Tricuro Ltd

Tricuro Shared Lives Scheme (Bournemouth & Dorset)

Inspection report

Boscombe Resource Centre
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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bournemouth and Dorset Shared Lives offers long term care and respite breaks for people with different needs in shared lives carers' homes. At the time of the inspection 77 people were receiving a service.

This was an announced inspection where we provided staff with short notice of our visit. This was to ensure the key staff we needed to speak with would be available. At the time of the inspection the registered manager was away on long-term planned leave. An experienced manager had been appointed in their absence, but had not yet started. We were supported throughout the inspection by the deputy manager.

Staff, people and shared lives carers told us people had happy and busy lives. A member of staff told us, "Just like a normal family you do ordinary things. They are involved and included." A shared lives carer said, "I think it makes a big difference living in a homely environment and being part of a family."

People's safety was protected because staff and shared lives carers had been trained in safeguarding adults, and risk assessments were robust and proactive in maintaining people's independence. Where incidents or accidents occurred, these were carefully analysed for trends or patterns and actions were taken to reduce the risk of a re-occurrence. Recruitment was robust for both shared lives carers and staff working in the service. People's medicines were managed safely.

People were supported by shared lives carers and staff who received the right training and support to undertake their role effectively. People's rights were respected and they were supported to access health or social care services as and when they needed to.

The service had an extremely caring approach that meant people were leading happy lives. People's independence was promoted at every opportunity and there was a highly person-centred approach to how the service was developed and how it could be shaped by people.

The service assessed people's needs thoroughly and care planning was undertaken with people to ensure their full involvement. People decided on what goals they wanted to achieve and staff and shared lives carers supported them to develop their independence and skills.

The service was well led with an emphasis on improvement and learning from people. There were a range of quality assurance mechanisms in place to ensure the service people received was safe, effective, caring and responsive.

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 told us they felt safe receiving support from the service.

Staff were able to tell us clearly what they would do if they suspected someone was being abused.

There was evidence of robust recruitment procedures in place.

People received their medicines as prescribed and some people were supported to manage their medicines independently.

Is the service effective?

Good

The service was effective.

People confirmed that their shared lives carer and other staff they were supported by were competent.

Staff and shared lives carers told us they received appropriate training and had the necessary skills to meet people's individual needs.

Staff confirmed they received regular one to one and group support.

Staff had a good understanding of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Is the service caring?

Outstanding

The caring approach from staff and shared lives carers was outstanding.

People described shared lives carers and staff as extremely kind and were very happy.

There were extremely good relationships between shared lives carers and the people they supported that meant people lived positive fulfilling lives.

There was a person centred approach that placed people and their views at the heart of the service.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans were written from their perspective. Their identified goals were acted upon to help them achieve what they wanted to.

The service was very responsive when people's situation changed or they required urgent support.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well-led.

The service had quality assurance systems in place that made sure people received a safe, effective, caring and responsive service.

Staff felt well supported.

There was partnership working to make sure people's needs were fully met.

Tricuro Shared Lives Scheme (Bournemouth & Dorset)

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.

The inspection took place on 28 June and 4 July 2017 and was announced. One inspector visited the service on both days of the inspection.

We spoke with two people using the service to learn about their experiences. We also spoke with seven staff including the deputy manager, and five shared lives carers, and received written feedback from two social care professionals.

We reviewed care records for 13 people. We also looked at two staff files, training records and other records relating to how the service was managed.

Before the inspection, we reviewed the information we held about the organisation including the Provider Information Return (PIR). This 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.

Good

Is the service safe?

Our findings

People told us they felt safe. Staff checked people felt safe. One told us, "We speak with people to check they feel safe and happy within the environment."

Staff had received training in safeguarding adults and understood what to do if they were concerned or worried about someone. Staff told us about the equality and diversity training that they and the shared lives carers had received to recognise and protect people from discrimination. One person had received some abusive text messages. Staff had helped them to complete a pictorial crime report and the concerns had been shared with the person's social worker and the local authority safeguarding team. Because staff had the right tools, this person was able to report what had happened to them and their concerns were listened to and acted upon. Another person's support plan promoted their independence and safety. It said, "I know how to use my phone and how to call for help if I need anything. I know how to ring 999 in an emergency." Records contained information about people should they become lost or go missing. This included their photo, a description of them and the places they liked to go to.

