

Surrey Choices Ltd

Surrey Choices Shared Lives Scheme

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

Surrey Choices Shared Lives Scheme provides people living with a range of care needs with: long-term arrangements, short breaks or respite care, within shared lives carers' own homes. They provide the service across Surrey to people aged 16 and over with a learning disability, autism, physical disability, dementia, mental health diagnosis, drug and alcohol issues or a sensory impairment. The service was providing support to 54 people, 14 of whom received the regulated activity of personal care at the time of the inspection.

People's experience of using this service and what we found

People were provided with individualised family based care which was tailored around them and their needs and wishes. One person said, "I feel part of the family and treated like part of the family. I call this home." The shared lives carers had a good understanding of the needs and wishes of the people they cared for. They communicated with people using the person's preferred methods, to enable them to make decisions about their lives. People were supported to live the life they wanted to and were engaged with activities within their community.

People were provided with caring support in a way which upheld and protected their human rights. The provider ensured people with the right attitudes and values were approved to become shared lives carers. As a result people told us, "I am happy about everything."

Potential risks to people were assessed and measures were in place to mitigate them. People were safeguarded from the risk of abuse. People received their medicines safely and where possible were enabled to take them themselves.

People received their care from suitable, trained, staff who felt well supported in their role. Delivery of people's care was based on a holistic assessment of their needs and best practice guidance. People were supported to eat a balanced diet and to maintain good health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well-led by a knowledgeable and proactive registered manager, who created a transparent and fair culture. Processes were in place to enable people and staff to contribute their ideas and views on the service which were valued and acted upon. There was a focus on continual improvement for the benefit of people.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Surrey Choices Shared Lives Scheme

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

An adult social care inspector completed this inspection.

Service and service type

Surrey Choices Shared Lives Scheme is a shared lives scheme. They 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. Not everyone the service supports receives the regulated activity of personal care, this inspection only included the care of those receiving the regulated activity.

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.

Notice of inspection

The provider was given one week's notice of our visit because we needed to establish how best we could seek people's views on the service and to ensure relevant staff would be available.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information at the inspection.

Prior to the inspection we received feedback on the service from two professionals. We also spoke with three relatives, one staff member and six shared lives carers by phone prior to the site visit.

During the inspection

It was not practicable to visit many people during the inspection, as they lived across Surrey, some were busy and some people could not respond to our questions. Therefore prior to the site visit, we liaised with the provider and sent them the questions we wanted to ask people. They converted them into an easy read format to aid people's understanding. The provider then sent out the survey to people prior to the site visit and there were five responses. We also visited and interviewed one person and their shared lives carer during the inspection and interviewed another person via a video call.

During the office visit we spoke with a further three staff, which included the registered manager. After the inspection we spoke with another member of the staff team, to seek their views.

We reviewed a range of records. This included three people's care and medication records. We looked at five staff files, which included four shared live carers in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider was continually trying to recruit additional shared lives carers across Surrey, particularly in those areas where they were under represented. Arrangements were only offered if there was an available shared lives carer who could meet the assessed needs of the person referred and whose circumstances met their preferences, requirements and needs. However, people could remain in their referrals system and they continued to look for suitable matches as new shared lives carers were approved by the scheme on a regular basis.
- Shared lives carers were all self-employed. The provider ensured relevant background checks were completed upon them to ensure their suitability. These included checking their identity, a disclosure and barring service (DBS) check, GP reference, their full employment history and conduct in previous roles. DBS checks identify if prospective carers have a criminal record or are barred from working with people who use care and support services.
- Shared lives carers were only accepted, following completion of an extensive induction programme, assessment process and approval by the provider's panel, which included external members, for scrutiny. Shared lives carers had to be re-approved by the panel every three years, to confirm their ongoing suitability.
- Shared lives carers were supported in their role by staff based in the provider's office staff. If they required support out of office hours they had contact numbers for the Emergency duty team who were available to advise and support them.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems, processes and practices were in place to protect people from the risk of abuse. Shared lives carers received safeguarding training as part of their pre-approval training. All staff and carers were required to update their safeguarding training regularly.
- Staff and carers were able to access relevant safeguarding guidance and the provider had a named staff member whose role was to guide and advise about safeguarding.
- Staff and carers spoken with demonstrated a sound understanding of what could constitute abuse and how and who they should report any concerns to. Shared lives carers also understood what could constitute discrimination and understood the need to take appropriate action if required.
- Staff and carers supported people where relevant to sign up to the 'Pegasus scheme', which is run by the police service. This enables people with communication needs to pre-register their details with the police, so they can be accessed quickly, should police assistance be needed in an emergency.
- Staff checked people's financial records to ensure they were being safely managed.

