PSS (UK)

PSS Shared Lives (Manchester)

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

This inspection took place on 17 and 19 July 2018 and was announced. This is the first inspection we have carried out of PSS Shared Lives Manchester since it was registered in June 2017. The service was previously registered at a different address, and we did not inspect the service at that address.

This service is a shared lives service. It provides personal care to people living with shared lives carers in their own homes. Shared lives carers are self-employed, but recruited and 'matched' with people using the service by PSS Shared Lives Manchester. Staff employed by the service who support the recruitment, matching and monitoring of shared lives placements are called shared lives workers.

The service primarily supports adults with a learning and/or physical disability who have either previously been supported in foster care placements as children, or who have been referred to the service as an adult. 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.

At the time of our inspection, 17 people were using the shared lives service, all of whom had long-term placements with a shared lives carer. Not everyone using PSS Shared Lives Manchester receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where people receive such support, we also take into account any wider social care provided. There were four people using the service who received support with personal care.

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

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

Shared lives carers had developed close, trusting and caring relationships with the people they supported. This had been helped by the service effectively matching people and their shared lives carers based on a range of considerations. For example, staff had considered people's interests, goals, personalities and home environments.

Relatives praised the service and shared lives carers for the positive impact they had had on their family member's confidence, health and general wellbeing. Shared lives carers monitored people's holistic health needs and encouraged healthy lifestyles.

Staff recognised and put measures in place to help reduce the likelihood of people being harmed. However, some risk assessments would have benefitted from including a greater level of detail. There had been no accidents reported. However, shared lives carers were aware of accident reporting procedures, and we saw systems were in place to help monitor accidents and incidents and take action if required.

The service was pro-active in its approach to safeguarding people from abuse or neglect. For example, staff had identified an area of one person's life where they were potentially vulnerable. Staff had arranged training for this person to help them build the skills and confidence needed to keep themselves safe. This demonstrated a pro-active and empowering approach.

People's care plans recognised their abilities and strengths as well as areas they might need support. Shared lives carers supported and encouraged people to be as independent as they could and to build new skills. This had included supporting a person to build their confidence to self-advocate and to have increasing control over their own life.

Care plans were person-centred and reflected people's interests, likes, dislikes and preferences. Staff gave people opportunities to provide input to their care planning and reviews and to provide feedback on the service they received.

Shared lives carers and workers received a range of training that would help them provide effective and safe care to people using the service. Shared lives carer's training and development needs were regularly reviewed, and the provider arranged training to meet any identified needs.

The service was working within the requirements of the Mental Capacity Act 2005. Where people were able, they signed to consent to their planned care and support. Best-interest decisions were taken when people could not be supported to make certain decisions for themselves.

There was a thorough process in place for checking that shared lives carers were suitable for the role. This included assessment of their skills, values, motivations and home environment, along with standard recruitment checks such as a criminal records check and references. An independent panel approved any recommendations made to appoint a shared lives carer.

The provider had robust processes in place to help monitor and improve the quality and safety of the service. This included local checks of documentation, file audits and regular monitoring visits to shared lives carers and the people they supported. The provider monitored trends of indicators such as safeguarding and accidents to help ensure timely action could be taken to any emerging concerns.

The provider had strong governance processes. They had undertaken themed and targeted audits to help identify good practice and make recommendations to improve the service. For example, they had undertaken specific work in relation to the safe management of medicines and improving their approach to equality and diversity. The provider had considered good practice guidance relevant to their services and had carried out work to ensure such guidance was implemented at service level.

Shared lives carers felt well supported by the registered manager and organisation as a whole. They told us they were always able to speak with a member of staff to get support or advice, and would not hesitate to do so.

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.

Robust procedures were in place to ensure staff and shared lives carers were of suitable character and had the skills and experience required for their roles.

Medicines were managed safely. The provider had undertaken work to ensure they were following good practice guidance in relation to the management of medicines.

There had not been any accidents at the service. However, we saw procedures were in place for reporting and monitoring accidents.

Is the service effective?

Good

The service was effective.

Shared lives carers received a range of training that would enable them to meet people's needs. The service was responsive to shared lives carer's training and development needs.

Staff were aware of good practice guidance. The provider reviewed such guidance to identify any areas for improvement within the service's current practices.

Relatives commented on improvements to people's physical and mental health and wellbeing since they had moved in with their shared lives carer.

