

North Somerset Council

North Somerset Council's Adult Placement Scheme - Shared Lives

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: North Somerset Council's Adult Placement Scheme is a service that recruits, trains and supports self-employed Shared Lives Carers (SLCs) who provide long term placements, short breaks or day care support for vulnerable adults within their own family homes in the community. The service supports people with learning disabilities and/or autism.

Shared Lives schemes offer an alternative to both residential and more traditional care at home services for people who need personal care and support with their day to day lives. The Care Quality Commission (CQC) regulates the provision of personal care for people who use the service.

Not everyone using this shared life service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'. This includes help with tasks related to personal hygiene and eating. In these circumstances we also take into account any wider social care provided. At this inspection, there were 56 shared lives schemes in operation supporting a total of 89 people of which 35 people were receiving support with personal care.

People's experience of using this service:

People received care that was safe, effective, caring and very responsive. People were matched with a shared lives carer that had similar interests. People were very much part of their shared lives family, with good links with their local community and extended families.

People were very much involved in decisions about their care and support and treated as equals. People were at the centre of the planning of their care including choosing who they wanted to live with. People were encouraged to be independent and live the life they wanted. People spoke extremely positively about their individual living arrangements and the skills they had developed.

There were many examples of how responsive the service was from supporting families in the event of an emergency, to people learning and developing new skills. Some people had moved to more independent living in their own flat. It was evident people and their shared lives carers had developed positive and caring relationships,

The service was well led, had clear leadership with supportive networks for the staff, the people and the shared lives carers. Systems were in place to check the quality of the services, which included seeking the views of people, relatives, the shared lives carers and health and social care professionals. Staff were passionate about getting the services right for people.

Rating at last inspection: Good (report published February 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the

service continued to meet the characteristics of Good.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

North Somerset Council's Adult Placement Scheme - Shared Lives

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

This service provides care and support to people living in shared lives households, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for shared lives; this inspection looked at people's personal care and support.

The shared lives scheme recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was supported by a deputy manager and six care coordinators.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 14 August 2019 and ended on 21 August 2019. We visited the office location on 14, 15 and 21 August 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We visited people in their homes on the 14 and 15 August 2019 with their consent.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted six professionals who had knowledge and experience of the service by email to seek their views of which we received five responses. You can see what they told us in the main body of the report.

During the inspection

During the inspection we observed how shared lives carers interacted with people. We visited five people whilst in their homes and spoke to six shared lives carers in person. We spoke on the telephone with three relatives and a further two shared carers about their experiences of the service.

We looked at records, which included five people's care and medicines records. We checked recruitment, training and supervision records. We looked at a range of records about how the service was managed. We also spoke with the registered manager, the deputy manager and the five care co-ordinators.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was very safe and they had no concerns. One person said, "I am very happy. We are a family". Another person said, "I feel safe now". They told us they had moved from a care home to a shared lives scheme and it was much better because of the carers that helped and supported them. A relative said, "We have had no concerns, X (name of person) is very safe, it is like an extended family".
- Staff and shared lives carers were aware how to report, raise and escalate any safeguarding concerns. One shared lives carer told us, "Any safeguarding concerns we would discuss with the office (shared lives scheme staff), contact the police or go directly to safeguarding". One shared lives carer said they had asked and completed an advanced safeguarding course to enable them to support one particular individual. It was evident they had worked closely with the care co-ordinator, the social worker and other health professionals to keep the person safe. They said this had been very beneficial to know how to respond and what to document when discussions were had.
- There were safeguarding and whistle blowing policies in place.

Assessing risk, safety monitoring and management

- There were systems in place to assess and monitor risks. One shared lives carer told us they only had to contact the office if they were concerned, and someone would respond straight away.
- Positive risk taking was encouraged to help people learn new skills or enjoy experiences such as independent travel. We were told about how people had learnt to budget, cook, experience driving a car and going out independently. This was done within a risk assessment framework enabling the person to do this safely.
- Shared lives carers had completed training in health and safety. Comprehensive risks were in place to ensure their homes were safe. This was kept under review and discussed during the three monthly monitoring visits. Some people were able to spend time alone in their home because it was safe to do so.

