East Riding of Yorkshire Council

The Shared Lives Scheme

Inspection report

92 Mill Lane
Beverley
Humberside
HU17 9DH

Tel: 01482881144

Date of inspection visit:
24 March 2016
30 March 2016

Date of publication:
31 May 2016

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

The inspection took place on 24 and 30 March 2016 and was announced. We told the service before our visit that we would be coming, to ensure that someone would be available to speak with us. At the last inspection of the service on 30 April 2014 we found the registered provider was meeting the regulations we checked.

The Shared Lives Scheme (SLS) is provided by East Riding of Yorkshire Council (ERYC). The scheme employs shared lives carers across the whole of the East Riding area. The SLS offers long term arrangements and short breaks for vulnerable adults, and once approved carers provide accommodation, care and support for adults within their (the carers) own homes. At the time of this inspection the SLS had 49 registered carers and 33 people were living with carers in their own homes.

The shared lives carers are self-employed and have a contract with the SLS. Carers are supported by an office based team of one registered manager and one assessment officer; they are responsible for matching people with carers and ensuring peoples support needs are met. The SLS specialises in looking after adults with learning and physical disabilities between the ages of 18 and 65.

People in placements with shared lives carers, told us they felt safe where they lived. Scheme staff and shared lives carers were trained in safeguarding and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care, robust approval of shared lives carers and safe recruitment of scheme staff.

The registered manager, scheme staff and shared lives carers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. There were enough scheme staff to monitor and support shared lives carers and people in placements. Scheme staff and shared lives carers were suitably trained to deliver effective care to people.

People were supported to make decisions and choices about their care and support needs. Their support plans reflected their specific needs and preferences for how they wished to be supported by their shared lives carer. This enabled them to retain as much control and independence over their lives as possible.

People were encouraged to eat and drink sufficient amounts. Shared lives carers monitored people's general health and wellbeing and ensured that people took their medicines when required.

People told us their shared lives carers were kind and caring. Shared Lives carers felt that the people they cared for were family members and they showed a great deal of affection for people, involving them in their immediate and extended family. People were very much 'at home' in their placements and had warm, caring and respectful relationships with their carers. People's rights to privacy and dignity were respected. People were encouraged to take part in activities at home or out in the community and to undertake voluntary and work based activities.

Scheme staff and shared lives carers were confident they could raise any concerns with the registered manager knowing they would be listened to and acted on.

Shared lives carers said scheme staff were open, approachable and supportive. There were processes to monitor the quality of the service provided and to understand the experiences of people who used the scheme. This was done through regular communication with shared lives carers, people in placements and scheme staff, along with regular monitoring visits, surveys and a programme of checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service said they felt safe living with their shared lives carer. Scheme staff and shared lives carers understood their responsibility to keep people safe and knew what action to take if they had any concerns about people's safety.

Plans were in place to manage known risks to people's health, safety and welfare. Carers and staff ensured people took their medicines as prescribed.

The suitability of carers was assessed and checked before they were able to join the scheme and there were enough scheme staff to provide support to shared lives carers and to monitor the service provided to people.

Is the service effective?

Good

The service was effective.

Mental capacity and Deprivation of Liberty Safeguards were understood by scheme staff and carers and the principles of the code of practice were being followed.

Carers and scheme staff had the skills and experience to support people using the service.

People were supported to eat and drink sufficient amounts. Scheme staff and carers monitored people's general health and wellbeing and sought advice and assistance from other healthcare professionals promptly if they had any concerns about this.

Is the service caring?

Good

The service was caring.

Carers had genuine affection for the people they cared for and people were very much part of the family. Carers and scheme staff treated people with dignity and respect and were passionate about Shared Lives; doing all they could to ensure

people were involved in their care and supported as part of the family.

Is the service responsive?

Good

The service was responsive.

People were included in family activities but also spent time enjoying individual activities, hobbies and voluntary and paid employment.