Is the service caring?

Good

The service was caring.

Relatives praised the shared lives carers for the close, caring and empowering relationships they had developed with their family members. People using the service were treated as family members.

Shared lives carers supported people to be as independent as possible and to gain new skills.

The provider had undertaken work to ensure they continued to improve their approach to equality and diversity.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and person-centred. People using the service were involved in regular reviews of their care and support.

The service had not received any complaints. However, there were systems in place to ensure complaints would be handled effectively.

Staff had considered how to meet people's needs in relation to occupation and preventing social isolation.

Is the service well-led?

Good

The service was well-led.

There was a comprehensive system of audits and quality assurance measures in place. The provider maintained a good overview of the service's performance.

There were a clear set of values, that were embedded into the service's way of operating.

The registered manager and provider maintained awareness of good-practice guidance and requirements of relevant legislation.

PSS Shared Lives (Manchester)

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 17 and 19 July 2018 and was announced. We called the service to announce the inspection the day prior to our visit. This was because this is a small service, and we wanted to be sure someone would be available to meet us at the office and facilitate the inspection.

Inspection activity started on 17 July 2018 and ended on 20 July 2018. It included a visit to the registered office, one home visit and phone calls to relatives and shared lives carers. We visited the office location on 17 and 19 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector.

Prior to our site visit, we reviewed information we held about the service. This included the report completed by the CQC registration inspector when the service was first registered with us, and any statutory notifications the service had sent to us. Statutory notifications are information the provider must send us in relation to safeguarding, police incidents, serious injuries and other significant events that occur whilst providing a service. We had not received any feedback from members of the public or people using the service prior to this inspection.

We used information the provider sent us in the Provider Information Return to help plan our inspection. 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 professionals and organisations for feedback about the service. This included, Healthwatch Manchester, the local authority quality, performance and contracts team, professionals with recent involvement with the service and members of the service's independent panel for approving shared lives carers. We received positive feedback about the service's recruitment and selection procedures from one of the independent panel members.

During the inspection we visited one shared lives carer and one person using the service at their home. In addition, we spoke with one relative, a second shared lives carer by telephone. We spoke with the registered manager, the head of quality and compliance and one shared lives worker.

We reviewed records relating to the care people were receiving. This included three people's care files and one person's medication administration records. We looked at records related to the running of a shared lives service, including three shared lives carer files, one staff members recruitment records, records of training and supervision, monitoring visit records, quality assurance and audit records and safeguarding records.

Good

Is the service safe?

Our findings

The provider had robust procedures in place to help protect people from the risk of abuse or neglect. Staff and shared lives carers (SLCs) had received training in safeguarding and were aware of how they could raise any safeguarding concerns. Shared lives carers had contact details for PSS shared lives staff should they need to raise any concerns, including the number for an out of hours on-call service. We saw they also had contact details for the local authority safeguarding team should they feel the need to raise a concern directly.

The provider had produced a flow chart to help staff and SLCs understand the process for raising safeguarding concerns. They also produced information in an accessible form, which would support people using the service to understand how they could raise any concerns they had.

People's care plans identified areas of potential vulnerability, and what SLCs and others supporting that person could do to proactively help reduce the risk of them experiencing harm. For example, the service had arranged for one person to receive some training to help increase their understanding of risks they faced in their day to day life. This person and their SLC told us they had found this training useful in helping reduce potential risks. Records showed the provider had acted on safeguarding concerns and raised alerts with the local authority as required.

Medicines were managed safely. The provider had a suitable policy in place to support the safe administration of medicines. The policy encouraged people to manage their own medicines where they had the ability to do so, and where this was their preference. This demonstrated that the provider took an empowering approach to supporting people with their medicines.

The provider had undertaken work to review how they could improve the safe management of medicines across their services and incorporate good practice guidance. One of the outcomes of this work was to produce new posters and 'at a glance' sheets for staff and SLCs about 'what to do and when' in relation to medicines management. This included information on what to do if a medicines error occurred and contact details for safeguarding and out of hours support were provided. During our home visit we saw that medicines were stored safely, and their administration accurately recorded on a medication administration record (MAR). Shared lives workers also checked medicines were being managed safely, and records completed as required during their monitoring visits.

