

# North Tyneside Metropolitan Borough Council

## North Tyneside Shared Lives

### Inspection report

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21 June 2018

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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

Shared Lives North Tyneside recruits, trains and supports Shared Lives North Tyneside carers. We refer to Shared Lives North Tyneside carers as 'carers' throughout this report. A carer is an individual who provides personal care together with accommodation in their own home. This enables people to live as independently as possible. Carers are self-employed and, dependant on an assessment up to three people live with them at any one time. The scheme supports people aged over 18 and supports people who have a learning disability and/or autism.

North Tyneside Shared Lives provides three main services: long term accommodation, short breaks and emergency accommodation, care and support which is provided at short notice and usually in the event of an illness or family crisis.

Shared Lives North Tyneside 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.

The service moved address following our last inspection in December 2015 when we rated it good overall. This inspection is our first inspection of the location at the new registered address.

This inspection took place on 14 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed someone to be at the office. We completed two further announced days of inspection on 19 and 21 June 2018 which included visits to peoples' homes.

The service had a registered manager. 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 culture was extremely person centred. Staff focused on ensuring people were supported to be the key decision maker in their lives. Their views were encouraged and respected and they were supported to be in control of their lives. People were treated as one of the family by their carers and were encouraged to have open and honest relationships with the staff, their carers and their families.

Staff worked with people and shared lives carers to get to know their personalities, histories, needs and preferences. This information was used to match people and carers which meant there was a high degree of success in placements.

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

appropriate, and relevant, capacity assessments had been completed and best interest decisions documented.

Medicines were managed safely and people were supported with any health and dietary needs.

The registered manager demonstrated a clear passion for ensuring people received support that was person-centred. This vision was shared by the staff and carers alike. People knew they had a voice in their life and we observed people to be confident in sharing their thoughts and feelings.

Technology was used to support people to develop their independence and take positive risks, such as spending time at home on their own. Risk assessments were in place which people, and their carers, had been involved in.

Enablement plans were developed with the person and their carers. People made changes to the plans as they wished to and these were then discussed during monitoring visits with the paid staff. Monitoring visits were used to support the person and their carer and to assess the quality of the service provided.

Feedback was sought regularly as a way to improve the service, and for short breaks people completed surveys about their stay after each visit.

Safeguarding procedures were in place, and staff and carers knew how to protect people from harm. Easy read leaflets had been developed to support people's understanding of internet safety, hate and mate crime. Hate crime is when someone does something to hurt someone because of their race, sexuality or disability. Mate crime is when someone pretends to be a person's friend then commits a crime against them or takes advantage of them.

Complaints, accidents and incidents were investigated in a timely manner. Outcomes were shared and changes to the service were made in response to concerns. For example, the introduction of a health questionnaire for people having short breaks.

Staff and carers attended relevant training and told us they were very well supported. There were regular team meetings for the staff and support groups were arranged for the carers and the people supported.

Innovative ways of promoting the service to recruit additional carers had been developed. This included a YouTube video which included a shared lives carer and the people who lived with them. Consent had been sought and everyone involved shared their experiences of North Tyneside Shared Lives.

## 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 felt safe and were supported to take positive risks so they had a fulfilled life.

Recruitment of shared lives carers was thorough and robust. There had been no new paid staff recruited since the last inspection.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions where possible and mental capacity assessments and best interest decision were made when appropriate to do so.

Staff and shared lives carers said they were well supported and attended appropriate training.

People were supported to manage their health care needs, including being supported with a healthy, well balanced diet.

### Is the service caring?

Outstanding ☆

The service was caring.

There was a strong person-centred culture. People were valued and respected and had control of their lives.

People told us they were well cared for and treated as part of the family.

There was a comprehensive understanding of people's needs and people were at the heart of the decision making if they had to move between services.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care which met their needs and supported them to maintain, and develop their skills and independence.

People were in control of how they spent their time and chose to take part in the activities they enjoyed.

Complaints were well managed and people knew how to complain but said they had no reason to.

### **Is the service well-led?**

The service was well-led.

There was a person centred culture and everyone worked together to ensure open and transparent communication.

Quality monitoring was effective and was driven by a focus on supporting improvements.

Feedback was sought from people and their carers in order to drive change.

**Good** ●

# North Tyneside Shared Lives

## **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 14 June 2018 and was announced. We gave the registered manager 48 hours notice as we needed to be sure someone was available to support the inspection. We visited shared lives carers and the people they supported on 19 and 21 June 2018. These visits were also announced.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, the safeguarding adult's team and members of the Shared Lives Panel.

