London Borough of Croydon

Croydon Shared Lives

Inspection report

Bernard Weatherill House, Floor 2 Zone E
8 Mint Walk
Croydon
CR0 1EA

Tel: 02087266000
Website: www.croydon.gov.uk

Date of inspection visit:
21 November 2018
26 November 2018

Date of publication:
07 February 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

We inspected Croydon Shared Lives on 21 and 26 November 2018. This was an announced inspection. The provider was given 48 hours' notice because this is a Shared Lives service for people. The registered manager and staff are often out in the community during the day; we needed to be sure that someone would be in. The service provides personal care for people with learning disabilities and mental health. People who use the service can access short and long-term care within the family home of self-employed Shared Lives carers whose work is managed by the staff of the scheme. At the time of the inspection, there were 63 people using the service.

At the last inspection which took place on 10, 11, 14 and 17 December 2015 the service was rated Outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at the service. 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.

An experienced registered manager had been leading the service for several years and she demonstrated her knowledge and enthusiasm for the role and the service.

Feedback from people was overwhelmingly positive with regards to all aspects of their care. They spoke in glowing terms about their carers and the service in general. They said all their needs were met and that carers treated them with the utmost respect and promoted their independence. They said they felt like equal family members in their homes and led active lives in their communities.

The service was committed to delivering a service that was responsive to the diverse needs of people across the borough and had embedded the ethos of promoting equality, diversity and human rights across all areas of the service, from recruitment of carers, the matching process between people and their carers and the care records which underpinned the support that carers gave to people.

Carers demonstrated a deep understanding of people's needs and preferences and treated them as individuals. There was a through matching process in place which helped to ensure that placements were appropriate, people and their carers were given opportunities to meet and get to know each other before placements were finalised. Arrangement agreements helped to ensure that everyone was aware of their responsibilities and the support that people would be given.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were only deprived of their liberty to receive care and treatment when this was in their best interests, the provider sought legal authorisation to do so under the Mental Capacity Act 2005 (MCA).

Staff were offered training which helped them to meet the needs of people using the service. they received regular supervision and appraisal. They spoke positively about the leadership of the service and felt it was an excellent organisation to work for.

The service was exceptional at helping people to express their views so that staff understood their views, preferences, wishes and choices. Have your say meetings were facilitated by an independent person and people were invited and encouraged to speak up in a safe space.

Feedback from health professionals was extremely complimentary. The service worked closely with health and social care professionals and other associated professionals within the council, and external organisations and agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good** ●
Is the service effective? The service remains Good.	**Good** ●
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service remains Good.	**Good** ●
Is the service well-led? The service remains Outstanding.	**Outstanding** ☆

Croydon Shared Lives

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 & 26 November 2018. The provider was given 48 hours' notice because this is a Shared Lives service for people. The registered manager and staff are often out in the community during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An inspector visited the registered location on 21 and 26 November and an expert by experience contacted people and shared lives carers over the phone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection, their area of expertise was care in the community.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service such as the Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with six people using the service and five shared lives carers. We spoke with other staff including the registered manager, an assistant shared lives coordinator and five shared lives coordinators. We also spoke with four external professionals on the day of the inspection, including a service manager from the safeguarding team, a person centred facilitator, the head of disability services for adults and a manager of the autism service. We contacted eight other professionals after the inspection to hear their feedback, we received a response from four of them.

We reviewed a range of documents and records including; seven care records for people who used the service, four staff records, as well as other records related to the management of the service such as complaints and audits.

Good ●

Is the service safe?

Our findings

People told us they felt safe living in their homes with their carers and their extended families. Comments included, "I do feel safe and looked after all the time" and "This is the best and safest place I have lived". Carers demonstrated a good understanding of safeguarding and how they would protect people from harm. Coordinators were clear on the steps they would take to safeguard people from harm if they were made aware of any concerns. A duty shared lives coordinator was on shift during the day and was responsible for responding to any day to day issues and any emergencies. Notifications submitted to the CQC demonstrated that the provider worked with relevant stakeholders when concerns were raised to keep people safe.

We reviewed a sample of staff files which showed that appropriate recruitment practices were followed. This included application forms which included previous employment history, evidence of identity and proof of address. Disclosure and Barring Service (DBS) checks were also in place. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. DBS checks were renewed every three years.