Staff identified potential risks to people's health, safety and wellbeing when carrying out reviews and assessments. We saw that care plans and risk assessments in most cases outlined reasonable measures to help reduce risks. Where possible, people had been involved in developing their risk assessments and had agreed to the measures in place to help keep them safe. We noted that one person's risk assessments and care plans only provided limited details about how SLCs should manage risks relating to skin breakdown, choking and the use of moving and handling equipment. This person had been supported by that same SLC for a long time, and we considered the lack of detailed risk assessments posed little risk to the individual as their SLC would be very familiar with their care and support needs. However, we discussed this with the

registered manager who agreed to review the risk assessments. It is important that detailed information on the management of risks is recorded to ensure such information can be easily identified and shared if required.

The provider had not notified us of any serious injuries occurring at the service since the service registered with CQC in June 2017. During the inspection the registered manager confirmed there had been no recorded accidents. However, we saw there were systems in place for recording and monitoring any accidents that might occur in the future. SLCs were aware of procedures for responding to any accidents or injuries. They told us they would always document any significant events and inform the office who would then fill out an accident report. Records showed shared lives workers also asked whether there had been any accidents such as slips and falls when carrying out monitoring visits.

The provider had robust procedures in place to help ensure staff, and shared lives carers in particular, were of suitable character and had the required skills, values and competencies to provide effective support to people using the service. The provider had obtained full employment histories, references and disclosure and barring service (DBS) checks. DBS checks provide information on any convictions, and dependent on the level of check, whether an individual is barred from working with vulnerable persons. DBS checks were renewed every three years for additional reassurance, and for SLCs, these checks also returned any relevant information about other people in the household. Whilst we were satisfied that reasonable checks of SLCs identity were made, we found that proof of identity was not held on SLCs personnel files as required. The provider had not been aware of this requirement and we asked them to take action to address this.

Staff carried out comprehensive assessments for prospective SLCs to help ensure their suitability for the role, and also to help 'match' them with the right people who were looking for support. Assessments considered applicants character, experience, skills, values, understanding of the role and motivations for becoming an SLC. Other relevant considerations included checks in relation to SLC's home environment, to ensure SLCs were able to offer a safe home to people that was suitable to meet their needs. Once assessments had been undertaken, these were sent to an independent panel to review recommendations in relation to SLC recruitment. We received feedback from one panel member who told us, "I am continually impressed by the quality and depth of information we receive from PSS before each panel meeting, and the amount of work that goes into preparing each shared lives carer for their prospective role."

At the time of our inspection, the PSS shared lives Manchester staff team consisted of the full-time registered manager, and a part-time shared lives worker. The registered manager told us they felt this was sufficient resource to manage and monitor the current caseload. They told us the PSS head office completed a workforce planning tool that they used to help them understand how many shared lives staff were needed to manage the service effectively. The service was in the process of recruiting a full-time shared lives worker at the time of the inspection.

The provider had a 'crisis management plan' that set out their planned responses to unexpected events such as fire, flooding, extreme weather and loss of IT systems. This would help ensure people continued to receive safe care in such situations.

Shared lives workers completed health and safety checklists as part of their regular monitoring visits. These checks included checks of gas safety certificates, insurance and driving licences for example. This would help ensure people were receiving support in a safe and suitable environment. We saw the service provided SLCs with training in infection control, and we saw the SLC at the home we visited had supplies of personal protective equipment such as gloves.

Good

Is the service effective?

Our findings

Staff completed holistic assessments of people's health, social and psychological support needs. Assessments were then used to help identify a shared lives carer (SLC) who was a good match, and able to provide the support they needed. We saw staff had considered aspects such as the physical environment, personality and interests when matching people looking for support with SLCs. For instance, one person enjoyed being outside, and their assessment noted an SLC living in a house with a garden would be beneficial. We saw from their SLCs profile that their home had a large garden.

The SLCs and person using the service we spoke with felt the matching and introduction process had worked well. One SLC told us, "I think it was brilliant [the introduction/matching process]. [Person] lived minutes away from me, and [person] wanted to be close to their family. PSS did their screening and thought it would be a beautiful match. [Person] was really relaxed on visits and was asking 'When can I move in?" We saw feedback on introductory visits was collected, and the placement progressed if both the person and SLC were happy. Some people using the service had been supported by their SLCs as foster carers when they were children. The registered manager told us they worked closely with professionals such as social workers and leaving care workers, and attended reviews to help ensure smooth transitions from fostering services to the shared lives service.