Assessing risk, safety monitoring and management

- Risks to people had been individually assessed and were managed appropriately. These included risks associated with people's health, behaviours and environment for example. Where risks to people had been identified, there was detailed guidance on how staff should manage the risk.
- Shared lives carers demonstrated an in-depth knowledge of any risks for the person they cared for. A shared lives carer told us how the use of an item of equipment to keep a person safe at night had been discussed with the service to ensure it was the least restrictive option. The person had then made a video to show office staff how it worked. This demonstrated their involvement and consent to its use for their safety.
- People were provided with information about how to manage risks to them in an easy read format where required, to aid their understanding of situations. People told us they felt safe living with their shared lives carer. They felt their shared lives carer helped them to understand and manage any potential risks to them. A relative confirmed, "We have never had any concerns."
- Office staff ensured an annual health and safety check was completed on the homes of shared lives carers to ensure they were safe for people. Shared lives carers told us they ensured safety checks were completed on any equipment people used.
- Shared lives carers regularly updated their first aid training. Those who supported people with their moving and handling needs, received relevant training which they updated regularly.

Using medicines safely

- People's care plans identified what they could do themselves in relation to their medicines, for example if they could self-administer them or apply topical creams themselves. Their preferences regarding their medicines were noted, for example, if they preferred them in a liquid form and how they took them. People told us they received assistance with their medicines as required. This included support with ordering and collecting them.
- Shared lives carers received training to support people with their medicines. Office staff regularly ensured people continued to receive their medicines safely. This included providing shared lives carers with any updates on medicines practice.
- Office staff updated their medicines training every two years. The registered manager had identified in their service improvement plan it would also benefit shared lives carers to have the opportunity to formally update their medicines training. In addition to the medicines checks and support provided by office staff during their monitoring visits. This training had been booked for shared lives carers for 30 January 2020.
- Shared lives carers completed a medicines administration record, where they supported people to take their medicines. Office staff checked these had been correctly completed at their monitoring visits.

Preventing and controlling infection

- Shared lives carers received training on infection control during their induction programme and had access to relevant guidance.

Learning lessons when things go wrong

- All staff understood their responsibility to raise any concerns or incidents and knew how to. Any incidents raised were documented and reviewed to ensure any required actions were taken for people's safety. Any incidents were used by staff as an opportunity to reflect upon practice and identify any learning. This was then shared as required with shared lives carers either at their support meetings or through reflective practice 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 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

- People's physical, mental and social needs were holistically assessed. Their care and support was delivered in line with legislation and best practice guidance to achieve effective outcomes for people.
- The registered manager engaged with a variety of organisations and forums to ensure they kept up to date with best practice guidance. For example, after CQC highlighted on our website the risks of unguarded hot surfaces such as radiators, the registered manager had included thermostat and radiator cover checks in the home safety checks for people. There were also staff champions to promote best practice for people, in areas such as dementia care.
- Staff and shared lives carers underwent equality training, to ensure there was no discrimination when making care and support decisions. For example, people had been provided with easy read information on voting to ensure they were informed about their right to vote.
- Staff and shared lives carers understood both the importance of technology in enabling people to communicate and how for many it was their preferred method. They embraced technology and used it to enhance people's communication. Staff also understood how technology could promote people's independence.
- For example, one person had been supported to use two different phone apps to keep themselves safe when travelling alone. This had enabled them to increase their attendance at work as they could now travel more safely.

Staff support: induction, training, skills and experience

- Shared lives carers undertook a comprehensive pre-approval training programme, which encompassed all requirements of the Care Certificate. The Care Certificate is the national induction standard for those new to care. Shared lives carers completion of the certificate was ratified at their pre-approval panel.
- Office staff also underwent a probation period following their induction, to assess their suitability for their role.
- Staff told us the training was very good and enabled them to carry out their role. One said, "It is quite interactive and we (Shared Lives Carers) swap information." Another told us, "In addition to the required training, I have been able to attend a course on crafting for people with autism." In addition to the Care Certificate, office staff had completed professional qualifications in social care, which enabled them to support shared lives carers effectively.
- Shared lives carers received regular support visits, to monitor their practice and provide supervision and support. A shared lives carer told us, "We get all the support we need."

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

- People told us they liked their meals. Shared lives carers understood people's specific dietary requirements and those related to their religion and ensured these were met. People were involved in decisions about what they wanted to eat.
- Shared lives carers understood the importance of a balanced diet and supported people to make informed choices. They also understood any risks to people associated with their eating and drinking and ensured these were managed safely. For example, if people needed their food to be cut up.

