

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

The inspection took place on 15 May 2017 and was announced.

Surrey Choices Shared Lives Scheme arranges placements with Shared Lives carers for adults with learning disabilities, physical disabilities or mental health needs. In addition to permanent residential placements, the scheme also offers short-term support, such as respite care or following discharge from hospital, or daytime support. There were 49 people using the service at the time of our inspection, 19 of whom were receiving personal care.

The scheme is responsible for supporting and monitoring Shared Lives placements and recruiting, vetting, training and supporting Shared Lives carers. The scheme had 58 approved Shared Lives carers at the time of our inspection.

There was a registered manager in place at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and secure in their Shared Lives carers' homes. The scheme promoted a positive approach to risk taking, which kept people as safe as possible while being supported to live their lives the way they chose.

People were protected by the provider's procedures for the recruitment and approval of Shared Lives carers. Shared Lives carers attended training in safeguarding and were clear about their responsibilities to report any concerns they had about abuse or people's safety. People's finances were managed and recorded appropriately.

Accidents and incidents were recorded and reviewed by the registered manager to ensure that any actions necessary to prevent a recurrence had been taken. Where people's care involved support with medicines, this was managed safely.

Shared Lives carers received the support and training they needed to fulfil their roles effectively, including any specific training required to meet the needs of the people they supported. They told us the provider responded positively if they requested additional training. Scheme workers had access to the training they needed to support Shared Lives carers.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Shared Lives carers had received training on the principles of the MCA and how these principles applied in their work. Assessments had been carried out where necessary to establish whether people had the capacity to make decisions about their care and support. Where people lacked the capacity to make decisions, there were appropriate procedures in place to ensure that decisions were made in their best interests.

People told us they were able to choose the food they ate. They said their Shared Lives carers encouraged them to participate in grocery shopping where they could buy foods they liked. Shared Lives carers told us they encouraged people to make healthy food choices whilst enabling them to enjoy their favourite foods. Any specific dietary needs were known by Shared Lives carers and recorded in people's care and support plans.

People's healthcare needs were monitored effectively. People told us their Shared Lives carers supported them to make a medical appointment if they felt unwell and accompanied them to all appointments. Shared Lives carers recorded the outcomes of healthcare appointments and scheme workers checked these records at monitoring visits.

People had developed positive, lasting relationships with their Shared Lives carers and enjoyed their company. They told us they valued the family atmosphere of their placements and were included in the family lives of their Shared Lives carers. Shared Lives carers spoke with genuine affection about the people that shared their home. People said their Shared Lives carers were kind and caring and treated them with respect. They told us they could spend time on their own whenever they wished and that their privacy was respected.

People were supported in a way that promoted their independence. They were encouraged to do things for themselves where possible and given support to develop new skills. People had access to information about their care and support. There was a written agreement in place for each placement which set out the rights and responsibilities of all parties. People's private and confidential information was managed appropriately.

People received support that was responsive to their individual needs. Each person's needs had been assessed to ensure Shared Lives carers could provide the support they needed. Each person had an individual care plan drawn up from their initial assessment. Because care was tailored to meet people's individual needs, the scheme had provided effective support to people whose needs may not have been appropriately met in other care settings.

People told us their Shared Lives carers supported them to take part in activities that were important to them. They said they had opportunities to enjoy an active social life and to maintain contact with their friends and families. People and their Shared Lives carers had opportunities to give their views about the scheme and the provider responded appropriately if people raised concerns.

The service was well planned and managed. The registered manager provided effective leadership and staff understood their respective roles. Shared Lives carers valued the support provided by the registered manager and scheme workers. They said scheme workers had always provided advice and guidance when they needed it and kept them up to date with training and events. Staff from the scheme had established links with other professionals to ensure that people received consistent care.

The provider had developed effective systems to monitor and improve the service, which included seeking the views of people, Shared Lives carers and staff. There was a service improvement plan, which was reviewed regularly, and a comprehensive audit framework. Audits were up to date and records were accurate and stored appropriately.

This was the first inspection of this service since its registration.

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 were kept as safe as possible whilst being supported to make choices about their lives.

Shared Lives carers were recruited and approved appropriately.

Shared Lives carers attended training in safeguarding and were clear about their responsibilities to report abuse or poor treatment.

People's finances were managed and recorded appropriately.