People's needs were assessed and their support plans set out how these should be met. Plans reflected people's preferences and focussed on giving people as much independence as possible. Shared lives carers had regular monitoring visits from the scheme to ensure they continued to meet people's needs and choices.

Shared lives carers and people living with them were able to share their views about the service and had no complaints about the service they received.

Is the service well-led?

Good

The service was well-led.

Scheme staff and shared lives carers felt fully supported to do their work. Shared lives carers and people they supported felt able to contact the office and speak to the scheme staff or the registered manager at any time. There were systems to ensure people received a quality service. The registered manager provided good leadership and regularly asked people and carers for their views on how the service could be improved.

The Shared Lives Scheme

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 checked whether the registered 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.

The inspection took place on 24 and 30 March 2016 and was announced. We did this because office based staff were sometimes out of the office supporting shared lives carers or visiting people who use the service. We needed to be sure that they would be available to speak with us on the days of our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. On the first day of the inspection we spoke with one shared lives carer (over the telephone), the registered manager and the assessment officer at the scheme office. We reviewed the care records of four people using the service, five staff records and other records relating to the management of the service. On the second day of the inspection we met and spoke with two people using the service and three shared lives carers in their own homes (after obtaining consent to do this) and asked them to share with us their views and experiences of the service. The registered provider was not asked to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who use the service.

Good

Is the service safe?

Our findings

During the inspection one person using the Shared Lives Scheme (SLS) told us they felt safe. They said, "Yes I am safe and I am all right." Not everyone using the service we spoke with chose to discuss with us if they felt safe, as some people using the service had complex needs. This meant they were not always able to tell us about their experiences. We were able to communicate with them through observations and listening to their requests for support and we saw that people using the service were relaxed in the company of the carers that supported them.

Shared lives carers and scheme staff had received relevant training in safeguarding vulnerable adults. We saw that safeguarding adults training formed part of the assessment process when becoming a SLS carer and the scheme staff kept carers updated with information on safeguarding adults. For example, we saw from records we looked at that 17 carers had been sent information and a website link to the local Safeguarding Adults Board (SAB) and the Social Care Institute for Excellence (SCIE). The SCIE is a leading improvement support agency and independent charity, working with the care and support sector in the UK.

We saw there was an established SLS adult protection procedure in place for carers to follow, to report any concerns they had that an individual may be at risk. The SLS staff also had access to the registered providers safeguarding policy. Carers and scheme staff spoke knowledgably about their responsibilities for safeguarding the people they supported and the actions they would take to ensure they were appropriately protected. They told us, "My safeguarding training is all up to date," and "I was a social care worker for many years and my training was of a high standard within my job. I had to do safeguarding training and I have also done it on electronic learning." Also, "Checks are done at carers reviews and we look at if there have been any safeguarding concerns." Records showed where concerns about people had been raised the registered manager and assessment officer had worked closely with other agencies to ensure people were appropriately protected. We also saw each cared for person had a safeguarding record kept confidentially online in their individual file at the scheme office. This showed us that the service had taken appropriate steps to safeguard adults at risk of abuse.

There were processes to minimise risks to people's safety; these included risk assessments to manage identified risks within people's care records, the use of equipment, safe recruitment of scheme staff and a thorough assessment and approval process for shared lives carers.

Shared lives carers told us how they managed risks associated with peoples care. Carers said, "On a daily basis I do visual risk assessments with things like road safety and safety indoors for [Name of person using the service]" and, "[Name of person using the service] now knows which bus to get on and rings us when they arrive at their destination safely."

The care records we reviewed included the risks associated with each person's care and support needs. People had risk assessments in place about health conditions, mobility, eating and drinking, personal hygiene, finance and behaviour. Risk assessments recorded the identified risk and guidelines to manage the risk safely and were reviewed on a regular basis to ensure they remained relevant to the person concerned.