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

- Staff worked effectively with a range of health and social care providers to ensure good outcomes for people. Commissioners of the service told us there was a good level of communication. A professional told us, "It is great that Shared Lives always attend meetings and offer their input to support the young person and shared lives carers."
- Staff and shared lives carers liaised with other services as required to ensure people's needs were met. For example, in relation to equipment they required or funding.

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

- There was a focus on promoting good health for people. The registered manager had attended a National Institute of Clinical Evidence (NICE) event on oral health and was aware of the latest CQC guidance. In response they had provided shared lives carers with easy read information for people about brushing their teeth and a video to share with them. They were also introducing a new training session on oral health, to promote awareness and understanding.
- Shared lives carers supported people with any aspect of their health care as required. One person had been supported through a stay in hospital by their carer who stayed with them overnight to reassure and support them. This ensured a successful outcome for the person from their hospital procedure.
- People were supported to have an annual health check and review of any medicines they took to ensure they remained in good health and only took medicines they required.

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 ensured they regularly liaised with the local Deprivation of Liberty Safeguards team about authorisations required for people where potential restrictions on their liberty were in place for their safety.

- Staff had undertaken relevant MCA training and understood its application to their role. Where people lacked the capacity to make a specific decision, legal requirements had been met. There was evidence of how the person's capacity to consent to the decision had been assessed and where they lacked capacity. There was evidence of how what was in the person's best interests had been determined.

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 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

- There was a strong, visible person centred culture which was embedded throughout the service. Staff were highly motivated to offer people kind and compassionate care. Staff clearly cared about people and their welfare. Shared lives carers told us their needs were also taken into account. Full-time shared lives carers were also provided with respite care, which enabled them to continue in their role.
- Shared lives carers underwent an extensive vetting and induction programme, to ensure the right people with the right values became carers. The registered manager told us, "You can teach skills but you cannot teach values - they have to be there." Throughout the induction process, they were encouraged to reflect upon and challenge their own life experiences, values and beliefs. Staff completed scenarios and exercises as part of their equality and diversity training, to ensure they had the right attitudes to provide people with care in their home in a way which upheld and promoted their human rights.
- There was a strong focus on matching people with the right shared lives carers. Office staff recognised the importance of this process for people and ensured each introduction was then tailored to the person's needs. Some people had an extensive programme of tea visits with their prospective shared lives carer followed by overnight stays before they started an arrangement. This approach meant that people tended to stay permanently with their shared lives carers as the process ensured people were matched well with carers.
- People's experience was that they received good care. They said, "I live in a family home and enjoy all my carers' family as if they were mine," and "[A] nice lady looks after me." People felt they mattered and were understood. One person told us, "My carers are always around and whenever I need support, they understand me."
- Shared lives carers used their understanding of people's individual communication needs to remove any barriers for them. One person used a symbol based application on their electronic tablet as one of their communication methods. Their shared lives carer told us following a situation which arose at the person's day service, they had designed a new symbol with the person to use to enable them to communicate their wishes to staff at the day service about this issue in future. This had empowered the person to be able to express themselves.

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

- Staff supported people to express their views, preferences and wishes wherever possible. They used a variety of communication tools and processes to enable people to understand situations and to make informed choices about their care.
- People told us staff enabled them to understand information. A person said, "They [carers] explain things well." Another said their shared lives carer communicated with them through the use of, "Makaton and

pictures." Makaton supports spoken language through the use of signs and symbols.