Accidents and incidents were recorded and monitored.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Where people received support with their medicines, this was managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by Shared Lives carers who knew them well and understood their needs.

Shared Lives carers had access to the support and training they needed.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA).

People were able to choose the food they ate. People's preferences and dietary needs were known by Shared Lives carers.

Shared Lives carers supported people to stay healthy and obtain treatment if they needed it.

Is the service caring?

Good ●

The service was caring.

Shared Lives carers were kind and caring.

People had developed positive relationships with their Shared Lives carers and were included in their family lives.

Shared Lives carers respected people's choices and supported them in a way that maintained their dignity.

People were treated with respect and had access to privacy when they wanted it.

People were supported in a way that promoted their independence and had opportunities to develop new skills.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure a placement could provide the support they needed.

Care was tailored to meet people's individual needs.

People were able to make choices about how they spent their time.

People had opportunities to enjoy an active social life and to maintain contact with their friends and families.

There were appropriate procedures for managing complaints.

People's feedback about the scheme was encouraged and the provider responded appropriately if people raised concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective leadership and staff understood their roles.

Shared Lives carers valued the support provided by scheme workers. Scheme workers provided advice when needed and kept them up to date with training and events.

Staff had established links with other professionals to ensure that people's care was well planned and managed.

There were effective systems in place to monitor the quality of support people received, which included seeking feedback from people receiving support, Shared Lives carers and staff.

There was a service improvement plan, which was reviewed regularly, and a comprehensive audit framework.

Records were accurate, up to date and stored appropriately.

Surrey Choices 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 May 2017 and was announced. The provider was given one week's notice of our visit because we wanted to arrange visits to Shared Lives carers and customers. Two inspectors carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the scheme's office and spoke with the registered manager, deputy manager and a scheme worker. We checked care records for four people, including their assessments, care plans and risk assessments. We checked recruitment, assessment and training records for Shared Lives carers and other records relating to the management of the service, including the provider's own quality monitoring audits.

We visited Shared Lives placements and spoke with seven people who used the service and eight Shared Lives carers to hear their views about the support they received from the scheme.

Is the service safe?

Our findings

People told us they felt safe and secure in their Shared Lives carers' homes. One person said, "This is my home. I feel safe here." Shared Lives carers told us they were supported by the scheme to keep the people they cared for safe. They said their allocated scheme worker had worked with them to mitigate any risks and had provided support when problems had occurred. One Shared Lives carer told us, "We have always been able to contact them when things have gone wrong. We have had constant communication with them about any problems we've had."

People were kept as safe as possible while being supported to live their lives the way they chose. The scheme promoted a positive approach to risk taking, which involved scheme workers working with the person receiving support and Shared Lives carers to agree a risk management strategy. Risk management strategies identified measures that could be taken to minimise the likelihood of harm to people. For example one person told us they had wanted to go out independently of their Shared Lives carers. The person said they had agreed measures with their Shared Lives carers to enable them to do this safely, including taking their mobile phone with them and agreeing a time by which they would return. A missing person form had been created for each person and Shared Lives carers knew the protocol to be followed if people did go missing.

People were protected because Shared Lives carers knew how to recognise and report abuse. Shared Lives carers had attended training in safeguarding and were clear about their responsibilities to report any concerns they had about abuse or people's safety. Shared Lives carers had been given information about how to raise concerns outside the agency if necessary and made aware of the local multi-agency safeguarding procedures. People's finances were managed and recorded appropriately. Shared Lives carers kept records of people's expenditure and these were checked by scheme workers during their monitoring visits. One Shared Lives carer told us, "We keep a record of everything she spends and it is checked by [scheme worker] when she visits."

There was a robust process for the recruitment and approval of Shared Lives carers. Applicants for the Shared Lives carer role were required to submit an application form with the details of referees and to obtain a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective carers have a criminal record or are barred from working with people who use care and support services. Once initial checks had been completed, a home visit and interview was carried out to assess applicants' suitability for the role. Applicants were then assessed by a panel comprised of people with relevant experience but who were independent of the scheme. The registered manager told us that from 2018, all Shared Lives carers would be subject to reassessment and approval by a panel every three years.

Shared Lives carers recorded any accidents and incidents, such as a fall or a medicines error, and how the event had occurred. Accident/incident forms were submitted to the scheme and reviewed by the registered manager to ensure that any actions necessary to prevent a recurrence had been taken. Scheme workers made regular checks that Shared Lives carers' homes were safe. Shared Lives carers had to provide evidence of gas and electrical safety and appropriate insurance. The provider had developed a business continuity

plan for the scheme, which meant people would continue to receive care and support in the event of an emergency.