Risks to people and staff were safely assessed and mitigated. A member of staff commented, "You are risk assessing all the time" and records confirmed this. People who were are risk of choking had plans in place. Where there were risks identified with personal care, mobility or when out in the community, management plans provided guidance for carers. These included strategies to minimise the risks occurring. For example, one person went on holiday and there was a very detailed risk assessment about any deterioration in their health whilst away. Carers were provided with signs that the person might be becoming unwell and what to do, including useful contact telephone numbers for advice or guidance.

Risk assessments were thorough, person centred and proactive in promoting people's independence. One person sometimes put things in their ear. This could lead to injury. Their risk assessment included information about what to do including when to seek medical advice. There was pictorial guidance for the person. This included pictures of an ear and what not to do, who to tell if there was a problem and pictures of an ear spray that might help the person feel better.

There was a safe system in place that ensured accidents and incidents were investigated and actions put in place to help prevent a re-occurrence. Accident and incident audits also made sure that trends or patterns were recognised and addressed to maintain people's safety.

Safe recruitment practices were followed before new staff were employed to work with people. The deputy manager told us, "It's a very robust system." Checks were made to ensure staff were of good character and suitable for their role, including criminal records checks with the Disclosure and Barring Service. Staff files included application forms, full employment history since leaving education, records of interview and appropriate references. Shared lives carer recruitment followed the same procedures and the vetting of shared lives carers was checked and approved by the schemes panel that oversaw the approval of shared lives carers.

People told us their medicines were managed safely. Staff and shared lives carers had received training in medicines management. Staff undertook medicine competency assessments with shared lives carers to make sure they had the knowledge and skills they required to safely support people with their medicines. They also checked that medicines were stored safely and had been administered as prescribed during their quarterly monitoring visits. People's support plans described the support they required with medicines. This promoted their independence whilst ensuring their shared lives carer understood what help they required. For example, one support plan said, "With supervision from my carer I am able to fill my medication dispenser weekly, I tend to take my tablets quite quickly and without supervision, I might not recognise if the tablet was wrong." Shared lives carers told us they had been well trained and felt confident about supporting people with their medicines.

Shared lives carers completed fire risk assessments and people had personal emergency evacuation plans. A range of hazards were risk assessed and plans put in place to manage these. These included trailing wires, hot water temperatures, lighting and ventilation, proximity to busy roads and kitchen safety. There were also checks that ensured shared lives carers had gas safety certificates, smoke and carbon monoxide detectors and first aid kits.

Good

Is the service effective?

Our findings

People told us staff were good at their job. One person said, "They are doing very well indeed." We also received positive written feedback from a social care professional who commented staff demonstrated, "high levels of dedication and professionalism. I commend the work done by Shared Lives which is in my opinion invaluable to… the people of Dorset". People told us their carer was skilled and helped them to do the things they wanted to do.

Staff told us they had the received the right training to enable them to undertake their role. Mandatory training included emergency first aid, moving and handling, safeguarding adults, the Mental Capacity Act, equality and diversity, health and safety, and handling personal data. One member of staff was undertaking end of life training as this had been identified as a need within the team and other staff told us about management or social care qualifications they had commenced. Some staff had undertaken health related training such as epilepsy and the use of emergency epilepsy medicines. Another told us about training they had undertaken and said, "It refreshes my knowledge, there's always something new to learn."

Shared lives carers received the same mandatory training as staff. This was completed and carers' competence assessed against the Care Certificate before they started in their role (the Care Certificate is a national set of standards for health and social care staff). Refresher training was provided as required. Feedback from one shared lives carer's monitoring visit had discussed a specific piece of training with the carer commenting, "Really useful; the trainer was excellent". Feedback from shared lives carers was largely positive. We received a range of comments which included, "The training is very good. There is always something new or a change we need to know about", "I was really impressed by the quality of it" and, "You always come away updated and learn new strategies; it's really important." One shared lives carer did not always find the training was what they wanted, although they said this did not impact on their ability to care for or support people. They had fed this back to the service.

Staff told us they felt well supported. One new team member described their induction and said, "I was really well supported by the management and the team; I never felt like I couldn't ask." Another said, "I have regular supervisions. I can go to anyone; we are a very close team." Staff described positively the supervision they regularly received telling us, "We talk through problems and solutions", "Really helpful, it helps me evaluate". Staff told us they had an annual appraisal, linked to the provider values which identified their training and development needs. One described their appraisal as "extremely positive and very outcome focussed". They told about some specific training they had commenced as a result of their appraisal outcome.