Staffing and recruitment

- The provider followed safe recruitment practices. Recruitment records showed relevant checks had been completed before shared lives carers worked with people. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- The scheme's staff carried out a thorough assessment of the shared lives carers over a number of visits to ensure they were suitable. These assessments were reviewed at a panel meeting of social care professionals

to check on the thoroughness of the assessment and approve the carer.

- Shared lives carers were self-employed and therefore not directly employed by the scheme. However, they were expected to adhere to a contract, policies, procedures and attend training. The service could place restrictions on shared lives carers or de-register them if it was deemed necessary to protect people.
- People's support was planned based on their assessed needs in conjunction with the placing social worker. Where people received short break services relatives told us the service was flexible and met their needs.

Using medicines safely

- People's individual medication administration records (MAR) were completed on a daily basis by shared lives carers. These were then checked by the care co-ordinators during 'monitoring reviews'.
- All shared lives carers received regular training on the administration of medicines. Specialist training from health professionals was also given when required for example, when supporting people with their rescue medication for the management of epilepsy.

Preventing and controlling infection

- Shared lives carers received training on infection control and food hygiene.

Learning lessons when things go wrong

- Shared lives carers told us that any incidents or accidents had to be reported to the main office. These were then followed up by a care co-ordinator to ensure appropriate action had been taken. Where risks were identified these were explored and actions taken to reduce further risks. For example, a placement was suspended whilst handrails were put up to assist people down the stairs along with looking at the individual risks to the person.
- The registered manager reviewed all accidents to look for any themes. These were then discussed at team meetings to ensure any learning was shared. These themes were then explored during monitoring visits or shared lives carer meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment process involved assessing the suitability of the shared lives carer and the suitability of the person to be placed. Once both had been assessed, there was a thorough matching process in place.
- Introductory visits were arranged to enable people and the shared lives carer to choose if they wished to go ahead with the match. Shared lives carers told us they thought the matching process and visits had worked well enabling them to get to know the person and the person to get to know them.
- A shared lives carer told us that the process of assessment and matching had improved as what was sometimes written on paper was not a true reflection of the person. The registered manager told us they had changed the process to ensure the assessment was more thorough and included the scheme's staff getting to know the people they were placing.

Staff support: induction, training, skills and experience

- Shared lives carers and the scheme's staff received a comprehensive induction and appropriate training to enable them to support people effectively. This included health and safety, mental capacity, autism awareness and safeguarding training. Comments included, "They (office staff) tell me when my training is due and arrange the courses", and "I have asked for additional training and this was provided".
- The scheme's staff received regular supervision and an annual appraisal from either the registered or deputy manager. Staff said they felt well supported in their roles and worked extremely well as a team.
- The scheme's staff had regular contact with the shared lives carers and training was a topic of conversation during the three monthly reviews. A shared lives carer told us they wanted more training on catheter care and was hoping this was going to be arranged with the district nurse. The registered manager confirmed this was already in progress.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed in relation to eating and drinking. This included any risks or diets needed to ensure good health. Other professionals were involved such as the person's GP or the speech and language team.
- People told us they ate their meals with their shared life carers, enjoyed going out for meals and having takeout's. A shared lives carer who provided short breaks said they supported a person on a slimming world diet and worked closely with the person and their family to ensure it was followed.
- One person told us they had previously lived off microwave food, but now it was all freshly cooked.