Where people's care involved support with medicines, this was managed safely. People told us their Shared Lives carers supported them to take their medicines as prescribed. Shared Lives carers had been trained in the safe management of medicines, which they told us was updated annually. Each person had a medicines profile which recorded the medicines they took and the dose, time and route by which they took their medicines. Shared Lives carers maintained medicines administration records, which were audited regularly to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

Shared Lives carers received the support and training they needed to fulfil their roles. All Shared Lives carers had regular contact with an allocated scheme worker, which they told us was valuable. Shared Lives carers told us their allocated scheme workers were supportive and available when they needed them. One Shared Lives carer said, "We are very happy with the support we get. They are very responsive, I can't praise them enough. It's always, 'We are here if you need us.'" Another Shared Lives carer told us, "[Scheme worker] and the team are a great support. They are always at the end of the 'phone." A third Shared Lives carer said of their allocated scheme worker, "She is brilliant, she has been very supportive. She has a very professional understanding of care."

Shared Lives carers were encouraged to support one another and share any relevant knowledge and skills they had. Some shared Lives carers had given talks to others on specific areas in which they had experience or expertise, such as managing and recording people's finances. Scheme workers had introduced 'reflective practice' meetings, which provided opportunities for Shared Lives carers to reflect on how they had managed certain situations and consider any learning they could gain from this. Shared Lives carers were encouraged to join Shared Lives Plus, a national support network for Shared Lives carers. Shared Lives Plus provides advice, information and support for Shared Lives carers and holds regular conferences and events.

Shared Lives carers had access to the training they needed to meet people's needs. All Shared Lives carers attended training in core areas including moving and handling, safeguarding, First Aid, food hygiene, health and safety and infection control. Shared Lives carers also had access to specific training relevant to the needs of the people they supported, such as autism and dementia. Shared Lives carers told us scheme workers encouraged them to consider any further training they needed and said scheme workers responded well if they requested additional training. One Shared Lives carer told us, "They always look into it."

Scheme workers told us they received the support they needed from the registered manager and deputy manager. They said they had an induction when they started work and access to ongoing training. One scheme worker told us, "The induction was great. The manager and deputy have been so supportive. For example, I had a new customer who found it very difficult settling in. I asked [registered manager] and got some very good advice. The deputy manager came out on a visit to support me as well."

Scheme workers attended training in all the topics provided to Shared Lives carers, which enabled them to develop the skills they needed to support Shared Lives carers. The registered manager told us that all new staff would complete the Care Certificate. The Care Certificate is a set of nationally recognised standards that health and social care staff should demonstrate in their day-to-day work. Scheme workers told us they had access to regular one-to-one supervision and we saw evidence to confirm this. Scheme workers said supervisions were valuable and provided opportunities to discuss their training and development needs.

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

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care and support was provided in accordance with the MCA. People told us their Shared Lives carers always asked for their consent before providing their care. They said their Shared Lives carers encouraged them to make choices about their support and respected their decisions. Shared Lives carers had received training on the principles of the MCA and how these principles applied in their work. Shared Lives carers told us their allocated scheme worker had supported them to understand their role in relation to the MCA. One Shared Lives carer said, "The training was good. It helped us to understand our responsibilities. We encourage her to make her own choices."

We saw evidence that assessments had been carried out where necessary to establish whether people had the capacity to make decisions about their care and support. Where people lacked the capacity to make informed decisions for themselves, an appropriate process had been followed to ensure decisions were taken in people's best interests. One Shared Lives carer told us, "We had a best interests meeting a while back about a hospital procedure." Another Shared Lives carer said their scheme worker had facilitated a mental capacity assessment and best interests meeting regarding a person's finances.

People told us they were able to choose the food they ate. They said their Shared Lives carers encouraged them to participate in grocery shopping where they could buy foods they liked. One person told us, "I choose the food I have." People said they enjoyed eating out and sometimes did this with their Shared Lives carers. Shared Lives carers told us they had got to know people's favourite foods because they had supported them for a long time. This was confirmed by people receiving support, one of whom said, "They know what I like and what I don't." Shared Lives carers told us they encouraged people to make healthy food choices whilst enabling them to enjoy their favourite foods. For example, one Shared Lives carer said they encouraged the person they supported to prepare their favourite meals from fresh ingredients rather than buy microwaveable versions. People's nutritional needs had been assessed before they moved into a Shared Lives placement and were kept under review. Any specific dietary needs were known by Shared Lives carers and recorded in people's care and support plans.