One person's care records we looked at included a section called 'Keeping safe'. This included a risk assessment in which the person had been assessed as 'Vulnerable and open to risk in all settings and no sense of danger with regard to safety.' We saw the control measures put in place to help reduce this risk were 'Supervision and carrying a wallet when out in the community with a travel pass and an identification card.' This showed that any identified risks to the person had been considered and that measures had been put in place to try and manage these.

When people displayed behaviours that could put themselves or others at risk, strategies had been developed to support carers to manage the person's behaviour to minimise any risk. We saw one person had a 'behaviour management strategy' that clearly indicated the signs if they were getting upset or angry and how this may be presented. For example, 'Bending people's hands back', 'Grabbing at people' and, 'Sitting down and refusing to move'. Triggers were recorded which may cause the person to become upset such as, 'Loss of personal possessions can make me upset.' This showed that triggers had been considered and that measures had been put in place to try to manage these.

We saw that where people required support with moving and handling the carers who supported them had received specific training in this subject. The registered manager told us that six people using the service had equipment in place to support them. This equipment included a tracking hoist, specially adapted moulded chairs, a sleep system and adapted wet rooms.

The registered provider had robust arrangements in place to ensure people who applied to the SLS to become a shared lives carer were suitable. As part of the application process people's reasons for applying and their suitability to join the scheme were assessed by the scheme staff. This included undertaking background checks, such as requesting references from employers, checks with applicants GPs, completing a health and safety checklist, landlord/mortgage checks and Disclosure and Barring Service (DBS) checks. The registered manager told us any other person who might be living in the house or have contact with the cared for person would be asked to complete a DBS. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We asked the registered manager about accident and incident reporting. They told us that carers would report any accidents or incidents to the scheme and these would be recorded within the person's files at the scheme office. They were reported in accordance with the registered provider's policy for accident and incident reporting. The reporting of accidents/incidents was included as part of the carer's induction with the scheme. Carers also had access to accident/incident reporting forms within their records received from the scheme. We saw one person's care records included accident/incident forms that had been completed appropriately with information about the kind of accident, any injuries sustained, the outcome and any preventative action taken. This showed us accidents and incidents were appropriately managed.

The SLS policy for medication included that all people using the service would be encouraged to take responsibility for their own medicines where possible and that carers would have training in the safe handling of medicines prior to managing any medicines for people. The registered manager told us that where possible, people living in shared lives placements were supported to manage their own medicines. They also told us the registered provider had devised a competency framework that included medication checks; this was waiting to be agreed by the provider's training department.

People we spoke with during this inspection managed their own, self-medicated or did not take any medicines. One carer told us, "[Name of person] does not take any medicines." Very few people required

prompting to take their medicines. We saw in one of the care records we looked at that support with medicines was recorded in the 'Health' section. This included information on what medicine the person was prescribed, the person's name and when the medicine was taken. We saw instructions for carers on what was 'Important for' the person in relation to taking their medicines. For example, 'In a warm drink or with a small amount of water.'

Whilst the people with spoke with did not require support with their medication, other people using the service did require support. When people required specific medication for a particular illness we saw that carers had received appropriate training to support the person. For example, we saw one carer had received training in the administration of 'Buccal midazolam'.

Two of the carers we spoke with had experience of working in the health and social care sector and told us they had completed appropriate training in relation to their roles as carers. From the service training records we saw four other carers held professional roles such as registered nurses and care home managers. However, we were unable to see evidence from the scheme training records that current carers had completed medication training with the scheme or in the carer's own professions. We discussed this with the registered manager who told us the SLS induction, which all new carers complete, includes a section on medicines. They agreed to update the training records and request people's up to date certificates of medication training, so that these could be kept within their on line records at the scheme.

Good

Is the service effective?