During the inspection we spoke with five people who used the shared lives scheme and five shared lives carers. We spoke with the registered manager and the two shared lives workers.

We looked at five people's enablement plans and care records, and four people's medicine records. We looked at supervision and training information and records relating to the management of the service. People were able to share their views of the service with us so we did not use the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living with their carers. One person said, "Yes, I feel safe, they are nice people and look after me well." Everyone else agreed that they felt safe, comments included, "I feel safe," and, "Yes I'm safe, it's home."

A member of the Shared Lives Panel said, "Safeguarding is at the forefront of thinking within the service." Safeguarding concerns were notified appropriately to the local safeguarding team and to the Commission. They were investigated appropriately and the service worked alongside other agencies to ensure any future risks were minimised. This included reminding shared lives carers of their responsibilities to report any concerns.

An electronic system was used to log any concerns, including safeguarding, accidents and incidents. This system automatically flagged if there was a second similar incident. For example, the system had flagged when one person had a second fall. They were referred to the orthotics team, who provide specialist footwear, and it was assessed that the person needed some support in their shoes.

Lessons had been learnt and action taken to improve the service when necessary. For example, when a shared lives carer had raised a concern in relation to a short break they had supported a person with. Following this concern, a health questionnaire had been introduced so families needed to share current information on the persons health and GP involvement.

It was very important to the staff team that people were supported to take positive risks if they chose to do so. A staff member said, "It's about normal life, we all take risks, so we work to minimise those risks and support people in as safe a way as possible." Information leaflets on explaining positive risk taking and how it was managed had been developed by the service for the people supported. It explained that risk was individual to each person so some initial work may be needed before the person could engage in the activity they wanted to do. For example, if someone wanted to spend time alone at home they may need support to learn what to do in an emergency. Risk assessments were in place which were clearly directed at supporting people to do what they wanted to whilst minimising any risks.

Staff explained, "There are no barriers, we assess safety and risk assess but we take positive risks." They explained some of the technology used to enable people to take risks whilst remaining safe. This included mobile phones which easily identified four key people to ring if support was needed and did not allow internet access. Vibration devices to alert people to fire alarms activating had also been introduced where appropriate.

Some people were supported by their shared lives carer to manage their medicines. One person told us, "I take them on time, [carer] writes it down when I've taken them." Medicine administration records (MARs) were completed appropriately and if people took any 'as required' medicines for pain or distress the reason and time of administration was documented. We were told about one carer who had identified that some as and when required medicines were having a detrimental effect on the person. This led to them being



offered additional support from the paid staff. They also contacted the prescribing consultant and were able to have an open and honest conversation with them, and the person, about their observations and thoughts. Together a plan was put in place which led to a change in medicine, and a change in approach to supporting the person which everyone was happy with. This followed the principles of the NHS England STOMP campaign (Stopping Over Medicating of People with a learning disability and/or autism).

If people were staying with a carer for a short break stock checks were completed at the beginning and end of the stay to ensure medicines had been administered safely and appropriately. Paid staff monitored the administration and recording of medicines to make sure it was safe.

People told us how they cleaned their rooms and did their laundry. We saw rooms were clean and tidy whilst also being homely and reflecting people's personalities. Training was provided for paid staff and carers in relation to food hygiene and infection control.

North Tyneside Shared lives had two paid staff in addition to the registered manager. This had reduced from three paid staff. The registered manager had completed a risk assessment developed a contingency plan to ensure the support offered to shared lives carers could continue if there was sickness or staff shortages. New ways of working had been introduced to minimise the impact on people and carers. For example, involving external professionals in health and safety assessments and medicine observations. Progress with flexible working had also led to efficiency, prioritisation and increased organisation with no increased risk to people.

No new paid staff had been recruited since the service had been inspected at its last registered address. Carer recruitment was an ongoing process and included a full assessment, including references and disclosure and barring service checks (DBS) which were renewed every three years for both staff and carers. DBS checks are used to check whether people applying to support vulnerable adults and children have any criminal convictions. In this way it supports employers to make safer recruitment decisions.