- Staff understood people's communication methods and ensured these were utilised to enable each person where possible to participate in decisions about their care. For example, one person was supported to make decisions about their care through the use of symbols, signing, pictures and technology. Their shared lives carer, following consultation with them, had adapted their medicines administration record, to include pictures. This meant the person was able to understand what they were taking and when. This had enabled the person to now self-administer their own medicines, which gave them more control.
- One shared lives carer told us how they designed, 'social stories' to enable the person they cared for to understand information and situations. These included a social story for going to the dentist, which described in pictures where the person would go, what would happen and a picture of the dentist. This had enabled the person to manage the stress of the situation.
- Staff were strong advocates for people. Shared lives carers told us how office staff had supported them to ensure people received the services and resources they required from other services, which provided for example, equipment and funding. A shared lives carer told us how they had advocated for the person they cared for when they were unhappy with a day service they attended. The person was supported to move to a new service, where they were very happy.
- People had an external advocate where required, to represent their views. A shared lives carer explained how the person's advocate visited the person regularly at their home, which had enabled them to develop a strong, professional relationship.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to be as independent as they wanted to be. People's strengths and what they could do for themselves were identified in their care plans, which also identified areas for self-development. For example, one person wanted to prepare their own lunch and their shared lives carer was preparing a pictorial aid to enable them to sequence the task.
- Shared lives carers supported people to maximise their independence in the community. People had been supported with travel training where required. This is the term for instruction designed to teach people with disabilities to travel safely and independently. As a result, one person had been able to increase their attendance at an arts and drama centre, which meant they were now participating in a production, due to their increased attendance.
- Staff understood people's need for and respected their right to privacy. Several people mentioned how much they liked their bedrooms, which provided them with their own private space.
- Shared lives carers understood the need to uphold people's dignity in all aspects of their lives. One shared lives carer told us of an incident where they had to challenge a suggestion made by staff at a service the person they cared for attended, which would have eroded their dignity and sense of identity. They had ensured the person's rights and sense of self-worth were upheld.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- The service was diverse and able to support people both across the age spectrum and with a wide range of disabilities. They supported young people who had been fostered and were entering adulthood. Their foster carers were assessed to enable them to continue caring for them as shared lives carers, which ensured continuity for them. They also supported older people and people living with physical disabilities or a mental health diagnosis. This enabled people with a range of protected characteristics as defined by the Equality Act 2010, to live their lives in a family home, in the community as they wished.
- People received personalised care that was responsive to their needs and wishes about how they wanted their care provided. Each shared lives carer we spoke with had an in depth understanding of the person they cared for, including their physical, mental, emotional and social needs. A person commented, "[Name of shared lives carer] understands me very well" and "I always feel included." The care for each person was devised in consultation with them and was unique to them.
- Staff had an excellent understanding of people's needs in relation to their protected characteristics and ensured these were addressed. For example, one person with a learning disability could not cope with visitors to their home, so any reviews and meetings were arranged with them at a time and a place of their choosing, where they felt comfortable and in control.
- Staff were agile in their response to crisis situations. For example, one person had required emergency respite in addition to their usual planned respite care. Office staff told us how the whole team had worked together to find an emergency shared lives carer. This had ensured this person was able to remain in the community as per their wishes, rather than requiring residential care.
- Staff understood and respected the cultural diversity and needs of both people and the shared lives carers. They worked with them to identify any potential issues and to find solutions. For example, where a person particularly liked one meal which conflicted with the shared lives carers' religious beliefs, they had arranged for the person to visit a local café weekly so they could still enjoy this meal.

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.

- Staff had identified, recorded and met each person's information and communication needs, in a way that was individual to them. Some people needed information verbally, some used sign language and others in a pictorial format. Staff knew, understood and met each person's preference. For example, staff arranged for us to video call one person, as they knew they needed to see us and our facial expressions and body language to aid communication. We saw one shared lives carer used Makaton to communicate with the

person they cared for, which enabled the person to understand what was being asked verbally.

- People were provided with any information or communications they required in an easy read, pictorial format, which enabled them to understand the information. "A person said, "My carer communicates with gestures, photographs, pictures and some Makaton that I understand. I think my carer communicates well with me." Pictorial information was provided to people both by office staff and people's shared lives carers. This ensured people were able to access any information.

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 followed their interests both at home and in their local community. People told us they joined in the activities they wanted to. These included family activities such as walks, shopping, meals out, days out and holidays. A person had been supported by their shared lives carer as per their wishes to go on holiday with their partner. This had enabled them to enjoy the same experience as other couples.
- People had opportunities for work, going to day services, attending community classes and going to church. This ensured their social and spiritual needs were met.
- People were supported to have access to the Motability scheme where eligible and if they wished to. This enabled them to lease a vehicle to go out and about as they wished, which their shared lives carer then drove for them. It gave them wider community access.
- People were supported to have as much contact as they wished with their family and friends. One person said they liked to spend their time "seeing my friends." A shared lives carer told us how they supported the person they cared for to 'maintain relationships' with the large circle of friends they had established over the years.
- Another person was supported to maintain links with members of their friendship circle who shared their ethnic background. This was important to support the person's sense of cultural identity. People were well integrated into their local communities and had good social links.

Improving care quality in response to complaints or concerns

- People were provided with information about how to raise any concerns and knew how to. They were visited regularly by their social worker, which gave them the opportunity to raise any issues. Office staff also saw people regularly as part of the shared lives carer support visits, which gave people the opportunity to raise any issues.
- Although no complaints had been received, staff were open to any feedback to enable them to make any required improvements.