Staff working with other agencies to provide consistent, effective, timely care

- The office staff spoke positively about the links with the community learning disability team, district nurses and social care professionals. This was because they all worked in the same building and enabled swift referrals to be made or advice sought.
- The registered manager had recently organised a meeting with a nurse responsible for assisting people with a learning disability when in the hospital setting. The shared life carers were able to gain insight into her role and share with her some of the difficulties they were experiencing.
- It was acknowledged that the role of the shared lives carer was not always recognised when a person was admitted into hospital. The nurse clearly explained that adjustments could be made for example visiting out of hours or staying with the person. One example was where the hospital staff did not want the hospital shared life person present. Although they had contacted the hospital before the visit. Carers now had the contact for this health care professional and their equivalent in other hospitals when concerns arose.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals when they needed it. Clear records were kept of any health care appointments and follow up treatment. The scheme's staff kept this under review when they visited.
- Shared lives carers where relevant were responsible to support people to attend health care appointments when needed. The scheme's staff could advise and support where required. Shared lives carers told us they had good links with family and where relevant would involve them.
- A health professional told us, "They (the scheme staff) are proactive in referring people to our health team if a need is identified. Communication has always been good when liaising with them, and it is evident that they are person centred. I am not personally aware of any negative issues with the service".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had liaised with the team within the council responsible for completing the applications to the Court of Protection. Where these had been authorised, these were monitored to ensure people were not being deprived of their liberty unlawfully.
- Shared lives carers and the scheme's staff had completed training on the mental capacity act. They were aware of the principles of the act and applied this in practice. Where people lacked the capacity, decisions were made in their best interest involving relatives, the shared lives carer, staff working for the scheme and health and social care professionals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were very happy with the care and support. One person said, "It is much better than living in X (care home). It is like a big family". Another person told us they liked their shared lives carers and had moved in when their father had died. He told us, "I like X and X (shared carers)." It was evident both people enjoyed and benefitted from living as part of a family.
- The scheme's philosophy is one where the person lives alongside their shared lives family as an equal. People told us they lived in a family home and were very much part of the lifestyle including going to weddings, holidays and various other activities. Part of the matching process was to ensure other family members living in the home were comfortable. This was kept under review to ensure all parties were happy with the living arrangements.
- A health care professional told us, "Most of the carers within the service are caring, appropriately supportive and offer a home from home experience to our service users with learning disabilities". They told us that where this was not happening the registered manager was liaising with all the relevant parties to protect the vulnerable adult.
- Relatives confirmed they could keep in touch with their family member. A relative said, "Going very well, X (name of person) is really happy and likes living with X (name of shared carer)", another said, "Cannot fault the service, X is part of the family and enjoys staying with X (name of shared carer)", and "X really looks forward to staying for weekends".
- Care coordinators and the registered manager spoke very highly about the shared lives carers and their dedication to provide compassionate care. Often going the extra mile such as helping families in an emergency such as hospital admissions or when a parent was not well. It was evident the shared lives carers worked in partnership with the person, their relatives and the scheme.

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

- People were involved in reviews of their care enabling them to be fully involved in how they wanted to be supported and live their lives. Their views were also sought through an annual survey. Scheme staff said they always had an opportunity to speak with people on their own to ensure they were happy with their care and support.
- People were given information about the service in the form of a service user guide. Easy read information was shared with people about the shared lives scheme before they visited. This included pictures of the home, the activities they could take part in and information about the shared lives carer and their family. For

example, whether there were any pets. One person told us it was really important that their shared lives carer had cats.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedroom, which afforded them their privacy. One shared lives carer knocked on a person's bedroom door seeking their consent before we entered. The person had made their bedroom their own with posters, pictures and other personal items.
- Shared lives carers gave us many examples of where they had encouraged people to be independent. This included learning to cook, budgeting, learning to shave or going to the shops independently. A relative told us, "X is doing so much more than they were doing when living at home".
- The scheme's staff celebrated achievements, for example a person learning to drive or move onto more independent living. One person had been supported by a shared lives carer and flourished and grown in confidence and was now living in their own flat. Another person had been supported to rekindle a friendship from 30 years ago. The shared lives carer had gone over and above to track the friend. The person told us, "I have not seen this person since school and we went out to lunch. I am hoping to do this again".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were very much part of the planning of their care. They were given choice and control on how they wanted to live their life and who with. People were matched with shared lives carers of a similar background and interests. We found carers to be dedicated and totally committed to the welfare and well-being of the people they support.
- One person told us, "I am doing so much more now, going to church, doing arts and crafts and going on holidays". Another person and their carer told us they had recently been to a football match something they had in the past done with their dad. A shared lives carer told us they had recently supported a person to have a holiday because that was what they wanted to do. It was evident people were able to make decisions on what they wanted to do.
- Where people received long term care and support, they were supported to have another shared lives carer to enable them and their main carer to have a break. These were planned with the person and the shared lives carers. From conversations it was evident the shared lives carers worked closely with each other to ensure continuity and to make sure it was right for the person.
- One person told us they had lived in a care home and that they preferred and were much happier living as part of a family. They told us they were doing so much more. Another person told us they had learnt to cook and were no longer reliant on microwave food. There were many examples where people were also supported to try new activities such as going swimming, driving a car, or going to college or voluntary employment. One person had become proficient at cycling and now did this independently.
- A shared lives carer told us, "Some of the people we support are living with elderly relatives and during their short stay with us we can enable them to do the things they want to do. That they cannot when they are home". For example, they were keen on going for long walks so were matched with a person who enjoyed this activity. Another example was where a person had been supported to go on holiday. During their stay they were offered an opportunity to become the resident DJ. They had been given a T-shirt to enable them to be part of the entertainment team. It was evident this had boosted their self-esteem and had thoroughly enjoyed the experience.
- Care was planned flexible to meet the needs of people. For example, a shared lives carer had a caravan, which had been assessed as safe to accommodate people. They continued to support people regularly for short breaks. They had also provided emergency support when a relative had been admitted to hospital. There were lots of examples where shared lives carers had responded in an emergency to support people.
- One shared lives carer had previously worked in another county and they continued to support four

