Shared Lives South West

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Inspection report

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Date of inspection visit:
07 January 2019
08 January 2019
10 January 2019

Date of publication:
04 March 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service:
Shared Lives South West (referred to throughout the report as Shared Lives) is registered to provide personal care for adults who may have learning disabilities, mental health needs or physical disabilities, and for older people. Placements are made on a short or long-term basis, including respite and a holiday service, with people living with their carer in their home as part of the family. The service also supports parents with learning disabilities and provides a 'home from hospital' service. Shared Lives South West provides services across Devon and Cornwall and is a registered charity and a not for profit company.

Throughout the report the term carer(s) is used to identify the Shared Lives care workers as this is the term used by the service and familiar to the people being supported.

People's experience of using this service:

• We found the service remained outstanding in the personalised support provided to people and carers. Without exception people told us they felt very much part of the family. They shared family celebrations and the family celebrated important events in their lives. One person told us, "We're a family" and another said, "It's fantastic."
• People were safe and received the supported they needed to gain new skills and confidence to become more independent. Relatives told us they had complete faith and trust in the carers and Shared Lives staff. Their comments included, "I completely trust them", and "From the word go, I was reassured that there was someone there to look after him."
• People were fully involved in decisions about their care and support. The service regularly reviewed people's needs to ensure these were fully understood and support plans reflected this. Where necessary health and social care professionals were involved in supporting people and their carers with guidance and advice about how to meet people's support needs. The service was able to demonstrate the positive impact Shared Lives support has had on people.
• The service had a strong commitment to social inclusion. People told us of the support they received to improve their skills by going to college, developing hobbies and gaining employment.
• The service valued and respected people's relationships with others.
• Carers described the service as excellent in the support it provided to them. The thorough assessment process and ongoing training ensured people were supported by carers who had the skills and knowledge to support them, as well as sharing their interests and hobbies. The 'matching' process ensured the success of placements.
• The service and carers had been recognised through various care agencies as being 'exceptional', having recently won three awards for the caring, compassionate and respectful support provided.
• The service was exceptionally well-led. The management team promoted shared decision making, with no one member of staff taking a decision alone which affected people and carers. Staff demonstrated a pride in working for the organisation: they were positive advocates for people and carers.
• The service used reflective practice to review how well people and carers were being supported and

whether any more could be done. There was a commitment to continuous learning and improvement. Rating at last inspection: the service was previously inspected in May and June 2016 and was rated good overall with the key question of 'Is the service responsive?' rated outstanding. The report was published on 6 August 2016.

Why we inspected: this announced inspection was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the information we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding

The service remained exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding

The service has improved to be exceptionally well-led.

Details are in our Well-Led findings below.

Shared Lives South West

Detailed findings

Background to this inspection

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

Inspection team: The inspection was undertaken by one social care inspector on 7, 8 and 10 January 2019 and an expert by experience who made telephone calls to people on 10 and 11 January 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Shared Lives is a service registered to provide personal care to people living with Shared Lives carers in a family environment. At the time of the inspection the service was supporting 292 people with long term placements and 115 people with short breaks.

Due to the size of the service and the large geographical area covered by Shared Lives, the service has two office sites; the main office in Newton Abbot in Devon and a satellite office in Scorrier, Cornwall. The service had three registered managers 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.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to ensure a registered manager would be present to facilitate the inspection and to arrange visits and contact with people using the service.

What we did:
We used information the service sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service

including notifications they had made to us about important events. We also reviewed other information we held about the service.

During the inspection we visited both office sites and spoke with the chief executive officer, all three registered managers, seven care co-ordinators and three members of the administrative staff. We met nine people and nine carers in their homes. We spoke with a further two people and 14 relatives over the telephone. We reviewed people's care records; the service's policies and procedures; records relating to the management of the service, and staff and carer recruitment, assessment and training records. We also received positive feedback from six health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People continued to receive a safe service and be protected from avoidable harm. Legal requirements were met.