People's health care needs were outlined in their care plans. These included details about any areas where the person was able to self-care without support. One SLC also talked about encouraging the person they supported to attend certain appointments with their GP independently. SLCs kept records of appointments and contact with professionals. We saw this included recording updates in relation to changes to people's medicines for example. Two SLCs we spoke with talked about ways in which they had supported the people they cared for to improve both their physical and mental health. For example, they did this though working with health care professionals and following their advice, and promoting activities, social engagement and healthy eating. Two relatives had also commented on improvements to their family member's health since moving in with their SLCs, with one relative praising the SLC in relation to significant improvements they had observed in their family member's physical and mental health, as well as their general quality of life.

People's dietary requirements and preferences were outlined in their care plans, including any support they needed to eat and drink. One SLC talked about providing support to the person they cared for to cook their own meals. They also encouraged healthy eating throughout the week, whilst enjoying less healthy foods during the weekend, which is something the whole household did. One relative we spoke with told us their family member had three meals a day, which they knew they enjoyed as they put their 'thumbs up'.

The registered manager was aware of best practice guidance, such as that issued by the National Institute for Health and Care Excellence (NICE) and Shared Lives Plus. We saw evidence that the provider considered best practice guidance, and completed 'evidence into practice' exercises. They told us these exercises consisted of reviewing the guidance and considering if there were any good practice recommendations that the service was not currently meeting. For example, the provider told us a review of best practice guidance had led them to revise the service's medication policy.

The service supported SLCs by providing them with a range of relevant training that would help them provide safe and effective support to people using the service. The provider ensured all SLCs completed mandatory training in topics including safeguarding, confidentiality, first aid, medication, health and safety and food hygiene. Shared lives staff also considered SLCs learning and development needs at the monitoring and review visits they carried out. For instance, we saw one SLC had identified they would benefit from training in mental health and autistic spectrum disorders. The provider had arranged mental health training for them, which they had attended, and they were in the process of arranging training in autistic spectrum disorders. SLCs we spoke with told us they felt well supported by PSS shared lives, and felt they received the training they needed. We saw evidence of feedback from one SLC to the provider where they had praised the provider for the level of training and support they had received. We saw shared lives workers carried out annual competency checks of SLCs ability to administer medicines safely and to manage people's finances properly.

The service provided appropriate support and monitoring to SLCs. Shared lives workers carried out annual reviews with SLCs. These covered a wide range of issues relevant to the support needs of the SLC, as well as checking that the placement remained safe and suitable to meet the needs of the person using the service. Shared lives workers checked and recorded whether SLCs were happy with the support they were receiving from the service, and in terms of the frequency of monitoring visits that took place between the scheduled reviews.

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.

The service was working within the requirements of the MCA. Staff completed screening tools to help them identify if anyone was subject to restrictive practices that might amount to a deprivation of liberty. Where this was the case, we saw that staff had considered whether any restrictions were the least restrictive option and in that person's best interests. The service had informed the local authority where they had identified that people who lacked mental capacity were subject to restrictive practices so that applications to the Court of Protection could be progressed for a 'DoLS in domestic settings' (DiDS) authorisation.

People who were able, signed to consent to their agreed plan of care. For those who did not have the mental capacity to consent to their care plan, we saw that staff had made a decision in each person's best-interests. These decisions were documented and we saw evidence that staff had consulted others involved in each individual's care, such as social workers and relatives.

Good

Is the service caring?

Our findings

People had developed close and caring relationships with their shared lives carers (SLCs). This was reflected in the way that SLCs spoke about the people they supported, and in the feedback that relatives had provided. For example, one relative told us, "I couldn't be more happy with the way [family member] is being treated and cared for… [Family member] has a good relationship with [shared lives carer]. They are lovely with him." One SLC told us, "It's about love and sharing love. We laugh a lot." The relatives and SLCs we spoke with talked about the people using the service as being a part of the SLCs family.

We saw written feedback that had been shared by a relative with their family member's SLC. In this they stated that they were 'in awe' of what the SLC had achieved in building a positive relationship with their family member and supporting them to gain confidence, skills and independence. They had also seen a marked improvement in their physical and mental health and wellbeing. The registered manager told us part of the success of this placement had been down to a good matching process. For example, the SLC enjoyed travelling and it was a goal of the person to travel. This was something they subsequently achieved having travelled abroad with their SLC and with further trips away planned.