Carers went through an exhaustive recruitment process which included several visits by a coordinator to assess the suitability of the environment but also on the values and ethos of the carer. The final stage was an invitation to attend a Shared Lives Panel meeting for interview during which their suitability was assessed. The panel was independent from the shared lives service and included people with a background in learning disabilities, mental health and an ex-shared lives carer. The registered manager said, "The role of the panel is to assess the process and make sure the process has been done fairly and completely. They will ask their own questions and if they have queries they will address them."

Risk assessments were completed when carers first applied to the service. This consisted of a coordinator visiting them in their homes and identifying any risks to the living environment. Any risks to people using the service in relation to physical, mental health, medicines, diet, weekly activities, travel, independent living skills were identified in arrangement agreements that were agreed by all parties before people were placed with carers. Risks were reviewed on a regular basis, either during supervision meetings or annual reviews.

People were encouraged to maximise control over their lives through positive risk-taking which included how the risks could be managed effectively and to keep them safe. The service struck a balance between giving people the freedom to live their lives as they wanted but still offering the right level of care and protection. One person said, "We talk things through before I do things. I like to go to the shop for the paper and I double check things. They have taught me that. Check I have keys, money and my phone and let them know where I will be going. It's like a routine now and I just do it and go where I say I am going. I trust them and feel the trust back."

Safe medicines practice was in place which helped to ensure that people received their medicines as prescribed. Comments included, "I know what I take and why. [My carer] does too, and she helps me to take the top off them. I always tick when I've taken them, so I know" and "I manage my own tablets now. If I feel unwell [My carer] asks me if I've remembered to take my pills which is good."

Where people required support with their medicines this was documented in their agreement plans. Training records showed that shared lives carers had attended medicines support training. Arrangement agreements included a section for any medicines support that people needed, a list of their prescribed medicines, where medicines were stored and how repeat prescriptions were to be managed.

The provider maintained an accurate record of all the incidents and accidents that had occurred. There was a clear understanding from staff about how they would respond to any incidents or accidents that occurred. If a carer reported anything of concern, the coordinator was available to offer further advice. They completed a reporting form which was then shared with the relevant parties. The registered manager said, all incidents and accidents were dealt with under the Councils reporting procedures which included notifying the corporate health and safety team and other stakeholders such as the safeguarding team and the CQC if appropriate. The online sharing platform allowed for quick tracking of any incidents and meant that themes could be drawn out and used as a point of reflection to make the service safer for people.

Good ●

Is the service effective?

Our findings

Carers told us they were satisfied with the level of training and support they received. They said, "I receive regular calls, training, support, whatever I need is accommodated" and "The support I receive from staff and coordinators is good and reassuring. The level of support I receive is second to none."

The registered manager told us that new carers that did not have a background in health or social care were supported to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers.

The provider maintained a matrix to monitor staff training. This showed that all staff received regular refresher training in topics that the provider considered mandatory such as safeguarding, emergency first aid, dementia awareness, Mental Capacity Act 2005 (MCA) and moving and handling.

Coordinators received monthly supervisions and annual appraisals, with mid-year reviews. Staff all said the close physical proximity that they worked in meant that regular informal discussions took place daily. The registered manager said, "The ad-hoc meetings are just as important as people may need to speak to me before their supervision." Supervisions allowed for discussions to take place on a range of topics such caseloads, training needs and safeguarding amongst others.

Yearly appraisals were used to review performance over the past year and to set objectives for the upcoming year. The registered manager said, "We have an overall service plan that comes from director level, it's our direction of travel and it permeates down to service manager level. We look at the objectives of the team and staff are expected to look at the service plan and formulate their own objectives which link to the overall objectives." The objectives for the service, the team and personal objectives were used to form staff's individual development plan for the upcoming year. When reviewing appraisals, we saw that staff were supported to develop their skills and knowledge and were given the responsibility of developing areas of the service. for example, one coordinator was give the responsibility of developing new agreement plans and to work on carer recruitment.

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.

We checked whether the service was working within the principles of the MCA.

One person said, "I am never rushed into decisions and never made to do anything I do not want to do. My life is mine here". Another said, "They are encouraging me to do things for myself and support me when I want it. [My carer] asks if I want to make my own dinner or go to the shops with or without her. I have choices and I feel I can do more of what I want here."