Systems and processes; assessing risk, safety monitoring and management:

• People told us they felt safe living with their carers; their comments included, "Yes, I'm safe" and, "Yes I like it here." We observed that people had a close relationship with their carers indicating they felt safe in their company. Relatives also told us they felt their relation was safe. Their comments included, "We wouldn't let just anyone care for my cousin – we want her to feel safe with someone and she does with her carer", "I completely trust them", and, "From the word go, I was reassured that there was someone there to look after him."
• Risks to people's safety continued to be assessed and plans put in place to minimise risk of harm and to provide safe support. For example, people had needs in relation to epilepsy, mobility and the risk of choking. Carers' competence to manage people's risks and to use equipment was reviewed by healthcare professionals such as occupational therapists and dieticians. Carers were trained in emergency first aid which ensured they had the skills and knowledge to keep people safe.
• Regular meetings and phone calls from the service to carers meant people's care needs and any associated risks were kept under review.
• All carers and Shared Lives staff received safeguarding training which included the protection of children for those carers who were supporting parents to care for their children. Policies and procedures, as well as discussion about keeping safe, provided people, carers and Shared Lives staff with guidance about how to report abuse. The service continued to work closely with the community mental health and learning disability teams as well as the probation service to support people's specific needs and to reduce the risk of placement breakdown.
• The service supported positive risk taking to enable people to experience new situations and to increase their independence.
• Carers' homes underwent a health and safety audit at the time the carer joined the Shared Lives scheme as well as an annual assessment. People who used the service were involved in undertaking these assessments.

Staffing levels and recruitment:

• The service ensured people were only offered support if the right carer could be matched with them and that their needs could be met in a family environment. Carers were supported by formal and informal carers, including other family members, which ensured each person had the support they required.
• The service employed sufficient staff to manage the service and to provide regular contact and support to carers as well as to oversee people's care.
• The recruitment processes for carers and staff remained thorough and safe. An independent panel

reviewed carers' assessment reports and interviewed prospective carers prior to approving their joining the service.

Using medicines safely:

• People were encouraged to manage their own medicines, but where people required support this was done safely. All carers responsible for the administration of medicines received training to do this. Carers were aware of the medicines people took and any special precautions necessary in its administration.

Learning lessons when things go wrong:

• The service prided itself as being a learning organisation. Through investigating accidents and safeguarding incidents, the service further developed its systems to monitor people's well-being. This included how people were supported with their finances and who else had access to their money.
• Weekly management meetings were held between the service's chief executive officer (CEO) and the three registered managers where all incidents were reviewed. Learning from these reviews was shared with all staff and carers.

Good

Is the service effective?

Our findings

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

People continued to experience outcomes that were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; ensuring consent to care and treatment:

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

• Prior to moving in with a Shared Lives carer, each person had a comprehensive assessment of their care and support needs. This enabled the service to 'match' people with carers who had the skills, knowledge and same interests as the person. The service described this matching process as being essential to the success of a person's placement within a family.
• People were provided with opportunities to meet carers and make a choice about who they would like to live with. For example, one person visited three prospective carers in their homes prior to making their choice about where and with whom they would like to live.
• People were supported to make decisions about their care and support and how they wished to live their lives. For those people who were unable to make their own decisions, best interest meetings were held with relevant healthcare professionals and others who knew the person well, such as relatives, to ensure any decisions made were in people's best interests.
• People told us their views were sought about all aspects of their day to day care. One person told us their carer had ensured they were registered to vote as they wished to vote.

Staff skills, knowledge and experience:

• The service provided a comprehensive training programme. All carers undertook mandatory training in health and safety topics and specialist training was provided to ensure carers had the skills to meet people's individual care needs. For example, carers received training in the safe use of equipment, such as hoists to assist people with their mobility; how to meet people's nutritional needs; supporting people living with dementia, understanding mental health needs as well as how to support people living with epilepsy.
• Carers told us the training and support they received was "really very good" and "excellent". They said they could ask for any training at any time and this would be facilitated. They said Shared Lives staff were always available and very approachable.
• Shared Lives staff as well as panel members also undertook this training to enable them to support carers

and people effectively. One member of staff told us, "I feel very rewarded by what I do", I'm proud to work for such a good organisation" and a care co-ordinator said, "They very much value all staff regardless of their job role, hours or experience and are always looking at ways in which staff can contribute and have a voice in how the organisation is run."
• People were involved in carer and staff training which provided a focus on real-life experiences. Through these training events people, care workers and staff developed close relationships which they told us they valued. One carer said they found the assessment and training process very thorough. It had given them the opportunity to reflect upon their own learning as well as their values and beliefs. They said they received strong peer support from the carers they had met through this process.
• Annual appraisal for carers and staff provided opportunities to explore what had worked well, to identify positive outcomes for people, to review the support provided by the service and whether there had been any changes in the carers' family circumstances.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough with choice in a balanced diet:

• People's health needs were detailed in their support plans and guidance was available about who to contact if people needed treatment or advice. People's healthcare needs were very well understood by their carer who were able to describe to us how they supported people through ill health and declining health.
• We saw people were supported by a wide range of health and social care professionals including the community learning disability and mental health teams, occupational therapists, community nurses, dieticians and GPs.
• The service provided examples of where they had challenged healthcare services when they felt people were being discriminated against due to their additional needs. For example, one person had been declined a clinical test which the service felt was due to them having a learning disability. The service successfully challenged the hospital and the person had the test. The result of which was more successful treatment which stopped and reversed the decline in their health.
• People's needs in relation to nutrition were described in their support plans and kept under review by the service as well as the professionals involved in their care.
• Since the previous inspection, the service had developed a 'Home from Hospital' service. This service supported people who were medically fit for discharge from hospital but who might require a period of rehabilitation or who are waiting for modifications to be made to their home. Carers were provided with additional training to enable them to respond promptly to requests for support. This includes training in catheter care, stoma care, understanding of prescribed diets and moving and handling. The carer's role included supporting people to attend medical appointments, supporting people to feel safe returning home and to ensure they were able to manage their personal care needs as well as day-to-day tasks such as shopping and meal preparation.

Good

Is the service caring?

Our findings

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

People continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported: Respecting and promoting people's privacy, dignity and independence:

• Each person was respected and treated very much as a member of the carer's family. People told us they were fully involved with family events, such as sharing celebrations and holidays. People were proud to show us their rooms and tell us about how they felt about living with their carers: one person said, "We're a family" and another said, "It's fantastic." People's bedrooms were treated as their own private area and carer's sought permission before entering. One relative told us how much their relation liked their carer, they said, "She loves the lady and her daughter. They're full of ideas of what to do; they cook, garden, go up on the moors, everything really."
• Staff told us about many acts of kindness undertaken by carers towards the people they supported which demonstrated their family values. For example, one person who was admitted to hospital over the Christmas period was anxious that they would not receive a visit from Father Christmas. The care staff arranged with the hospital to visit later on Christmas Eve to deliver their presents so that when they woke on Christmas morning they would know that hadn't been forgotten.
• We were provided with many stories about how the personalised care people received had meant they were more confident and had become more independent. One relative told us their relation had become "very much more" independent since living with the "genuinely warm people" who cared for them. Another relative said their son had "come on leaps and bounds" and that their confidence was now "sky high", so much so that the person was able to move to more independent living.
• The service focused on promoting people's relationships with their families, friends and carers. People's relationships with those important to them were supported. Some people had married since moving in with their carer and they and their spouse had been able to continue to share the carer's home afterwards.

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

• People were fully involved and encouraged to make decisions about how they wished to be supported. Regular reviews ensured people's views were sought and acted upon. People told us how they could decide what they would like to do and how they were supported to develop new skills and experiences.
• With people's permission the service included others involved in people's lives to share their views about the success or the service and whether any more could be done to support people. This included seeking feedback from family, friends and other services such as day services and colleges.
• In the PIR, the service stated it ensured people have a Shared Lives Plan in a format appropriate to their needs and we saw evidence of this: some people's plans were designed with pictures, photographs and

symbols. The service also used technology to support people's communication. For example, for one mother who had a hearing impairment and for whom English was not their first language, the service had provided a tablet computer to aid their communication. They had also introduced this person to another young mother in a similar situation who was also living with a Shared Lives carer, to provide peer support outside of the carer's home.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Services continued to be tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