SLCs supported people to be as independent as they could, and where possible, to gain new skills. For example, one SLC spoke about encouraging the person they supported to cook their own meals with support. They encouraged the person to choose what they wanted to eat and take part in the whole process of preparing the meal, from shopping for the ingredients to cooking and eating the meal. They told us they encouraged the person to take photos of the meals they had prepared so they could look back at what they had achieved. The SLC also talked about encouraging the person they supported to complete a course that they attended without their support. They saw this as an important way to help build that person's confidence. We spoke with the person about this and they took pride in showing us a certificate they had received upon completion of the course. A second SLC we spoke with talked about encouraging the person they supported to help in the garden and they told us they had also started to make their own bed and bring their laundry down.

The registered manager told us that no-one using the service currently had an advocate. However, we saw they maintained a list of advocacy services in the area should people need such support. One SLC we spoke with told us the person they supported used to have an appointed lay advocate. They told us that they had worked with the person they supported to help them gain the confidence to speak out and self-advocate, meaning the appointed advocate was no longer required.

People's privacy and dignity was respected. The person we spoke with who used the service told us they were able to spend time away from the rest of the household in their room if they wished. Whilst speaking with this person and their SLC, the SLC on several occasions checked the individual was happy for them to share certain information with us. This showed the SLC was considering this person's right to privacy.

SLCs we spoke with told us they would be mindful to maintain people's privacy and dignity when providing personal care by ensuring doors and curtain were shut for example. One relative we spoke with told us,

"[Relative] always looks smart. I think shared lives is a nice way of providing care that gives people a bit of humanity."

We saw paper records were stored securely in both the service's office and the home we visited. Shared lives workers checked that records were stored securely during their monitoring visits. The provider told us electronic records were protected by password and encrypted when required to help ensure people's personal information was protected. The provider was also aware of changes to data protection legislation and we saw that they had undertaken work to ensure they were complying with the updated requirements.

During our visit to the service's office we noticed we could easily overhear conversations taking place in the adjoining office. Another unrelated business occupied this office. Whilst the next-door office was only occupied intermittently, this would pose an increased risk that confidential information discussed during phone-calls and discussions between staff would be overheard. We discussed this with the registered manager who told us the service was looking to relocate their office to more suitable accommodation.

The service assessed whether people had any support needs arising as a result of their culture, gender, religion or sexuality as part of the assessment and care planning processes. For example, we saw staff had considered the support one person using the service may require to enable them to participate in religious practices as they wished. They had also considered the possible impact of their religious beliefs in relation to their health and social care support needs.

The provider had completed cross-organisational work to analyse what they did well, and any improvements they could make in relation to their approach to equality and diversity. This work fed into an equality and diversity inclusion plan, that incorporated recommendations and actions to strengthen the providers approach. We saw the provider considered factors such as gender, age and ethnicity when analysing information they held. For example, survey results were analysed to ensure the responses received were representative. The provider analysed safeguarding records giving consideration to information on people's age, gender and ethnicity for example, which would help the provider identify if there was any potential discriminatory practice.

Good

Is the service responsive?

Our findings

Care plans were detailed and person-centred. They contained information about people's preferences in relation to how they received their care, along with information about their social histories, interests, likes and dislikes. This would help PSS shared lives staff, shared lives carers (SLCs) and other professionals involved in people's care get to know them and provide personalised care and support.

Staff had worked with people using the service, families and SLCs to identify goals that were recorded in people's care plans. Progress towards meeting identified goals was tracked as part of the monitoring visits completed by shared lives workers. We saw evidence that staff and SLCs had supported people to meet some of their previously identified goals. For example, one person had achieved a goal to go abroad on holiday, and staff had worked with another person's social worker to arrange an extra day at a day service for them.

Staff reviewed care plans every six months or as required. The person we spoke with who used the service told us they felt involved in the care planning and review process, and confirmed they attended the monitoring visits arranged by the shared lives workers. The registered manager told us monitoring visits were usually six to eight weekly, with keeping in touch calls/visits in-between. However, this varied dependent on the preferences of SLCs, people using the service and the level of support that they required.