When a referral was received, there was a privacy statement linked to consent which allowed the service to share information with potential carers during the matching process. Staff said it was the responsibility of the social work team to ensure they obtained explicit consent from people with regards to sharing their information with the scheme but also in respect to whether people were able to give consent to their placement. Staff were aware of what steps they would take if any doubts around people's capacity to consent to any aspect of their support were raised. One coordinator said, "If we think that there are doubts about capacity to consent, we would contact the social workers and any decisions would need to be taken in their interest." Another said, "If a client has been in the scheme already, and we notice their memory is deteriorating. They may need a capacity assessment, we would talk to the individual and then flag it to the allocated social worker."

The scheme had a matching process to ensure people were appropriately matched with carers and their families. There was a thorough needs assessment process in place which took place prior to any placement, this helped to ensure any placements were appropriate. This was a multi-disciplinary team effort and involved joint working with several stakeholders including people, carers, the referring body, social workers, and the coordinators.

The assessment process involved assessing the suitability of carers and the suitability of a person to be placed within a shared lives environment. Once both had been assessed, there was a thorough matching process in place. The registered manager and coordinators held weekly meetings where they discussed any new referrals that had come into the service. Once a suitable match was identified, several visits took place which helped to ensure that both parties were happy with the arrangement. For example, the first meeting was an introductory visit at the carer's house to which people, the coordinator and the allocated social worker were invited. This gave them an opportunity to see the property for the first time. The second visit involved meeting for a meal and an introduction to the other people in the property, followed by an overnight or two-night stay. A coordinator told us, "The matching process is quite basic on one level, looking at location, seeing if either people smoke, if there any pets. We then move onto more detailed considerations, what people are looking for, see if the carer has the skill set to meet the needs of clients."

When all parties were in agreement, a contract called the 'arrangement agreement' was signed. New placements were reviewed after 10 weeks, and then subsequently after a year. Arrangement agreements included the responsibilities of both people using the service, the shared lives carers, the shared lives coordinator and the social worker. These were signed by all parties indicating their consent.

People told us they were supported with regards to their medical and health needs. People were encouraged to attend annual health checks to ensure their health was checked regularly. Arrangement agreements included Health Action Plans (HAP), these are records that document what is needed for a person to remain healthy, including the support which they may require. HAPs that we saw included details of health professionals involved in supporting people, and the type of support that people required. They also identified any medical, physical and mental health conditions and how these impacted on people's lives.

One professional said, "We have an agreed protocol that if there is any change of circumstance or need then Shared Lives have a fast track referral route back to care coordination for review, reassessment and further intervention."

Carers and their families shared their homes with people using the service, which included eating and enjoying the same food as the rest of the family. One person said, "I can cook for myself when I want to, and I do go to the shops and buy a few things. I like the food here, there is lots of flavour and I like to help. We all choose one meal a week and one night we have a takeaway and sometimes I go to collect it." Another said, "[My carer] asks me if she can buy me anything and encourages me to eat at least one meal a day. There is always a lot of fruit and veg around and I sometimes like flapjacks because I used to have them. I'm eating a bit more and putting on weight so the doctor is happy."

Arrangements for foods, drinks and meals and how people could be supported to maintain a healthy, balanced diet were included in arrangement agreements. This also included identifying any dietary requirements, meal preferences and any support required.

Outstanding ☆

Is the service caring?

Our findings

The service continued to support people in a manner that exceeded expectations. All the people we spoke with could not speak highly enough of the care and support they received from their carers. A sample of the many positive comment we received included, "My care here has been all about what I need to live a proper life instead of a meagre existence and it's given me my life back", "I don't need anything extra, I have everything. Kindness, company and care", "I have been very well cared for, I feel I am healthier than I have ever been, and my condition is strong and that is because they have watched over me and taught me to look after myself and want to do that. They have sat with me all night in the past when I have felt bad and taken me to appointments when I'm scared to go out. I feel loved", "I have the support and care that makes me feel wanted and normal" and "I'm able to care for myself in a way that is safe. I can do my day to day things like my personal care and washing my clothes and eating without help or reminders. I was unable to get myself washed and dressed before and I've been told since I got here that I am important and beautiful and wanted."