Our findings

We saw the registered providers training and development strategy, which stated that the scheme would undertake regular analysis of the development needs of both carers and scheme staff. During our discussions with carers we asked them if they felt they had the training required to fulfil their roles and to meet the needs of people who lived with them. They told us, "They [The scheme] have offered me training but I didn't need it as all my training was done as a registered general nurse [RGN]" and "Mine and my wife's training was of a high standard when we started as carers because of our professions."

Shared lives carers felt well supported by the scheme staff to help them carry out their roles effectively. One carer said, "I was given a huge book with all the scheme policies and procedures in it." Another carer told us, "[Name of scheme staff] will come and see us at regular intervals and tell us about any changes." Records showed all carers met with their designated scheme staff regularly and discussed the progress of people's care goals and objectives. Carers were able to discuss any issues or concerns they had, as well as their personal learning and development needs. A carer told us, "When I started I did first aid, safeguarding, and dementia and food hygiene. At our carers' review once a year they [Scheme staff] always ask if there is any training we need." The service also held six monthly meetings with carers in which information and guidance relevant to their roles was shared with them. This included useful updates and latest developments in adult social care. One carer told us, "[Names of scheme staff] always bring news of what is happening."

The registered manager told us that training was in place for carers to ensure they were skilled and experienced to provide the support people using the service required. We were given access to the training plan during the first day of this inspection and we saw it did not indicate a clear plan of training required, provided or attended. We discussed this with the registered manager and an up to date training matrix was sent to us after this inspection that showed carers had received training in subjects that included safeguarding, moving and handling, first aid and dementia. In addition to this we saw that four carers held professional qualifications such as National Vocational Qualifications (NVQ) assessors' awards and levels three and four in health and social care.

We saw that 'bespoke' training for carers had been arranged, when needed, to make sure the scheme carer could continue to support people safely and appropriately. For example, one shared lives carer had received training in epilepsy management and dementia care, to support people with these specific needs. Records confirmed scheme staff completed regular training to keep their skills up to date so they could effectively monitor and support scheme carers.

There was a process of assessment and induction before shared lives carers were approved as suitable to provide placements to people. This included values, prejudice, discrimination, labelling, stereotyping and equality and inclusion. We saw from records we viewed prospective carers had completed safeguarding quizzes and case studies and completed exercises on choices and risk. Recording and reporting workbooks had been completed; these included what records should be kept such as accidents, allegations of abuse, income and expenditure, decisions, medicines and complaints. The scheme staff had also visited the

prospective carer regularly during their assessment and had completed a series of checks to see if the person and their home environment were suitable to become part of the scheme.

Scheme staff discussed the suitability of the individual and their findings from the assessment process with an assessment panel. The role of the panel was to make comments as to the suitability of the individual to become a shared lives carer. The registered manager told us the final decision was made by the registered provider's Head of Service. This ensured only people who demonstrated the appropriate competencies, experience and knowledge would be deemed suitable to work for the scheme.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that they did not have any restrictions in place at the time of this inspection.

The registered manager understood the principles of the MCA and DoLS. Scheme staff had been trained in the MCA and we saw from records we viewed that carers had been provided with a link for an e-learning package for the MCA from the Social Care Institute for Excellence (SCIE) and a MCA booklet from Skills for Care (SFC). SFC is the strategic body for workforce development in adult social care. MCA and DoLS had also been discussed and a briefing delivered at a carers meeting in October 2015.

The registered manager told us there were several people who used the service that lacked capacity to make certain decisions. They said people had capacity to make every day decisions and choices, but some people did not have full capacity all of the time. If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests. Where people did not have capacity, assessments had been completed and if necessary best interests decisions had been made with the involvement of social workers and others. The registered manager had collated information about potential restrictions on people, who lived with shared lives carers, and at the time of this inspection three applications were at initial assessment stage and two were with the registered provider's legal department awaiting an outcome. Therefore the service was following the principles of the MCA legislation, which meant that people's rights were upheld.