• We found the service remained outstanding in the personalised support provided to people and carers. In the PIR the service stated they support people to, "Live life to the full and be an active member of the community." People and carers told us they found this to be true. We found carers to be dedicated and totally committed to the welfare and well-being of the people they support.
• The service's CEO, the registered managers and co-ordinators told us the Shared Lives experience had transformed people's lives. The service's ethos and values ensured person-centred care and respect were at the heart of all its interactions. We asked the people and carers we met whether this was their experiences and they, and the relatives we spoke with, told us about the exceptional level of support they were provided with. They agreed their Shared Lives experience had changed their lives. Many people had experienced poor-quality care in the past and had placement breakdowns. The move to a Shared Lives family meant they had individualised care where they felt valued as a person and which worked with them to develop strategies for coping with everyday pressures. For others, their family were no longer able to care for them and the Shared Lives service offered people the opportunity to remain in a family environment rather than the need to move into residential care.
• The service had a strong commitment to social inclusion. People told us of the support they received to improve their skills by going to college, developing hobbies and gaining employment. The service told us of one person who had been supported to learn to read at the age of 88years. We heard many stories where people had become valued contributors to the local community through paid and voluntary work.
• People and their carers transitioned from child fostering services to Shared Lives service which meant the move from being supported as a child to that as an adult was seamless. One relative told us, "[my daughter] transitioned from children's services and it was the easiest thing we've ever done. I'm sure her support worker worked hard behind the scenes but she's stayed with the same carer she's had for past 4yrs so there was no disruption."
• A relative told us their relation had had "a new lease of life" since moving in with their carer. They had developed new hobbies and interests and spent much more time with community groups making friendships which was something that had been lacking in their life previously: they said, "I'm very pleased with these people and the service, they're all lovely." Another said, "She gets a lot of personal attention and we're very pleased with the care she's getting – it's all personalised to her." One person had lived with their carer and family for over 40years: their carer said, "I couldn't image [name] living anywhere else."
• All carers and staff received training in equality and diversity and staff stated that no-one, people, carers or staff, were discriminated against in relation to their age, disability, race, religion or sexuality. In the Provider Information Return (PIR) the service stated, "We do not discriminate against staff, carers or people who use our services. People who want to share their sexual orientation are free to do so; we have staff and carers

who are in same sex relationships." The service provided examples of where carers had supported people who were gay, lesbian or who were exploring their sexual identity. This had included one carer supporting a person to experience wearing different clothing and expressing their sexuality in a safe and respectful environment. One care co-ordinator said, "Staff here accept and celebrate diversity and see it as a strength that everyone is different as it means that everyone has something different to bring to Shared Lives, such as a different understanding or perspective than others here."
• The service recognised people's religion was very important to them and ensured people were matched with carers who shared their beliefs.
• The service provided a 'Just Next Door' service where people can move from living with their carer and family to more independent living in a property adjacent to their carer's home. This enabled them to be independent but with the security of support at hand should they need it.
• Parents received the support they required to improve their parenting skills in an environment where family values were modelled. This safeguarded their children and had prevented them from being taken into care. For example, one husband and wife were now able to care for all their child's needs without the involvement of the carer. Prior to moving in with their carer, the couple faced losing their child.
• Staff told us how at each review they reflected on people's goals and aspirations as well as that of carers and looked at how to continually support them to achieve these. For example, one person wished to meet a famous actor but didn't know how they would be able to do this. The carer and staff supported them to make a video and share it on social media. As a result, the local radio station became involved and interviewed them. The person will soon be flying to California in the hope of meeting their idol. Another person told us how much they had enjoyed their caravan holiday and wished to go to Ireland for another holiday. They said their carer had supported them to plan this.
• Other people's success stories included people becoming independent with their personal care needs, traveling on public transport, as well as managing their own finances through budgeting and understanding their financial obligations. One person's story demonstrated how successful their person-centred and individualised support had been. When they had moved in with their carer, they required a high level of support when out in the community to maintain their safety and that of others, and needed prescribed medicines to manage their anxieties. Now, one year on, they could go out to places they were familiar with without their carer's support and no longer required prescribed medicines.

Improving care quality in response to complaints or concerns:

• None of the people, carers or relatives we spoke with had raised any concerns about the service. One relative said, "I've never had to complain" and another said, "I thank Shared Lives for what they have done, 100%."
• The service kept a record of all complaints or concerns raised with them. They discussed these at each management meeting, reflecting upon how these concerns came about and what support was necessary to improve people's experiences. All complaints were reported to the board of trustees and reviewed at each board meeting.

End of life care and support:

• The service endeavoured to provide a home for life for people. Carers received additional training to support people's increasing health needs and to care for them at the end of their lives. People were asked to share with their carers how they would like to be supported and whether they would like to think about how they wished their funeral to be planned.

Outstanding ☆

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; Continuous learning and improving care:

• Shared Lives' ethos was to support people who might be vulnerable due to their circumstances to live in a family environment where caring relationships are fostered and to provide people with the same opportunities as other citizens. The Shared Lives service supported many people who otherwise would require care and support in residential services or who would not be able to cope alone in the community. We heard many stores of how people had developed skills to be more independent and to live as fulfilling a life as possible. The flexibility and responsiveness of the service meant people with complex support needs, such as parents with disabilities, and those who had mental health needs or learning disabilities could receive the support they needed to stay safe and to gain control over their lives.
• The service and carers had been recognised through various care agencies as being 'exceptional', having recently won three awards for the caring, compassionate and respectful support provided.
• Staff demonstrated a pride in working for the organisation: they were positive advocates for people and carers. They said they gained a great deal of satisfaction from their work. Carers also said how much they enjoyed having people living with them. They said it was a way of life and they did not see themselves as being at work. Carers were modest about their achievements but became emotional when thinking about how well people had settled and progressed while living with them.
• The service, staff and carers strived to improve the service through continuous leaning. The service used reflective practice to review how well people and carers were being supported and whether any more could be done. The service remained up to date with best practice, through training and networking with other Shared Lives services, as well as regular attendance at national conferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and how the provider understands and acts on duty of candour responsibility:

• Since the previous inspection in May and June 2016, the service had changed its management structure. The CEO had made significant changes to the way in which the service was run. They have taken the service's ethos and values towards people and incorporated that to include staff. Every member of staff, as well as people and carers, were invited to have a say in how the service was run. While the CEO had a comprehensive oversight of the service and demonstrated an in-depth knowledge of people's and carers' support needs they said they saw themselves as a leader not a manager. They said no one member of staff alone should be making decisions that affect people, carers and staff. As a result, the registered managers

and care co-ordinators had been provided with additional training to support their decision making, management skills and coaching of others. The CEO said they were proud of what they and the staff had achieved working together: they felt the service was stronger and there was a passion and dedication within the staff team to achieving success and providing an excellent service to people and carers.
• Decision making was shared between all those within the management team and taken in the best interests of people, carers, staff and the continued success and development of the service. The changes made to the way the service was run was described by one care co-ordinator as "tremendous". Another said they were listened to and knew they were valued, they said, "Everyone has a voice. We are trying to be the best we possibly can."
• The service had gained a quality assurance accredited award for the way in which it reviewed the quality of the care and support provided and how staff were supported. The service had a clear vison of its future development and had identified strategic objectives to achieve this. Weekly management meetings reviewed these to ensure they remained current, relevant and achievable.
• The service's success had resulted in it being asked to support another Shared Lives service as well as supporting a delegation from Poland who wish to introduce a similar service there.
• The service had developed a comprehensive computer system and data base which provided all staff, regardless of which office they worked from, access to important information about each person and carer. This meant any one of the care co-ordinators would be able to support people and carers when they contacted the office. This information was also invaluable to the out of hours on-call support system, which the registered managers and care co-ordinations shared to ensure someone from the service was available for guidance and advice over weekends and bank holidays. Each person and carer had been provided with photographs of all the care co-ordinators and administrative staff to enable them to know who they were speaking with and to recognise staff when they visited the offices.
• The registered managers and the care co-ordinators all understood their responsibility to inform CQC of important events that effect people's safety and well-being.

Engaging and involving people using the service, the public and staff:

• Without exception we received very positive feedback about how the service engages with people, carers and staff. Meetings, telephone contact, support groups and involvement in the running of the service all ensured people and carers' feedback and voices were sought and listened to. Carers told us the service was "great", "really good" and "brilliant": one said, "I can't speak highly enough of the staff" and another, "10 out of 10 with everything they do." One registered manager said it was, "Empowering for all to be involved in the running of the service."
• People were involved in the assessments for potential carers and risk assessing their homes for suitability, and they received payment for their time. People interviewed staff and contributed to staff and carer training. Their views were sought about what questions to ask in the feedback questionnaires and we saw these had been changed as a result. People and staff were invited to attend board meetings and the service's board of trustees were involved in meeting carers and visiting people at home.
• The culture, values and vison of the service was totally focused on people's success and achievements, as well as developing staff potential. One registered manager said, "We have skilled and amazing people within the organisation."
• The service was a 'Mindful Employer' which meant they had committed to a charter of principles to protect staff's mental health and used these principles in their day to day contact with people and carers. One care co-ordinator said, "The awareness of protecting staff and carers mental health has strengthened our relationships with each other." Another said, "Overall I feel that it is an exceptional charity, which can only keep improving as all here constantly strive to achieve the very best for all involved."

Working in partnership with others:

• The service worked closely with the local authorities, who commission services, as well as healthcare professionals such as occupational therapists, to review and monitor people's well-being and the success of their placements. We received positive feedback from health and social care professionals involved in people's care. We were told the service communicated well.
• Action for Shared Lives is the service's engagement support group which people were invited to contribute to. People planned social events as well as learning and support meetings. Whether people chose to engage with the group or not, people were invited to get involved in the service. For example, one person assisted with the administration in the office, while others preferred to engage with potential carer assessments and training.