The service was committed to delivering a service that was responsive to the diverse needs of people across the borough. The staff team and the carers reflected the diversity of people in Croydon. The service had embedded the ethos of promoting equality, diversity and human rights and incorporated the FREDA principles (Fairness, Respect, Equality, Dignity, and Autonomy). For example, contractual arrangements, training, service user involvement, concerns and the "Have Your Say" service user group all linked to these principles. Equality and diversity was fully embedded in the recruitment processes for both staff and carers. Staff told us that shared lives placements needed to follow values of being non-discriminatory, accepting and sensitive to people's human rights. They said that discrimination against any of the protected characteristics would not be tolerated.

The service ensured diversity and equality was promoted, with the arrangement agreements stating that people lived as equal members in their carers' household. The service proactively encouraged people to have choice and control over their daily routine, including self-determination and support for decision-making, privacy, respect for personal space, maintaining relationships and social and civic participation. Support plans promoted outcomes that were focused on protecting and upholding people's rights. Staff gave us numerous examples where they had supported people to ensure or improve care quality in relation to protected characteristics. One example given was the support given to a person post gender reassignment. Other examples given included recruiting of same-sex couples as carers and respecting their personal circumstances. One person placed with a shared lives carer wanted to live with their partner, so the shared lives scheme and the carer facilitated this. The couple got married and were both living with the carer. A person using the service said, "I have different beliefs from [my carer] but we all respect each other, and I respect her. Religion is special to her just like mine is to me. She supported me to find a church group to go to that wasn't really busy, so I go in the morning on a weekday instead."

People lived in settings that enabled them to live as equal citizens in society. This had a profound positive impact on their mental health. One health and social care professional said, "In mental health services we receive an excellent service from Shared Lives. One of the biggest positives for us is the continuity of care and support provided to our service users in a homely environment in the middle of communities." People were respected as individuals, they told us this made them feel important and gave them a sense of purpose. Comments included, "The respect I have had whilst I've been here is the first I've had in my life and it has been the thing that made me feel like a human being", "I feel like I am listened to and kept in the loop. Decisions are not made for me, I am making them, and I get plans in writing and letters sent to me with decisions about me and my care and I'm asked by everyone how I feel", "The care I have received has been just for me. I haven't been treated differently from anyone else here but what has happened is that my individual needs have been listened to and I'm not just another lost person anymore" and "I'm getting to be the person I would like to be instead of being told how I should behave."

Carers were sensitive to times when people needed caring and compassionate support and were aware of the importance of establishing deep and close relationships with people. Carers helped people explore their needs and preferences in relation to personal and family support. One person said, "They know my likes, dislikes and what makes me feel sad, uncomfortable but also reassured and happy. They protect me by assisting me with positive decision making and the right ones too." Another person said, "[My shared lives carer] is a great person. I'm getting my life back more and more each day. At first it was hard, scary but I have always been reassured and made to feel wanted. They have time for me and listen."

There was a strong, visible person-centred culture apparent throughout all levels of the service and embedded into all areas of practice. This included the qualities and values that the service looked for in carers. Coordinators spoke at length about the qualities that made a good carer, they told us this was something they always looked for when assessing new applicants. The terms 'empathy', 'considerate' and 'inclusive' were constantly referred to when we spoke with them about the qualities of a typical carer. One coordinator said, "When you visit you look at the carer's attitude. I ask myself, can you imagine yourself living with them?"

There was a very detailed and thorough matching process which ensured that personal histories and cultural backgrounds were considered, and people were matched with carers who reflected similar interests and shared similar characteristics as themselves. A person told us, "We cook together and play music and dance which we both love, we laugh together and that didn't happen for a long time at first. I feel we were very well matched."

Good ●

Is the service responsive?

Our findings

People told us they had fulfilling lives and were supported by their carers and the service to be as independent as possible. Comments included, "I know I can live my life independently and how I want to. I need less assistance now and [my carer] is helping me to aim for my wishes to live in the community with my own front door", "[My carer] has made me feel like I can do things in my life. I couldn't go out before I lived here and now she is making me feel more safe", "I am now able to make my own decisions and organise my days, weeks, months. Before I came here I couldn't get myself out of bed or find my way home. Now [my carer] is helping me to learn to use the computer and I can look up family, places to go, courses and she helps me", "I go to the shops and I meet people at the community centre drop in and walk with my friend in the park. I like table tennis, so we bought a set for home and have matches together", "[My carer] helped me find my [blood relative] and he came to see me and I now speak to him every week", "I like films and we have ordered some on the internet that we can watch together. We will go to the cinema together one day when I feel I can." A carer told us "I try to encourage everyday life to go on. We have BBQ's and ask if he would like to invite anyone from the centre and he goes to groups. He used to go fishing as a boy, so we are looking in to groups together to suit him."