People we spoke with were happy with the choice of food and drink provided by their shared lives carer. They told us, "I like fish and chips, sausages, pasta and coffee" and "I make my own cup of tea and I have had egg, bacon and beans for lunch." Shared lives carers told us they had received professional support from and the speech and language therapy team (SALT) when there were identified issues regarding people. For example, a scheme carer told us about one person who had received support and we saw the SALT had completed assessments and issued guidance on the person's dietary requirements.

People's care records contained specific information to support with their eating and drinking and any aids required for them to do this independently. For example, one person's care records said, 'I have fortisip each

day to maintain my weight,' 'I require a plate/dish with raised sides or a plate guard' and, 'I can drink independently with a cup and spout.'

The registered manager told us that all people using the service were registered with their local GP and some also received healthcare support from community learning disability teams, specialist epilepsy teams and district nursing teams, where appropriate. People were supported by their shared lives carer to attend regular health checks to maintain their physical and mental health. For example, people were able to see their GP, dentist, chiropodist and nurses. Shared lives carers told us, "[Name of person] goes to the GP and has a blood test coming up. They also have a yearly review with the doctor." and, "[Name of person] requires regular injections at the doctors and has an annual review with them." People's records showed outcomes from all healthcare visits and appointments were clearly documented. This meant people who used the service were supported to access appropriate health care professionals and received effective treatment and support for their medical conditions when needed.

Good

Is the service caring?

Our findings

People we spoke with were able to give short responses to the questions we asked about whether their shared lives carers were kind. They told us, "Yes" and, "Yes I have been happy."

Carers knew the people they supported well. All of the people using the service lived in their shared lives carer's home. One carer told us, "We made a commitment to [Name of person] and they became a member of our family." Another said, "[Name of person] is doing really well and we are looking at supporting another young person."

Shared lives carers told us people were treated as part of their family. They told us people's dignity was maintained by making sure they had their own personal space where they could be alone. They also had privacy when washing and dressing, unless people required support with this. One carer told us, "[Name of person] has their own bedroom and bathroom and I help them to the toilet and then leave them in private" and, "[Name of person] is independent with all their own personal hygiene and showering. They have their own room for privacy." We were able to see two people's private rooms in the household during our inspection.

All the carers we spoke with and met showed genuine affection for the person they cared for. Many carers had fostered the person from a young age and when they reached adulthood had transitioned the placement to shared lives. When we visited people at home we observed that people were very much 'at home' with their carers. Relationships were warm and kind. People were part of the family and were included in family holidays and activities such as spending time with the family and extended family members.

The registered manager told us advocacy services were available if needed. They told us one person using the service currently had ongoing support from an advocate, due to high support needs. Advocates support people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need.

Scheme staff told us they regularly spoke with people using the service to make sure they were happy with how they were supported. During monitoring visits, scheme staff observed how people interacted with their carer. Scheme staff told us, "We are 100% caring and totally committed, it's your life. Caring is part of the assessment and within people's households we discuss what the family are doing and talk to people separately about their commitment."

People were supported and encouraged by carers and scheme staff to be as independent as they wanted to be. Staff encouraged people to achieve this by supporting people to attend activities and college courses, and undertake voluntary work and paid employment in the community. In the home, people were encouraged and supported to help with general tasks around the home.

Scheme staff and carers gave us examples of how people living with shared lives carers had regained

confidence and skills since being supported by the scheme. For example, when one person first moved into their shared lives placement they required a lot of support and supervision to remain safe, both inside and outside of the home. They were now able to travel independently on local transport, stay at home for up to one and a half hours on their own and contribute to household tasks such as emptying the dishwasher and vacuuming. Another person was now able to do their own washing and had developed an interest in fashion, the scheme staff told us they had "Grown as a person and become more confident."

One shared lives carer told us the person who lived with them had family members that they had regular contact with, so they could maintain important relationships. They said, "[Name of person] has lived with us almost eight years and visits their mum every Sunday."