people on a regular basis to have a holiday in their home by the sea. Support was given to the shared lives carer from the North Somerset office whilst these people stayed in the local area. In addition, people locally stayed with this person for short breaks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided with the shared lives carer on how the person communicated. We were shown how one shared lives carer had developed easy read menus, faces depicting emotions and they had learnt some Makaton signs. This was to enable them to support people with making decisions whilst they were staying with them for short breaks.
- The shared lives scheme provided information in easy read such as the profiles of each shared lives carer, and accessible policies and procedures.
- Because people lived as part of the family 24/7 it was evident their carers had got to know each person really well including how they communicated. We observed carers giving people time to answer questions and helping them to understand what was being said.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their relatives and their friends. A relative said, "X will text me every week and I have regular updates from X (the shared lives carer)." Another person although lived with a shared lives carer regularly stayed with family.
- From talking with people, they had not only got to know the shared lives carer but also their extended family. In one person's review it showed the young person enjoyed going out with the son, another person had built relationships with another person living at the same scheme. As part of the matching process it was evident everyone living in the home was consulted including existing people. A shared lives carer providing respite said, "I know the people that get on well and ensure when there is more than one person they are compatible". They said this is not a job but a way of life living altogether.
- People were supported with their goals and aspirations. This included attending day care support, work opportunities or going to day care shared live schemes. This enabled them to build relationships and avoid social isolation. Activities and social events were planned with people. One person had wanted to move to Bristol under the shared lives scheme and this was supported. It was evident this had been empowering for the person as it enabled them to move with their shared lives carer who had been a positive role model for them.
- One person had expressed they wanted to go to America. They had not flown before. Their shared lives carer had supported them to go on short flights in the UK to experience what it was like travelling by air and all that it entails. This was really important as the person was autistic. In addition, the person had raised money by regularly doing a car boot to enabling them to achieve their aspiration. Staff spoke positively about this experience and the life learning such as budgeting, making choices and building their confidence. They also praised the shared lives carer for thinking outside the box and innovative approach to support the person to achieve their aspirations.
- The scheme organised events to bring people together such as an annual Christmas party and a summer picnic to enable people and their shared lives carers to meet up. These were viewed positively as a means to get to know other people and carers. Carers had also built up their own networks. One person said, "We regularly meet up for coffee or lunch".

Improving care quality in response to complaints or concerns

- People, relatives and the shared lives carers told us they knew how to complain and would speak with their linked care coordinator, office staff or the registered manager. Although everyone we spoke with said they had no concerns.
- There had been one complaint in the last 12 months, which had been fully investigated. This included speaking to all parties involved and offering a resolution.

