and leisure activities. People had a timetable of activities identified in their profiles. The shared lives officers told us they would provide information on leisure, work, education and voluntary opportunities within the local area to help people and their champions develop full and meaningful schedules.

The shared lives officers said they had seen people develop independence and progress towards goals such as supported employment. One of the shared lives officers told us the service had a social model of support and was helping people achieve their aspirations. We saw aims, aspirations and goals were identified within the profiling and review documents. The staff gave an example of one person who had been reluctant to engage with the service during initial visits. They told us they had persevered in providing this person with good support and they were now achieving a range of identified goals and lifetime aspirations including a recent goal to record a CD. We spoke with champions who were aware of the identified goals for the person they supported. Progress toward achieving goals had been revisited with the person and their champion at reviews.

The service kept a record of any complaints. We saw there was one complaint on record and that appropriate actions

Is the service responsive?

had been taken to follow-up this complaint. We looked at a database that had been developed to record any complaints, compliments comments and suggestions. This provided details of any suggestions or comments that champions or others had made in relation to the service. We saw comments had been made in relation to introducing ID badges for champions and a suggestion to allow the carry-over of unused mileage allowances for champions in order to allow champions to work more flexibly to support people to take part in activities they

wanted to do. We saw the service had responded to these suggestions and had introduced the ID badges and ability to carry-over mileage. This showed the service was involving champions in the development of the service.

The champions we spoke with told us they were asked for their views on how the service could be improved and told us they were confident that if they had any complaints they would be acted upon accordingly. There had not been any surveys carried out at the time of our visit, however, we were told it was planned to introduce these, including pictorial versions for people who may not be able to respond to a standard format survey.

Is the service well-led?

Our findings

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. The registered manager was supported by five shared lives officers who had roles relating to either the recruitment or on-going support of champions and people who used the service. The officers told us this separation in the roles worked well.

The registered manager had taken over the running of the service in October 2014 when the service had gone through a transition from the previous Wigan Council Adult Placement service to the current Wigan Council Shared Lives service. At this time there was a short handover period from the Adult Placement staff, and at the time of our visit none of the former staff were in post. As discussed in other sections of this report, a number of processes were still in development at the time of our visit. For example, there were not any current policies specific to the shared lives service at the time of our visit, and the paperwork in place around service user plans was still being streamlined.

The registered manager told us a number of shortfalls had been identified when taking over the running of the service, such as the lapse in training for champions. We saw a transition plan had been produced, which set out how these areas would be addressed along with details of other plans and projects underway to improve the service. We saw that progress towards implementing these improvements had been documented and the registered manager told us the transition plan was revisited regularly in meetings with their manager.

The service had registered as a member of shared lives plus. Shared lives plus is a network of shared lives providers and carers that offers guidance and networking opportunities to its members. The registered manager told us they frequently used an online discussion group provided via shared lives plus, which facilitated the sharing of best practice and problem solving between different shared lives providers. The registered manager had also attended the shared lives conference held and told us this

was a useful learning opportunity. They also told us they had close links with a small number of other shared lives providers and that the staff had visited one of these other services. This showed the service was building links to help learning and development of good practice within the service.

The service sought the views of champions to help develop and improve the service. We saw initial meetings had been held with champions and people who used the service when the shared lives service had taken over. We saw people had been offered the opportunity to meet the registered manager if they wished, and developments and changes within the service had been discussed. The service had implemented meetings for champions and regular feedback on any ideas of how to develop the service were discussed at reviews.

Champions and shared lives officers told us they thought the service was well-led. The champions we spoke with told us the shared lives officers and registered manager were very friendly and approachable. One champion said; "I can't speak highly enough of [registered manager]. There is no superiority; he is easy to talk to." The registered manager and shared lives officers told us senior management showed genuine interest in the service and appeared committed to its' on-going development. The shared lives officers told us they enjoyed working for the service and said they gained a lot of job satisfaction.

The registered manager and shared lives officers showed a genuine commitment and drive to deliver a good quality service, as well as a desire to continue to develop the service. There was a strong belief in benefits of the shared lives model of service provision and the staff team were keen to promote the service. The service had recently taken part in the filming of a television documentary and had featured in a local publication, with the aim of raising the profile of the service and shared lives in general.

We saw a quality assurance strategy had been produced and was in the process of being implemented. In addition to seeking feedback from champions and people, the registered manager told us checks and audits of care plans and medicines would be introduced. We saw blank copies of care plan audits were in place at the front of service-user plans and champion files although these had not yet been implemented.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operated effectively to ensure the prevention and investigation of abuse or alleged abuse Regulation 13 (2) (3)