The care records underpinned the work that the staff were doing to promote people's independence. The arrangement agreements that were agreed by all parties prior to a placement being confirmed were extremely comprehensive in scope. People had care plans in place which reflected their individual needs. Care plans focused on increasing people's independent living skills. They included aspirational goals for the future and the outcomes that people wanted to achieve. They considered whether people wanted to move on to more independent or step-down services so that they could be supported by their carers to try and achieve this through their care plan outcomes.

One person said, "I have a plan and I help to write it and add to it together. My risk assessments now help me to stay safe when I go out and I read through them regularly with them to see if I think I need changes." A carer told us, "Every person is very different, and we use the plans and update them regularly. By the time they are ready to leave people often do not need risk assessments or care plans, but they like them like a safety net." Another carer said, "We are all involved in care assessments and risk assessments. Together we have worked out new risk assessments for new places and he has one going out risk assessment now instead of several. He made that decision himself and told me he feels safe enough to control himself in public."

The provider was meeting the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard. People using the service had different ways of communicating which shared lives coordinators and cares were familiar with. Agreement arrangements included a section called communication needs which identified people's preferred means of communication, whether this was verbally, through sign or Makaton. Shared lives service user guides were available in text and pictorial formats.

People told us they were confident that they would be listened to if they raised any concerns or complaints. They said, "I have never needed to complain here or about my care to anyone. If I really did I know now that there are people who I can go to like the GP, safeguards and I have telephone numbers at the council services" and "I have been encouraged to talk about concerns and have phone numbers for complaints, but I have never had to."

People using the service were given details of how they could make a complaint or raise a concern in the Agreement arrangements which were in place. They were also issued with a service user guide which explained the provider's complaints procedure. Details of advocates who could support people to make a complaint were included in the arrangement agreements.

The registered manager and care coordinators told us they worked on building trusting relationships with people using the service and shared lives carers and to keep an open dialogue with them. This helped to ensure any concerns or complaints were raised early so that any issues could be resolved before they escalated. People were free to raise concerns through several avenues including during their reviews, during coordinator visits and 'have your say' meetings. The provider maintained a complaints log, which was recorded on a shared electronic system. We saw that complaints were investigated, and action taken in response.

Outstanding ☆

Is the service well-led?

Our findings

The feedback from people, carers and healthcare professionals continued to be that the service was exceptionally well-led and unique. Their comments indicated that there was an open culture at the service which was willing to work with stakeholders to achieve exceptional outcomes for people. Comments from people included, "This service has been great for me and I feel it has got me on track and ready to restart my life", "This has been the best place I have been to get well and live safely. I want to stay much longer because they are really good" and "The people at the office gave me their details when I was given this place and said I can call day and night." One professional said, "Service users often do so well that their recovery journey means they can be discharged from secondary mental health back to primary care."

The registered manager had a wealth of experience, had been leading the service for several years and had worked for the London Borough of Croydon for twenty-five years. She demonstrated her knowledge and enthusiasm about the service throughout the inspection and was clear about the aims of the service and the outcomes they wanted to achieve for people. The service employed and managed staff who were equally passionate about their roles, this included both the coordinators and the carers. The coordinators came from a variety of backgrounds which meant that there was a good knowledge pool within the organisation. For example, some had a background in learning disability nursing, some had personal experiences of accessing services for people with learning disabilities. Others were best interest assessors and social workers and one had been a registered manager of a service. This meant they were able to bring their expert knowledge into their roles. The registered manager supported her staff and they all worked well as a team. Each was given an area of responsibility which helped them to stay motivated in their roles.

Carers spoke positively about the leadership of the service and felt it was an excellent organisation to work for. They said they were valued and given emotional support which they really appreciated. Comments included, "The support from my coordinator over the years has been very thorough and they are incredibly proactive", "Advice and support are second to none, the manager is superb and so knowledgeable. I feel they have limitless time for us", "The support I get is wonderful, there is always someone to talk to for advice and they give you ideas and strategies to deal with different situations", "I could raise a concern any time and it would be addressed. There is counselling offered at all stages too for myself and who I am caring for. It is all brilliant and efficient" and "The coordinators support you emotionally by listening, I have even been sent flowers, I feel so valued."