Shared lives carers told us they were able to express their views about the person they supported and their opinions were listened to and respected. For example, one shared lives carer had discussed with the scheme staff about a group the person was attending and did not like. This was discussed with the person, and with their agreement, planning and support from the shared lives carer and the scheme, they are now attending a different group with people of a similar age.

Good

Is the service responsive?

Our findings

The scheme staff told us that all referrals for placements come through the local authority care management teams. When they received a referral to the scheme the social worker produced a care plan based on a person's individual budget, which would be reviewed and updated annually. Individual budgets enable people needing social care and associated services to design that support and to give them the power to decide the nature of the services they need. Scheme staff said they then produced working care records for the carers, based on what the person needed on a day to day basis. This was reviewed at the annual monitoring visits.

This information was used by the scheme when matching individuals with a carer. The matching process considered people's personal interests and the skills and personal interests of the shared lives carer. Wherever possible, people lived with shared lives carers that matched their chosen lifestyles. Scheme staff had good knowledge of carers' skills and strengths, which they said helped to make successful matches. Introductory visits across evening meal times and an overnight stay took place as a minimum and for some people looking for placements and there was a choice of shared lives carers to consider and visit.

A scheme worker and the person's social worker provided shared lives carers with detailed information about people's needs and preferences prior to people moving in. People using the service were provided with information about the prospective carer's home, family setting, interests, lifestyle and skills.

Each person had a care plan and we looked at two people's plans in depth during this inspection. They included information on the person's preferences and contact details of family and friends who they wanted to see regularly. They also contained details of any professionals who were involved in the person's care. The plan provided information on the care and support the person needed and how they wanted this to be provided. Any risks were identified throughout the plan, together with information on how they should be managed. The care plan included care needs in relation to eating and drinking, communicating, assistance with finances, mobility, emotional wellbeing, behaviour, personal care, religious needs, health and activities.

Carers told us people they supported were able to follow their hobbies and interests. We were told by both people using the service and shared lives carers, that there were a range of activities for people to be involved with depending on what they liked to do. These included activities such as sewing, shopping, bowling, exercise classes, helping with animals and visiting the cinema. Carers told us, "[Name of person] has a part time job at a local fruit and vegetable shop where they wash the vans, sweep up and break down the boxes" and, "We go to a sewing class at Thornton-Le-Dale, shopping, cinema and the New Theatre. We have a caravan that we go to regularly." A cared for person told us, "I like Abba and reading a book."

The registered manager told us people were also able to access work based opportunities. The service had developed good links with the voluntary sector. As a result, people that wished to were able to undertake voluntary work in the community. One person volunteered in a local charity shop and another had volunteered at a local stables and was now completing a National Vocational Qualification (NVQ) in Equine studies at an agricultural college.

Carer review meetings were completed annually as a minimum and included discussion around family structures, any changes in the home setting, any training completed and a review of any recommendations from the last review. There was a review of the skills and knowledge needed to support the person and what the carer was approved to provide. Carers were encouraged to comment on the support provided by the scheme staff and what had gone well and what needed to improve.

'Shared lives diary sheets' for people using the service were kept electronically, so staff involved could input and access this for updates as and when needed. We saw the logs contained up to date contact with carers via telephone calls, visits and e-mails. They also contained any information received from healthcare professionals including community nurses, physiotherapy, occupational therapy and specialist consultants. Individual communication systems were in place for sharing information with carers. The registered manager said, "We keep a chronology of prompts to ensure all relevant information is sent to carers." We viewed the chronology and this included information that had been sent to carers on vouchers for flu jabs, carers meeting dates and minutes and training information.