A thorough and robust process was in place for the assessment of any prospective shared lives carers. The assessment took place over a four-month period and included an application form and assessment which looked at prospective carer's experience, skills, knowledge, community involvement and relationships, accommodation and locality. Prospective carers reflected on their life experience and how this would enable them to support someone in a shared lives setting, it included understanding of prejudice and discrimination and how to appropriately challenge. The process involved regular meetings with the registered manager to ensure there was mutual understanding of roles and responsibilities, preferences and any areas where support may be needed. Shared lives carers were involved in the assessment of new carers by way of supporting with assessments. The registered manager said, "They are honest about what it's like." This meant prospective carers had the opportunity to meet with existing carers and discuss the reality of being a shared lives carer.

Completed assessments were presented to a shared lives panel made of healthcare professionals, shared lives managers and experts by experience. The panel made the final decision on the approval of shared lives carers.

## Is the service effective?

### Our findings

We spoke with the registered manager about how people's needs and choices were assessed. They said, "We are really person centred. People are matched correctly which is the key to a positive placement. We look at the person, their family and their needs." They explained that referrals were made via the care manager who provided a support plan and a health and wellbeing plan. The registered manager then completed an assessment and worked to match people with shared lives carers. They said, "It's really important the shared lives carers know the needs of people they want to support, for example, their age, any preferences to provide personal care or not, whether they will support males or females, or both."

A pen picture was developed and the registered manager then spoke with the person and the family. If everyone was in agreement at this stage a meeting for a chat and a cup of tea would be arranged. If this went well, following a review a further visit would be arranged to gradually build up contact. The registered manager was very clear that there was no obligation on either person to proceed with the arrangement, until both parties were comfortable to do so. In this way the shared lives staff were maximising the success of placements.

During the inspection we observed arrangements being made for an emergency placement. We noted information was shared in a professional and honest manner. Enough information was shared so the carer could make an informed decision whilst respecting the persons confidentiality. No pressure was placed on the shared lives carer to proceed with the placement and they were offered time and support to make the decision. The registered manager said, "Some emergency placements are so successful and people are so happy that they become long term arrangements."

Shared lives carers had regular monitoring visits from the paid staff which included discussions around the support needs of the person as well as any support needed by the carer. It was explained that the approach to frequency of visits was flexible dependant on the situation and the needs of the person. Staff said, "Reassurances are offered, there are no stupid questions, we recognise the carer and the person may be isolated and feeling vulnerable so we offer as much support as possible." It was added that contact was face to face, but support was also offered via email and/or text. They added, "Help is at the end of the phone and it's important for people to know it's there." A carer said, "I am always well supported by the team, they are approachable and down to earth."

Paid staff attended regular supervision meetings and annual appraisals were completed and discussed regularly. One staff member said, "I'm fully supported, [registered manager] is always available, we have regular supervision but if there's any issue either personal or at work they will help and work through it." They added, "The team is so supportive of one another, we get on well." Everyone we spoke with was complimentary of the support received.

Training was provided for both the paid staff and the carers. It included training deemed to be mandatory by the provider, for example, safeguarding, infection control, mental capacity, medicines and first aid. It was explained that training could be specific to the person's individual needs if required. Paid staff were

available to support people while their carer attended training if support was needed.

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 so that they can 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.

People currently supported had the capacity to make day to day decisions and were encouraged and supported to be active decision makers. Where people needed support with decision making, for example for holidays, or changes in shared lives living arrangements mental capacity assessments were completed. Where it was assessed that people lacked capacity best interest decisions were made with the involvement of the person and appropriate others. In some instances, advocacy support was sought so an independent person could share the views of the person.

A carer said, "We record how decisions are made, and if [person] had decided to do something and we hadn't done it we write down why and what happened." One person told us, "It's my life and I make my decisions."

None of the people currently living with carers had any specialised dietary needs. People were supported to maintain a healthy balanced diet and carers were aware that referrals should be made to healthcare professionals if people's dietary needs changed. People's comments about meals, included, "[Carer] is a great cook!" "We make things together," "We always get a choice," and "We help with the veg chopping on a Sunday."

Enablement plans included information on people's health care needs. One carer said, "I'm aware of [person's] health needs and contact the GP or the district nurse when I need to." Another told us, "I support with healthcare appointments and GP if needed." We saw contact was documented and the carers kept the paid staff up to date with any changes in people's health care needs or medicines.

If people had short breaks with their carer, relevant information was shared and handover to ensure consistency in the person's care.

All of the people we met were very proud of their homes and some showed us their rooms. People's rooms were personal to them and reflected their personalities and interests. One person very proudly said, "Everything in my room is mine, it all belongs to me!" A carer explained that one person liked to collect DVDs, CDs and tapes, they said, "They designed their room around storage of all their DVDs, they are their pride and joy!" Another person had been involved in a recent house move and had been involved in all the decisions in relation to their room, such as the flooring, the décor and the furniture.