The service was clear on its future direction and expansion of the service and its continued role which would enable it to meet the changing demands of the community it catered for. This included creating posts for senior coordinators to support the management of the scheme and allow the scheme to be offered to more people. The service was well positioned to work closely and in partnership, collaboratively with health and social care professionals and other associated professionals within the council, and external organisations and agencies.

The registered manager said, "We need to respond to demand, hospital discharge delays is a key thing at the moment when there are no beds. We've got to shape the service in terms of what the service user wants and the local demand. We are looking to expand to have more supported living schemes where people would live semi-independently with carers going in twice a day." The service was actively researching ways in which they could provide this. They had commenced a pilot scheme which was funded by the local Clinical Commissioning Group via the Better Care Fund (BCF). The BCF is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The pilot was aligned with the aims of the BCF to keep people in the least restrictive care setting. The aim of the pilot was to adapt the shared lives care model to the care of people with mental health issues who were at risk of entering hospital because of deteriorating health or were medically fit to be discharged from hospital but had accommodation or care issues in the community which were a barrier to discharge. The placements were intended to be short-term during crisis periods in a person's life until long-term care solutions could be developed. The external health professional involved with the shared lives service on this pilot told us, "The shared lives manager principally responsible for developing the scheme has been diligent and hard working in developing the necessary protocols and relationships within the local secondary mental health provider and partners. She has recruited and provided training for potential short-term shared lives carers; she and her manager have been fully engaged with the reference group charged with overseeing the project, and they have been key in developing a scheme evaluation matrix."

Feedback from other professionals was overwhelmingly positive. They all spoke about the excellent working relationship they had and about the exceptional work the service was doing in the community. Comments included, "[The registered manager] is fantastic, I really respect the fact that she is completely committed to share lives but always looking to explore new areas", "People that I speak to are very positive about the service", "We have a very positive relationship, it's all about the person in the middle. [The registered manager] has a well-established team, she is experienced, easy to communicate with" and "The Shared Lives Coordinators do a great job supporting the Shared Lives Carers and also acting as a conduit back to mental health services so we can act as soon as any concerns begin to arise. [The registered manager] does an excellent job managing the service through supporting carers, supervising coordinators and escalating any concerns to heads of service in mental health."

The service actively engaged and listened to the people, relatives or and external professionals to find out what worked well, and what could be done better.

The service was exceptional at helping people to express their views so that staff understood their views, preferences, wishes and choices. The registered manager acknowledged that some people would not be comfortable airing their views when they were living in their carers' homes. To ensure this was not happening, the provider had continued its excellent practice of holding independent 'have your say meetings.' These were forums that were facilitated by an independent person with no association to the shared lives scheme, and with a background in person-centred planning. People were invited to these and encouraged to speak up in a safe space. The topics of these sessions varied but had recently focused on 'what do you like about the place you live?' and 'what support do you need to become more independent?' The sessions were held in a way that was inclusive and accessible to all and used easy read forms with pictorial feedback available. Any comments were noted and shared with the shared lives service. People told us, "I'm asked to feedback my views when we have home visits and I get one-to-one time with the visitors to do this", "I am listened to by everyone and given my time to chat and air my views", "I am always listened to and can get support and advice as and when I need it" and "I feel like I am listened to and kept in the loop. Decisions are not made for me, I am making them, and I get plans in writing and letters sent to me with decisions about me and my care and I'm asked by everyone how I feel."

The provider was also sensitive to the needs of carers. Open meetings used to be held for carers, but it was felt that they were not meeting the needs of the carer group and when attendance started to peter out, the registered manager set up group supervision. She met with carers in small groups with a coordinator, this allowed them to network but was also an opportunity go over some themes such as General Data Protection Regulation (GDPR)and the Care Certificate. The registered manager said, "We come up with themes with the shared lives coordinators which they identify through reviews." Team meetings were held monthly, topics of discussion included review of previous minutes, and any topics of importance to coordinators including appraisals, carer group supervision and feedback from have your say meetings.

The service worked in line with the principles of the Shared Lives Plus Quality Framework. This included regular monitoring of placements and reviews. Records showed that shared lives carers received regular supervision and monitoring visits.