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 told us they were in charge of their own lives and made decisions about where they lived and how they spent their time. Where they had capacity to do so, people had signed their support plans and placement agreements to show they understood and agreed with the plans. Staff had received training in the MCA and had excellent working knowledge of the legislation. This made sure that people's rights to make decisions was fully respected. One person had a health condition that potentially needed an operation. Staff had worked with health colleagues to provide the person with a pictorial guide on their condition, the problems it caused for the person and potential solutions. The information included why the proposed surgery was being suggested, what could go wrong and what benefits the person could expect. This proactive approach to informed decision making enabled the person to weigh up the pros and cons and make their own decision about what they wanted to happen. Other people had mental capacity assessments that determined they had capacity to make decisions about things such as their medicine management or attending medical appointments.

Some people lacked capacity to make a specific decision. This had been determined by a mental capacity assessment. In these situations best interests decisions had been made that involved the person, took account of their wishes and involved key people such as their family, carers and involved professionals. For example, one person was at risk of sexual exploitation through their use of the internet. Their assessment showed they lacked capacity to understand the risks they were exposed to. The consequent best interests decision explored a range of options that protected their rights by taking the least restrictive option that protected the person from harm. In this case, the person agreed to use the internet under supervision from their shared lives carer. This meant the carer could help the person understand more about the impact of quickly formed friendships made through the internet, and how they could mitigate risks. This including supporting the person not to give new internet friends personal details such as their home address and not making arrangements to meet new friends where this could be unsafe.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We talked with the deputy manager and they fully understood their responsibilities to alert health or social care teams when they felt there was a risk that someone could be deprived of their liberty.

Shared lives carers received training on nutrition, hydration and supporting people who had specialist eating and drinking needs. People's support plans described their likes and dislikes and what support they required to maintain a well-balanced diet. A member of staff told us, "We encourage the clients to express what they like and don't like" and commented that shared lives carers were "generally pretty good at offering a well-balanced diet". One person told us about their favourite food, which was spaghetti bolognaise. They said they could have the meals they liked anytime.

People were supported to access health and social care services when they needed to. Support plans described the healthcare support people required. For example, one person's plan described the side effects of a specific medicine they took. It said, "I get bad headaches and have dizzy spells sometimes and can tire easily and be less steady on my feet." This person's independence was recognised and valued. Their plan said, "I am able to say if I have any discomfort or pain and if I have a cough during the night I am able to make my own honey and hot lemon drink."

One person attended a clinic for monthly blood tests. People were also supported to see their GP, social worker, nurse dentist and optician whenever they needed to. Where people had a specific condition care plans were in place to provide guidance. For example, one person had epilepsy and their care plan provided details about their seizures and what to do in the event of an emergency. Another person had diabetes and they told us about the advice and information their shared lives carer had given them to support their

understanding. They commented on their carer saying, "[the carer] is very helpful".

Outstanding ☆

Is the service caring?

Our findings

People who used the service said they were treated with dignity, respect and a high level of kindness. We asked one person about their home and carer and they told us, "It's lovely I like living there." They commented on their carer saying, "She is my best carer" and, "She's marvellous, she is very nice to me". Another person told us their carer was "kind" and "My house is nice, my bedroom is nice". We asked this person what was the best thing about their service and they said, "Everything really, the house and company. [The shared lives carer] is there when I need them." Shared lives carers spoke about the people they supported with a great deal of affection. One said, "[The person] was part of the family", another said, [The person] has a very mischievous side" and a third commented, "We are very fond of [the person]. We have a very happy relationship and [they] enjoy being here."

People were complimentary about shared lives staff with one person commenting on a staff member saying, "[They] make sure everything is alright; they are a good officer to me." Shared lives carers' were also complimentary. One carer had written to a member of the team saying, "This week I really couldn't have got through the last few days without your professional, friendly and kind help." Another carer had written to staff saying, "We can't thank you enough for standing by [the person] and not giving up on them." A third carer had written to the service saying, 'I would like to show my appreciation for the wonderful care shown to [the person]."