End of life care and support

- The service was not supporting anyone approaching the end of their life. However the provision of this care was covered in both policies and the shared lives carers' handbook. Staff understood and respected this was a discussion which needed to take place if and when the person was ready. One person was being supported as per their wishes to pay into a funeral plan.

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 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 registered manager had the required knowledge, skills and attitude to lead the service effectively. Staff, shared lives carers and professionals had confidence in her leadership. One staff member told us, "She [registered manager] leads from the front."
- The registered manager ensured staff and shared lives carers felt supported, respected and valued. The required office team, senior management, processes and values were all in place to ensure effective leadership and positive outcomes for people. Office staff said, "[Name of registered manager] is very supportive she invests time in the team" and a shared lives carer said, "[The service] is well led and staff are sensitive and intuitive."
- There was a strong focus on equality and inclusion within the workforce. The backgrounds and ethnicity of the shared lives carers were diverse and inclusive. This increased the opportunities for people to be matched with a carer who was able to understand and meet their needs. It also enabled the service to meet the needs of people from diverse backgrounds and with a range of ages and needs.
- There were cooperative, supportive and appreciative relationships amongst the office staff and between the office staff and the shared lives carers. A member of the office staff said, "There is team ownership of issues, everyone bounces ideas off each other." A shared lives carer told us the service was prompt in responding to any issues they raised.

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 understood their legal responsibilities under the Duty of Candour. A relative reported, "There is good communication from the office."

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

- The registered manager, staff and shared lives carers all had clearly defined roles which they understood. The registered manager ensured any notifications had been submitted to CQC. The provider's last inspection report was displayed on their website as legally required.
- The registered manager had a sound understanding of their role and responsibilities. They felt well supported by both the provider and the provider's other teams to carry out their role. For example, they valued the input from the quality assurance and communications teams in enabling them to carry out their role effectively.
- Staff had confidence in the leadership of the service at provider level. One told us there were regular

meetings between the service and the provider's senior management team.

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

- People's views were sought at their reviews, support meetings and through the annual survey, which was provided for people in an easy read format where required. Results from the survey demonstrated a high level of satisfaction from people with the service. People and their shared lives carers were also invited to social events where they could meet with staff more informally.
- Staff and shared lives carers felt their views were sought. The office staff had regular meetings and the shared lives carers received regular monitoring visits. A shared lives carer told us, "I feel listened to."
- The service had good community links. In addition to Surrey Choices Shared Lives Scheme, the provider ran a diverse range of community services across Surrey. Shared lives carers also engaged people with various other services in their locality, depending on the person's interests.
- The registered manager ensured they engaged with local communities, for example, to promote the recruitment of new shared lives carers and raise awareness of the service. In areas where they had identified a need to recruit more shared lives carers, initiatives had been held in the local library and in conjunction with local community groups.

Continuous learning and improving care

- There was a culture of improvement. A staff member told us, "We are constantly looking to make improvements, so people's lives are as good as they can be." The registered manager had a service improvement plan. Improvements had been made to the recruitment process to make it more streamlined, which ensured applicants were processed quickly. Medication training was being rolled out to shared lives carers who did not currently provide the person they cared for with medicines. This ensured carers were able to support people if they were prescribed medicine in the future.
- There were effective quality assurance systems in place to monitor the quality of the service provided and to drive service improvement. In addition to support visits to shared lives carers, reviews and surveys, the provider's quality assurance team carried out regular themed audits of the service to measure performance against CQC's key lines of enquiry. Any required actions were then prioritised for action by the registered manager and the audit was repeated to measure improvement.
- Incidents were reviewed by both the registered manager and the quality assurance team, in order to identify any areas for improvement or trends that required action. This information was also submitted to the provider as part of the board report for review by senior management. This ensured there was thorough scrutiny of any incidents, whilst staff were encouraged to report any issues, without fear of blame.
- Staff's successes were recognised and celebrated. Shared lives carers had been nominated for the Surrey Care Awards 2019, 'Beyond the call of duty' category, which celebrated the contribution of the local social care workforce.

Working in partnership with others

- The service worked effectively with key organisations and teams to provide people with effective, joined up care. Staff worked with learning disability teams, mental health teams and transition teams, which support young people with learning disabilities as they transfer from childrens' to adults' services. A professional told us the advantage for carers of young people reaching adulthood, was as shared lives carers they received ongoing training and support through the service. Shared lives carers confirmed they valued the on-going training and support they had received when they had joined the scheme with the young person they cared for.
- The service worked with a variety of statutory and non-statutory organisations at both a local and national level. They were members of both Surrey Care Association and Shared Lives Plus, the national framework for

shared lives carers. This enabled the sharing of ideas and learning.