The registered provider had arrangements in place to respond appropriately to people's concerns and complaints. The 'carers' agreement' included instructions for the carer to 'Use the Shared lives scheme complaints procedure if they believed the scheme had breached any of its responsibilities.' Shared lives carers were aware of how to complain and told us they would raise any concerns with the scheme staff or the registered manager. They told us, "My first port of call would be the scheme staff," "I would ask for a complaints form," and "Yes; the staff would take it extremely seriously. The reviews we have also give us a chance to discuss any concerns." Another told us, "Yes they would take it seriously. I have never had to complain. I am grateful for what they do."

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a manager in post at the time of this inspection that was registered with the Care Quality Commission (CQC). This meant the registered provider was meeting the conditions of their registration. They told us that they attended regular registered manager's meetings within the organisation plus training courses. They also belonged to the National Shared Lives Organisation which held quarterly meetings; and that this helped them to keep up to date with any changes in legislation and with good practice guidance.

The records we held showed the service had not had to submit any notifications to CQC in the last 12 months. Notifications are when registered providers send us information about certain changes, events or incidents that occur. The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service.

The people using the service and the carers we spoke with were very satisfied with the service they received and said they were well supported by the scheme. Comments included, "[Names of scheme staff] are both all right", "When you get people like [Names of scheme staff] it's like having a safety net" and, "[Name of scheme staff] is very much respected and they respect the rest of our family and involve others."

Scheme staff and shared lives carers told us the registered manager had provided a culture where people and staff felt valued, respected and able to voice their opinions. Comments from carers included, "You will find out when you visit people. [Name of registered manager] is positive and open to suggestions. They are Shared Lives, know their stuff and give sound advice. I could not have been better supported." Others told us, "They are fantastic, absolutely wonderful" and, "[Name of registered manager and assessment officer] are fine. They leave us to our own devices but if we need anything I give them a ring."

Scheme staff told us they felt well supported to carry out their role. They told us, "[Name of registered manager] is always there and we talk all the time. They find out there and then if you ask anything and listen to people all the time. They are articulate and take everything seriously."

The service had a clearly defined organisation structure in place. Scheme staff and shared lives carers understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and who was responsible for providing supervisions. Each person who used the scheme had a 'shared lives placement arrangement' that set out what the person, and the scheme expected from the shared lives carer and what the carer could expect from the scheme in return.

Shared lives carers and people using the service had been sent questionnaires asking them if they were satisfied with the service provided. We noted the last returned surveys from shared lives carers had not been analysed or evaluated and one completed survey stated the person did not know how to complain. We discussed this with the registered manager who showed us the complaints/concerns forms that were ready to be sent to all shared lives carers in response to this survey.

Carers told us they were kept up to date with information and changes about the service through shared lives carer meetings which we saw were held twice every year. They told us, "The meetings we have for carers are informative; it is nice to meet other carers and they [Scheme staff] always ask if there is anything we want to change" and "We have carers meetings regularly and [Name of scheme staff] will always ask if I have any views. We always receive the minutes from the meetings. They [Scheme staff] have just started a newsletter and I have put forward recipes and places to visit like Hutton-Le-Hole which is ideal for people who have physical disabilities." Also, "At the last carers meeting we were told about changes to policies and procedures and consulted about these changes."

We were given access to the minutes from the last carers meeting and saw that discussions had taken place around a review of the service's policies and procedures and available training; this included diabetes awareness and epilepsy management. We saw information had been given on a new service manager, CQC requirements/notifications and record keeping. This helped to ensure shared lives carers were kept up to date about the service and legislative requirements.

The registered manager continually monitored the quality of the service provided, by regularly reviewing practice, processes and procedures. This included the approval process for new shared lives carers, placement meetings, monitoring visits to shared lives carers and people living with them, plus regular carers meetings. Scheme staff said that as well as staff meetings and formal supervision meetings they had informal discussions with the registered manager on a daily basis, where they could discuss on-going concerns and ideas for improvement. Additional quality checks were in place to monitor the service people received. Records kept by shared lives carers were checked during monitoring visits to make sure people received their care and support with medicines, as outlined in their care plans.