## Is the service caring?

### Our findings

Everyone we spoke with, without exception, told us North Tyneside Shared Lives was an exceptional service. The people who lived with shared lives carers, on either a long term, short term or emergency basis were accepted as one of the family. One person said, "It's my home, it's where I live so I have control." Another person told us, "It's my home. [Carer] is very kind to me, they do all the cooking!" A shared lives carer said, "They are my family, they come everywhere with me and are accepted as part of my family." Another carer said, "It's like living with a sister, my kids have never known anything different." A third one said, "It's lovely. I can see the difference I make to people. It's turned people's lives around socially, nutritionally, [person] is a totally different person. [Person] came as an emergency placement and stayed they fitted in, definitely part of the family." Another carer told us, "We have such a good relationship together, [person] is part of the family. Sometimes they stay with [family member] and it's an empty house without them."

One person said, "[Carers] are nice people, look after me well." We heard many people explain how their lives had changed since they lived with, or stayed with a shared lives carer. Some people had voluntary work and jobs, other people had fulfilled dreams of holidays abroad and others were proud of being able to spend time alone. One person said, "I spend time on my own at home and have a phone so I can ring [carer]." A staff member said, "We are emotional and passionate about what we do, we care about people and do our best to find the right support." They added, "It's lovely to see the change in people's lives. People have blossomed, one person said to me, '[Carer] is like family to me.'" Staff also said, "The carers are all very caring and compassionate. It enhances the lives of the carer as well, they are all very different people and you can see the passion in promoting people's independence, being person centred, and enhancing peoples' lives."

People's privacy was respected as they had their own rooms and it was clear this was their space to do with as they wished. One person said, "This is my room and everything in it belongs to me, it's mine." People were treated as adults and encouraged to lead independent lives, making their own decisions and being supported to take positive risks, have new experiences and develop their skills.

The registered manager and the staff team were committed to ensuring people were at the heart of the services. People were matched with the carers, based on their likes, personality and support needs. One carer said, "It's unique, it's set apart from other services, completely tailored. The matching process is important, it's crucial to make it work. It's a two-way partnership which is really important. We have equal value in each other's skills and knowledge. The staff do a sterling job." The staff were equally complimentary of the role of the carers in people's lives. The registered manager said, "We have empathy for the carers, it's a massive commitment. We will bend over backwards for people and we are happy to do that." A staff member said, "We will go out of the way to support carers and clients, we work around people's routines to reduce anxiety and adjust how we work to accommodate others." Another staff member said, "It's about making a difference to people's lives, promoting independence, confidence buildings, activities and interests. One person we support loves flower arranging and they actually lead a group showing them how to do the displays, their life has completely changed. Their personality has come through, they have a fulfilled life and beam with happiness!"

We met people who had lived with their shared lives carers for over 20 years when their carers retired. People were involved in the decision about where they would like to live next and people chose to live with their respite shared lives carers where this was possible. This meant people were supported in a continuous way with people they knew well who could support them through the transition of moving home. A staff member said, "They are supported to keep in touch with their previous carers as they are a family unit. It's so important those relationships aren't lost." As well as keeping in touch with previous shared lives carers, if people chose to do so they were supported to keep in touch with other people they had lived with. One person told us, "[Person] is very important. I lived with [person] and still see them."

The registered manager said, "Family contact is maintained, it's the clients home so family can visit anytime." They added, "We try to support families to remain involved and support the relationship." We saw enablement plans included contact with family and friends and the forming of new relationships and friendships. The registered manager said, "Service users are included in everything we do, it's 100% person centred in terms of care and documentation. People own it." They added, "It's important everyone feel's valued, we work with carers to understand they are sharing their home and their live with the person. This is done through the assessment process so people understand their roles and responsibility. Carers go over and beyond their roles and responsibilities." For example, people were supported with making their dreams come true such as visiting Graceland in America, another person had played an active role in their carers home renovations.

Emergency placements were also offered. This meant that at times, people moved in with a shared lives carer on the same day. The registered manager said, "We have had success as we know the carers well so we know who they can support."

A member of the Shared Lives Panel told us, "I feel that from my experience and direct observations, the North Tyneside Shared Lives service is very responsive and caring towards the needs and wishes of the individuals whether that be vulnerable adults that require levels of care, support and accommodation, or Shared Lives carers as well as all professionals involved."