Staff identified and recorded people's support needs in relation to communication in their care plans. This included detailed information about how each person communicated verbally or non-verbally, including how they specifically communicated different emotions or needs, including happiness, pain and tiredness. Details about how the person providing support should respond to these communications was also recorded. This would help ensure that anyone providing support would be able to communicate effectively with each person. The service produced materials in accessible easy read formats, such as the complaints policy/procedure and safeguarding policy.

The service had a complaints policy and flow chart. This would help ensure complaints were handled consistently, and that people understood how to raise a complaint. The registered manager told us the service had not received any complaints since it had started operating in November 2015. People using the service, SLCs and relatives we spoke with told us they would feel confident raising a complaint if they felt this was required. They said they would be confident that the service would handle their complaint effectively.

People's preferences in relation to their occupation were considered as part of the assessment and care planning process. For example, we saw one person's assessment identified that they would like to explore work opportunities. Staff had recorded information on people's interests and hobbies, and we found that people were supported to take part in activities they enjoyed. For example, one person's relative told us, "[Person] gets loads of exercise, goes out bowling with the whole family and out for meals."

Staff had given consideration to how they could help prevent social isolation. This was evident through the

assessment process, which included consideration of the location of SLCs homes and local amenities, as well as where existing family and friends were located. Staff and SLCs supported people to maintain contact with those who were important to them. For example, one person had recently gone on holiday with relatives.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since May 2018. They had previously worked as a shared lives development worker within the service. Due to the small size of the service, the registered manager also managed an active case load. They told us they had sufficient time to enable them to oversee the management of the service, and said their manager and the organisation as a whole provided them with a good level of support.

The provider had robust processes in place to monitor and improve the quality and safety of the service. A range of audits and checks were in place both at a local level within the service, and at provider level. For example, we saw the registered manager audited care files and SLCs files and identified any areas where improvements were required. Shared lives workers also carried out regular checks on the safety of the service through their monitoring visits. For example, they reviewed the safety of the home environment, checked whether medicines were being managed safely, and reviewed whether there had been any accidents or incidents. Feedback was also sought from SLCs and people using the service during the visits to help the registered manager understand if there were any areas where service delivery could be improved.

The provider undertook a range of audits, including themed audits of chosen areas. For example, the provider had asked a third party to carry out a themed audit looking at the safe management of medicines. The provider had drawn up recommendations from the findings of this audit to improve how the service managed medicines safely. The provider had revisited the audit and recommendations made to check the progress and impact of their implementation. The provider completed a comprehensive annual audit of the service that covered areas such as health and safety, demonstrating impact and outcomes, recruitment, continuous improvement and management. Work had also been undertaken to consider and demonstrate how the service was performing in relation to CQC's key lines of enquiry (KLOEs).

Staff and people using the service were given opportunity to provide feedback on the service through surveys and direct engagement, such as through the monitoring visits. As the Manchester service was relatively small, there had been a low response rate to the last survey of people using the service. The head of quality and compliance told us that they aimed to improve the response rate at the next survey by handing surveys to people directly.

The registered manager and provider were aware of relevant good practice guidance, and kept up to date with changes in legislation and the regulation of services. For example, the provider had undertaken a piece of work to ensure the service was compliant with changes in data protection law prior to the date of this legislation coming into effect. We saw the head of quality and compliance had also briefed registered managers on relevant changes, such as the change in the key lines of enquiry (KLOEs) followed by CQC during inspection of services.

The service had a clear purpose, vision and values that was shared by staff and SLCs. The provider's published values were, "We are big hearted, genuine, open minded, determined and professional." The registered manager could tell us about the values, and we found they were embedded into the services way

of operating. For example, the recruitment system considered whether applicants met the provider's values, and a section of the staff supervision records prompted the staff member and supervisor to consider how they were meeting the organisation's values.

The registered manager told us the biggest challenge they faced related to the wide geographical spread of SLCs and people using the service. This made it more difficult to arrange meetings and a single support network for example. However, the service did provide opportunities for people using the service and SLCs to meet up, and they had considered other ways to facilitate good communication and support systems. For example, the registered manager told us there was a mobile messaging group for SLCs, and they were moving to provide more e-learning to reduce barriers presented by travelling to participation in learning events. All people we spoke with during the inspection conveyed a high degree of satisfaction with the service and the support provided by PSS shared lives. One relative told us, "I am so happy with the service. I can't find fault with it."