End of life care and support

- People's health care needs were assessed. One shared lives carer was supporting a person with what could be potential end of life care. It was evident they and the person were supported by the scheme's staff and health and social care professionals. They were supporting the person to attend health care appointments on a regular basis. However, it was clear that the person was still doing things they wanted to do such as keeping in touch with family, going for meals, continuing with their day care support package and watching football matches.
- Shared lives carers also supported people when they had lost a parent. It was evident they supported people appropriately. One person said they had been the main carer for a parent but now they were being looked after.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The scheme had a positive enabling culture focused on person centred care and achieving the best outcomes for people whilst living in shared lives services. Staff were aware of the shared lives carers that were enablers and carers, and each had a valued role to play when matching people.
- Shared lives carers were positive about the way the scheme was managed and the support that was in place. They told us staff were helpful, thorough and always supportive.
- A care coordinator told us, "I really like working for the scheme. It is all about people living the life they want in a family home", another member of staff said, "It can be stressful at times but also very rewarding when we get it right". They said when it is stressful the team all work together to support each other, the shared lives carer and the person so they could get it right. They said, "We are all good at bouncing ideas off each other to ensure we achieve positive outcomes for people".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes. The registered manager recognised as the scheme grows more central data bases needed to be developed. However, it was clear that the registered manager was very knowledgeable about the people and the shared lives carers.
- Relatives confirmed they were kept informed about any changes or concerns about the service and their loved ones. They were also involved in care reviews and decisions that were made in a person's best interest. All relatives said they had really good relationships with the shared lives carer and their named care coordinator. Comments included, "Cannot fault communication, we keep in touch by phone or text", "Whenever I contact X (care co-ordinator), they or someone else will get back to me". These comments were echoed by the shared lives carers. They also said they could contact an out of hours service if they were any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us the configuration of the team had recently changed. They were previously part of the learning disability team and now were recognised as a separate team within North Somerset Council with a clear management structure. This was viewed really positively in respect of the support from the senior management team and decisions being made promptly. The registered manager and the care coordinators were extremely passionate about supporting people to lead the life they wanted matched with the right shared lives carer.
- The registered manager told us when they commenced in post they had reviewed policies and procedures and ensured these were being embedded in practice. This included making sure the shared lives carers were aware of their roles in supporting people as paid self employed care workers. The registered manager was making sure the professional boundaries were in place to protect the person and the shared lives carer. For example, shared lives carers no longer act as an appointee for finances for people. Where people lacked capacity to look after their finances this was either a relative, a solicitor or an appointee working for the council. They were in the process of reviewing the carer's contracts with an external legal service.
- A health professional confirmed the registered manager had implemented new ways of working. They said, "The shift in practice within the service is now much more focused on ensuring that the carers are compliant with the requirements of the shared lives scheme and staff within the service are much more understanding of their remit as shared lives co-ordinators".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Representatives were part of the Shared Lives Board, which meets up four times a year. This included a person using the service, shared lives carers and a parent representative. The registered manager said how they supported people, which included making information more accessible to ensure they can actively take part. It was evident that reasonable adjustments would be made to enable people to be part of the process.
- The views of people, relatives and health and social care professionals were sought via an annual survey. Feedback was positive and showed the commitment of the shared lives carers in making a difference. One person had said, "Shared lives is a good company and people are supported to be independent". From talking with people and their carers it was evident there was a strong emphasis on being part of a family and their local community.
- People were very much involved in decisions about their care and who they wanted to live with. One person told us, "I visited X and X and I wanted to live with them".
- Scheme staff attended regular monthly meetings with other colleagues working for the North Somerset Council including the learning disability team and social care professionals. This enabled them to work collaboratively and in partnership. The registered manager and the care coordinators met up weekly, alternating between the matching process and general team discussions. Staff felt they were kept very much up to date by the registered manager and valued in their roles.
- The registered manager was extremely positive about how they engaged with the local community. They advertised in a local magazine for new shared lives carers and attended job fayres and local events. They said, "Shared lives was a way of promoting inclusion and to provide the local community with meaningful employment which in turn helps the local economy".

Continuous learning and improving care

- The shared lives carers and the staff working for the scheme confirmed that there were many opportunities to learn and make improvements. This included regular carer meetings, training updates and the three monthly reviews that were completed by the care coordinators.
- The shared lives carers and staff could access a network of other shared life carers on line. Staff said this was positive as they could share ideas or seek advice. They also met up with other providers in the south

west to explore how other services were developing their services.

- The registered manager had a development plan for the service. They were planning to expand the services to people living in the local community who may have dementia or mental health problems. Each care coordinator had a specialism to help them develop the service, for example a background in supporting young children and adults or supporting older people. Staff said they felt valued in their roles and recognised for their contribution.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of checks were completed by the registered manager, the care coordinators and the provider. There were service development plans to address areas for improvement for the service.

Working in partnership with others

- Positive feedback was received from health and social care professionals, shared lives carers and people about how the service works in partnership.