People's healthcare needs were monitored effectively. People told us their Shared Lives carers supported them to make a medical appointment if they felt unwell and accompanied them to all appointments. One person said they valued their Shared Lives carer coming with them to appointments because the carer supported them to understand the information being given by the healthcare professional. Scheme workers had also supported people to understand and follow guidance given by healthcare professionals. For example one scheme worker had obtained accessible information for one person to enable them to follow advice from a dietitian.

Shared Lives carers told us supporting people to maintain good health was an important part of their role. One Shared Lives carer said the person they supported had a number of complex healthcare conditions that required regular monitoring. The Shared Lives carer said, "It's important for her well-being that we keep on top of that side of things." Shared Lives carers recorded the outcomes of healthcare appointments and scheme workers checked these records were kept appropriately at monitoring visits.

Is the service caring?

Our findings

People told us they had developed good relationships with their Shared Lives carers and enjoyed their company. They said their Shared Lives carers were kind and caring and treated them with respect. One person told us, "I love living here. It's very nice." Another person said, "I like Shared Lives scheme, I think it's marvellous." A third person told us, "I love it here. I have everything I need."

People told us they enjoyed living as part of a family. They said they shared many aspects of their Shared Lives carers' lives, such as birthdays, Christmas and other family events. People told us they had been on holidays with their Shared Lives carers and had been encouraged to suggest places they would like to go. Some people said their Shared Lives carers had encouraged them to bring friends with them on holiday.

Before placements began, scheme workers considered which Shared Lives carers would be best matched to the needs of the person receiving support. The registered manager told us scheme workers aimed to match people with Shared Lives carers who shared their hobbies and interests. We heard examples of how people enjoyed sharing their interests with their Shared Lives carers, such as attending events. Many placements had been established for some years and people and their Shared Lives carers had got to know one another well. It was clear from the way people spoke and interacted with their Shared Lives carers that they had formed positive, lasting relationships with them.

Shared Lives carers spoke with warmth and affection about the people they supported. They told us they had found the experience of supporting people through the scheme rewarding. One shared Lives carer said, "It's been a great experience, really rewarding." Another Shared Lives carer told us, "We have got so much out of it." Shared Lives carers confirmed they encouraged people to involve themselves in the life of the family. They said they shared many aspects of daily life, such as shopping, mealtimes and watching television together. One Shared Lives carer told us, "We do a lot of things together but [person] also enjoys their own time." People told us they could spend time on their own whenever they wished and that their privacy was respected.

Shared Lives carers told us scheme workers cared about their welfare. They said scheme workers had always expressed an interest in their well-being as well as the welfare of the people they cared for. One Shared Lives carer told us, "They care about us carers." Another Shared Lives carer said of the scheme workers, "They are very caring."

Shared Lives carers supported people to be independent and to develop the skills needed to achieve this. One person had expressed a wish to travel independently to their local town. Their Shared Lives carers had supported them to achieve this aim safely by accompanying the person until they were familiar with the local area and public transport routes. People told us their Shared Lives carers encouraged them to be independent where possible. One person said, "I do things for myself here. I am more capable now." Another person told us their mobility had previously been poor but their Shared Lives carers had encouraged them to walk more, which had increased their mobility and independence.

We heard examples of how people had become more independent as a result of learning new skills, such as cooking, shopping and budgeting. People told us about aspects of their care they had learned to manage for themselves. One person said they now prepared their own packed lunch each day and cooked simple meals at home. Shared Lives carers told us people's confidence had improved as a result of an increase in their independence. One Shared Lives carer said, "[Person] has progressed a lot in terms of her independence. She didn't used to go out. She has much more confidence now." Another Shared Lives carer told us, "When [person] first came, she didn't have the confidence to do anything alone. Now she goes out on her own, books appointments and manages lots of things for herself. It's been very rewarding."

People were supported to express their views about their care. People said their Shared Lives carers listened to their views and respected their decisions. One person told us they attended an advocacy group. A Shared Lives carer said the person they supported saw an advocate regularly.