Support groups were organised by the paid staff for the carers. The format of these had been reviewed to make them more relaxed and informal to encourage carers to attend. The next one was planned as an afternoon tea event for carers and the people supported. There was to be lots of information available, including information on safeguarding and nutrition and hydration. Previous events had included goody bags which contained relevant information. The registered manager said, "Clients like that as the information is appropriate to them." One carer said, "I always try to go. It's a way for carers to share experiences with each other, and get up to date with any changes. We've had information on discrimination and bullying and how we should deal with it."

Some Cognitive Analytic Therapy (CAT) sessions had been led with a psychologist and some carers. The aim was to support the carers to talk about what they do and enabling them to see the difference they have on people's lives. The registered manager explained how these sessions had supported carers to see the positive impact they had on people's lives. They said, "It was very emotional and draining but it was very useful." They explained they hoped to run this again for a different group of carers.

Compliments and thankyou cards had been received and comments included, "You've been an A1 service, I couldn't fault it," and "I can never fault my shared lives team, thanks you for the help encouragement and such a caring attitude." Compliments had also been received from the commissioners of the service in response to an interactive safeguarding game the team had developed to increase people's understanding of how to keep themselves safe.

## Is the service responsive?

### Our findings

People and their carers were able to tell us how person-centred care was provided which met people's needs. People and carers were involved in the development and review of care plans, known as enablement plans.

All the people we spoke with knew about their enablement plan and had been involved in its development. One person and their carer explained that they had gone through the plan and had changed it as the person wanted to spend time on their own in the house. The person told us, "It's important to stay on my own, I feel safe in the house and have a phone to use in emergency." A carer told us, "It's a two-way process and we are involved but it's [persons] plan."

Information included what was important to the person, such as living with their carers, family contact, music, their job and holidays. What people liked and admired about the person and how best to support them was also included. Routines were documented in relation to how to keep people safe which were supported by the enablement plans. People had goals which included anything from quad biking to holidays to daily tasks in the kitchen. We heard how one person was particularly proud of their new skills. One person said, "I now do my own washing and ironing." People were central to their enablement plans and goals.

Regular monitoring meetings were held during which the enablement plans were reviewed. One carer explained how the persons plan was forever changing. They said, "[Person] changes their mind all the time, they are really happy and do what they want to do." They added, "You can see how proud [person] is of their achievements!"

Annual reviews were also held which included feedback from people and their shared lives carers. Discussions included peoples social, emotional and cultural needs, their health, holidays and activities. There were also discussions around choice and decision making, prejudice and discrimination, friendships and learning.

People told us they chose how they spent their time and were supported with making decisions about what they wanted to do. One person said, "I do whatever I want. I always plan what to do next with [carer]." People were encouraged and supported to travel using public transport and some people were travelling independently of their carers to their work or day activities. One person told us, "I enjoy going out for meals, and watching musicals. I've been to Blackpool with [carer]." Another person said, "I do gardening, bowling, nights out, I go to the disco, I like art and music and going out for Sunday dinner."

Complaints, concerns and compliments were logged and responded to in a timely manner. Any concerns received were responded to almost immediately. The registered manager was very proactive in meeting with the complainant, investigating their concerns and feeding back on any action taken.

Everyone we spoke to said they knew how to raise a complaint or a concern but had no reason to do so. One

carer said, "I would raise it if I felt concerned, I feel able to ring up if I'm not sure about things."

The registered manager explained how they had developed accessible information leaflets for people in relation to the cycle of life and what happens when a person dies and funeral planning. Information was easy to read, honest and pictorial to support people's understanding and decision making. The registered manager explained, "We would support people with dignity to remain at home if that's what they wanted and ensure all the appropriate equipment was in place for people." They added, "Some people are looking into funeral plans and getting prices. If it's already organised it relieves some of the stress for the carers at a difficult time."

## Is the service well-led?

### Our findings

Everyone worked together and had a shared vision which put people at the centre of their care and supported them to have control of their lives. The service was inclusive and encouraged people, their carers and the paid staff to have a voice about how the service was managed.

Following a recent reduction in paid staff new ways of working had been introduced. A traffic light system had been introduced for monitoring visits determined by the number of people supported, their support needs and the experience and approach of the carer. The registered manager said, "This is a guide only and there is regular contact in between visits.