When we visited placements, Shared Lives carers were keen that people should speak for themselves and give their opinions about the support they received freely. Shared Lives carers attended equality and diversity training and were expected to demonstrate an inclusive and respectful approach in their practice.

People had access to information about their care and the provider had produced information about the service. There was a licence agreement in place for each placement which set out the rights and responsibilities of all parties. The licence agreement outlined any individual arrangements, restrictions or 'house rules'. The registered manager told us it was important to establish people's wishes and expectations before the placement began to avoid difficulties in the future. For example one person had wanted to keep a pet and another person wanted their partner to be able to stay overnight. People's private and confidential information was managed appropriately. Shared Lives carers had attended confidentiality training and were issued with guidance about how sensitive information should be managed.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People were encouraged to identify goals they wanted to achieve and were supported to attain these goals. For example one person had expressed a wish to gain employment. The person had been supported to identify and attend a course designed to teach the skills needed to achieve this. The person's Shared Lives carer told us, "The scheme is ideal for her because the support is tailored to her individual needs." Another Shared Lives carer said, "Each placement is different; it all depends on people's needs, which is why it works so well." The tailoring of care to meet individual needs meant the scheme was able to support people whose needs may not have been effectively met in other care settings, such as people with personality disorders

The scheme had accommodated requests for urgent support, responding to requests from professionals to meet people's needs at short notice. For example support had been arranged for people being discharged from hospital or with dementia-related needs. The registered manager told us scheme workers liaised closely with professionals to carry out assessments and ensure appropriate support plans were in place. The registered manager said the scheme only accepted urgent referrals where they were confident staff and Shared Lives cares had the skills, knowledge and training they needed to meet people's needs.

People told us they were supported to make choices about how they spent their time. They gave us examples of how their Shared Lives carers had enabled them to visit places they had wanted to see or attend social events. Each person had a person-centred plan and some people used these to show us the support they received. People indicated photographs of themselves, their friends and Shared Lives carers involved in activities including baking, preparing meals and attending trips and holidays. Other people told us verbally how they spent their time, including attending adult education courses, going for coffee with friends and having lunch with their Shared Lives carers' family at the weekend.

People's needs had been assessed before they moved in with a Shared Lives carer to ensure the placement could provide the support they needed. Assessments considered any support needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments recorded what people could do for themselves and in which areas they needed support. An individual care plan was drawn up from the initial assessment. Care plans recorded the support people needed to stay safe and to maintain good health. Care plans also identified any support people needed to communicate their wishes and choices about their care. In addition to identifying support needs, people's care plans set out their abilities and what they could do for themselves, such as cooking, shopping and managing aspects of their personal care.

The care people received was reviewed and adapted if their needs changed. Shared Lives carers told us scheme workers had provided good support to enable them to manage changes in people's needs and any challenges that had occurred. For example scheme workers had arranged bespoke training from the community mental health team to support Shared Lives carers in managing behaviour displayed by one person following a change in their circumstances. Scheme workers had also liaised with local authority locality teams and reablement teams regarding the support people received. Advice and guidance given by

health and social care professionals was incorporated into people's care plans where appropriate.

Scheme workers maintained regular contact with people and their Shared Lives carers to ensure the placement continued to meet their needs. People and Shared Lives carers told us scheme workers visited them regularly and were keen to hear their views. People said scheme workers encouraged them to give their views and listened to what they had to say. Shared Lives carers told us visits from scheme workers were useful opportunities to review progress and to seek advice if they needed it. One Shared Lives carer said, "When we meet, it's a good chance to catch up and talk about progress. They are very interested to hear about people gaining more independence."

Scheme workers carried out a review of each placement annually. These reviews always took into account the views of people and their Shared Lives carers. Feedback from the person's family and any relevant professionals was also sought. Reviews were also used to assess progress made towards achieving individual goals and to recognise any positive achievements made. Scheme workers assessed whether the placement was continuing to meet the needs identified in the person's care plan and whether Shared Lives carers needed any further training to enable them to support the person effectively. Shared Lives carers told us these reviews were comprehensive and considered all aspects of the placement. One Shared Lives carer said, "They go through the health and safety, the risk assessments, the support plans, the care plans. It's very thorough." Another Shared Lives carer told us, "Everything gets covered; medicines records, finances, care plans. They always ask [person] how she is and check we are happy."