Quality monitoring visits were completed regularly which included conversations with people and their carers about how things had been, what goals had been achieved, if there were any concerns and so forth. People also met with the paid staff without their carer present in case there was anything they wanted to raise without the carer being there. Documentation and medicine records were reviewed during these visits, and if needed enablement plans were updated to reflect any changes to people's needs. One carer said, "Quality checks are done regularly, there are no concerns." Another told us, "It's outstanding! I've never been shy to come forward with anything, it's easy to speak to them. They take on board what you say and what you need. [Name] is a very good manager, very, very good. Always there for me so I can then support [person] 100%." We were also told, "The job wouldn't be what it is without the team, everything gets sorted, I couldn't fault them, they are all brilliant. I don't think it would run as it does with other people (managing it)."

Feedback was sought after each person's short break with a shared lives carer. Questionnaires were pictorial and sent to the person supported. Feedback sought included whether people enjoyed their stay, if there were any problems and if they would like to go again. Feedback seen was very positive and people were always keen to stay with their carer again. We spoke with one person who was on a short break and they explained that they always tried to plan their next stay whilst with their carer.

The registered manager was currently collating information received in relation to quality assurance questionnaires that had been sent to people, their carers, their families and care managers.

We asked everyone we spoke with whether they thought any improvements were needed or if anything needed to change. No one raised anything with us. One staff member said, "We changed the home monitoring report. We are always suggesting improvements and we discuss them as a team. We share ideas and bounce ideas around. [Registered manager] is open to improvements and changes."

The registered manager explained how effective communication was vital. Regular shared lives staff meetings were held where updates were given in relation to the shared lives carers and the people they supported. The registered manager said, "Communication is effective amongst the team. Each carer has a link worker but we all know each other so we can all offer appropriate support." In addition, the registered manager attended regional meetings with other managers of shared lives services and they also attended



meetings held by North Tyneside Council. A member of the Shared Lives Panel said, "The Registered Manager strives towards ensuring that the service is well led and effective, examples of this relate to positive channels of communication within his team and between Shared Lives carers, consultation sessions involving vulnerable adults and carers, positive working relations between care management teams and commissioners, regular reviews of the provision etc."

Accessible leaflets and information had been developed and produced by the Shared Lives staff in order to support people's understanding of areas such as safeguarding, internet safety, hate crime and mate crime. Hate crime involves people targeting others based on their race, sexuality or disability and mate crime is where a person is befriended for the purpose of taking advantage of them and committing a crime against them. An interactive safeguarding game had also been developed by the team as well as a snakes and ladders game around the role of a shared lives carer. Positive feedback had been received about these innovations and were mentioned to us by the shared lives carers we spoke with.

It was explained by the paid staff that one of the biggest challenges was recruiting new carers. The registered manager said, "Recruitment is a big challenge as it's a big ask. We are awareness raising as very little is known about shared lives. We are growing but some carers are also retiring." Innovative ways were used to advertise shared lives to prospective carers including a BBC radio Newcastle interview and a YouTube video made with one of the shared lives carers and two of the people they cared for. The video gave an open and honest perspective of shared lives from the point of view of the carer and, with consent, involved the people who lived with them, it was very emotive and moving. The video can be seen at <https://www.youtube.com/watch?v=HNYr1eIxllE>.

The registered manager said, "We focus on what we do best which is supporting people who have a learning disability on a long term, short term and emergency basis, so we don't compromise people's safety or support." They added, "Our role is to support the carer and the person to have a good life and feel safe and supported. We are incredibly flexible to support people. We put the client first and what's convenient and suitable to them." A paid staff member said, "We want everyone's experience to be as positive as possible be it the person, the carer or their family so we accommodate their needs as much as possible."

Paid staff had also had involvement by way of a short-term placement with the assistive technology team. This had developed their understanding and appreciation of how to support people to develop skills and independence through the use of technology. These links had also been used to introduce assistive technology to support people to develop their independence skills and remain safe, for example the introduction of specific mobile phones and technology to alert people in the event of an alarm sounding.

Links had also been established with the 'Care Call' team and the NVQ assessor for the Care Call team were involved in completing medicines assessments and health and safety checks. The registered manager said, "This gives a fresh set of eyes as is completed on an annual basis by an independent assessor." This also meant the shared lives staff had more time to focus on recruitment and quality assurance.

All the shared lives carers were members of Shared Lives Plus a national organisation that promotes and high standards of practice for shared lives services. It offers advice, support and training and is a national forum for identifying areas of concerns and developing national policies to address them. Shared Lives Plus members also benefit from public liability insurance.