People and their Shared Lives carers had opportunities to give their views about the scheme and the provider responded appropriately if people raised concerns. People and Shared Lives carers were given information about how to complain and were encouraged to complete a satisfaction survey each year. They told us the provider had responded positively if they had made suggestions or requested changes. The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied.

Is the service well-led?

Our findings

People's care was well planned and managed. Shared Lives carers told us staff communicated information about the scheme effectively and kept them up to date with training, events and any changes to policies and procedures. Staff compiled and distributed a scheme newsletter twice a year. One Shared Lives carer told us, "I am very impressed with them. It's very well organised and their people know what they are doing. The communication is very good. They are always there for advice, always on the end of a 'phone."

Shared Lives carers told us they valued the support they received from the registered manager and scheme workers. They said they were reassured knowing support was available if they needed it. One Shared Lives carer told us, "The support is very good. They usually visit every eight to twelve weeks but they will come more often if necessary." Another Shared Lives carer said, "We don't bother them for every little thing but if we need them, they are there. If I e-mail, I get a reply usually within half an hour." A third Shared Lives carer told us, "They have a duty system so you know there's always someone who can take your call or answer an e-mail. We don't tend to need much help but it's good to know they are there."

The provider used feedback from people and Shared Lives carers to improve the service. Shared Lives carers were asked to evaluate the training they attended and suggest how it could be improved to better meet their needs. People and Shared Lives carers were encouraged to complete and return satisfaction surveys, which were used to identify areas for improvement. The most recent survey results provided positive feedback about the service. People commented that their Shared Lives carers were friendly and they felt able to talk to them if they had a problem. People said their Shared Lives carers supported them to make decisions about their lives and helped them to stay healthy. Where people had suggested improvements, the provider had acted on their feedback. Examples of action taken by the provider in response to feedback included distributing a regular newsletter and making information available in a variety of different formats.

Staff were also encouraged to give their views about the service and how it could improve. The provider had a staff involvement group, which was attended by a member of staff from the team. The registered manager told us ideas and comments from this group were recorded and shared with the provider's management team. Staff were also asked to complete surveys, which were distributed and collated by an independent company to ensure staff felt able to give their views freely and anonymously.

The scheme had a structured team with clearly defined roles. The registered manager was responsible for strategic planning and development whilst the deputy manager oversaw the day-to-day operations of the scheme and the supervision of scheme support workers. The team met regularly to plan the service and discuss any challenges or changes in people's needs. Two days each year were set aside for team development. The registered manager told us the team considered what the scheme did well and how it could improve. Team development days were also used to review the scheme's policies and procedures to ensure they continued to reflect the aims of the scheme.

The provider had clear organisational values and expectations in terms of behaviours, to which Shared Lives carers were introduced in their induction. Shared Lives carers told us the expectations of them in their role

were clear and that they felt comfortable raising any difficulties they experienced. Shared Lives carers' values and approach to supporting people were explored during their recruitment process. Shared Lives carers were also issued with a code of conduct, which set out their roles and responsibilities.

Staff from the scheme had established links with other professionals to ensure that people received consistent care. For example the scheme had a joint working protocol with fostering services, which ensured that young people who had previously been supported by foster carers experienced a seamless transition into adult services. Staff attended events and conferences arranged by Shared Lives Plus to keep up to date with developments in best practice for Shared Lives Schemes. The registered manager promoted the availability of support services to people in the local community, attending events to share information and signpost people to relevant services. The registered manager also attended a local forum of registered managers to share information and best practice.

The provider had developed effective systems to monitor and improve the service. There was a comprehensive audit framework, which ensured all aspects of the service were assessed regularly. The audit framework monitored quality and safety. For example to ensure people received their care in a safe environment, audits assessed the premises in which they lived and any equipment involved in their care, the medicines they took and any risks to their health or well-being. There was a service improvement plan, which was reviewed regularly. Where areas had been identified for improvement, an action plan had been developed, which had been signed off when completed.

The records we checked in the agency's office were accurate, up to date and stored appropriately. Shared Lives carers maintained comprehensive records for each person, which provided information about the care they received, any healthcare appointments they attended and the medicines they were given. Records kept in people's homes, including financial records, were audited regularly by scheme workers. The registered manager was aware of their responsibilities under the Health and Social Care Act 2008 and had ensured that any notifiable incidents were reported to the CQC.