Staff told us they had developed caring, supportive relationships with shared lives carers and people who used the service. One said, "It really helps that we know all of our clients well." Another member of staff was discussing shared lives carers and said, "It's all about maintaining the relationship so that they feel supported in their role." Shared lives carers were extremely positive about the staff approach and we received comments including, "It's been a good relationship and we get a high level of service", "[the staff member] was absolutely brilliant. [They] are on the ball and [they] do everything that needs doing" and, "I always felt I had the support; they backed me up. [The staff member] was always there if I needed to talk."

The service promoted equality, recognised diversity, and protected people's human rights. For example, staff told us about one person who was transgender. They explained how they had supported the person and their carer to access information and resources, and how they had amended the person's records to ensure they were identified in the gender of their choice. At the time of the inspection staff and the person's carer were supporting them with their medical appointments and checking in with them to make sure they were doing everything they could to help. They told us about the impact on the person commenting, "They are now much more confident and lead their own reviews." This showed how staff were aware of, and protective of this person's rights and needs.

We saw examples of where staff had gone 'above and beyond' because they cared about the people they supported. One person's parent had passed away and they told us about how their carer had made sure they could attend the funeral, held in another part of the country, and about the on-going support they received from their carer when they felt sad. They told us that talking with their carer made them feel better. Another person was able to remain in their home because their carers were happy to have the house

adapted to meet their needs. This person required surgery. Their carer stayed overnight with them in hospital to ensure they felt safe and supported them in their communications with hospital staff to make sure they were ok. A staff member told us, "They went over and above to support [the person]." We spoke with the shared lives carer and they told us about some of the things they had done to ensure the person could continue living with them. They said, "[The person] had been with us for so long, I couldn't think of them going into a home. [The person] would have been devastated."

Staff and carers had the right information to help them get to know people. One person's support plan described their personality including comments such as, "I like to try new things, I am sociable and enjoy seeing my friends, I like to be helpful, I am very kind to ladies and let them get on the bus first'. This person's plan also described 'what makes me feel happy or may upset me." The value placed upon getting to know people meant shared lives carers could support people in a very individualised way and develop good relationships.

People's preferences were treated with importance. One person's plan asked, "Do you have any special belongings" and the person had told the staff, "I like to write a diary in my notebook." Another person was engaged and told us about their plans to have their fiancée over for dinner at their house.

People were supported to make choices about who they wanted as their shared lives carer. This started with receiving information such as the carer profiles. Staff told us this was important because it enabled the person to "decide whether they want to meet them or not". Following this, initial meetings involving people, the carer, family and professionals were held. A staff member told us, "It all about matching carers and client." If the person decided they wanted to proceed a range of meetings followed including tea and overnight visits. One shared lives carer told us about how they had supported a person to have a number of tea visits to help them make a decision about whether they wanted to move into the home. The person decided they did.

People were supported to understand and make decisions about their lives. Records showed one person had been supported to choose and purchase their outfit for a family wedding. Another person had discussed their healthcare condition with their shared lives carer to enable them to make informed decisions about healthy eating options. Advocates were frequently used and the deputy manager told us, "We very often have advocates involved, it's very much about having a choice and a voice." One person had previously lived at home with their family. They wanted to move from home but were struggling with the potential upset this may have caused their family. They had an advocate who supported them, over a period of time, to express their view about moving permanently into a shared lives carer's home. A sensitive approach by staff and the advocate enabled the person to move on from home, whilst maintaining their family relationships. Staff told us about how the person had grown and developed new skills following their move, including going on a cruise which was something they had always wanted to do. A carer advocated on their client's behalf to make sure the nutritional plans in place met this person's needs. A member of staff described how the person was having pureed meals, which they didn't enjoy. Their carer advocated a different approach and was described by staff as being, "very proactive around making sure the plans fit the person and their quality of life".

People were encouraged to express their views and to be involved in making decisions about their care and treatment. For example, there was a staff 'client involvement lead'. They organised quarterly meetings where people using the service were able to contribute to the development of the service. Meetings were developed around themes people had identified. For example, meetings had covered a client-led first aid presentation, a talk from someone who had taken part in the Special Olympics and a talk on the care certificate and CQC. People had been in involved in developing the content and look of the client handbook

and staff told us this was important because it was a "client led service". There were newsletters following meetings to ensure people who were unable to attend were kept updated about developments in the service.

Good

Is the service responsive?

Our findings

Referrals were generally received from individual social workers and these led to thorough assessments involving people, their family and their health or social care professionals. Staff described how people were involved in their assessment and support plan saying, "Its best from them because they're the ones involved in it. We can leave it with them to let them have a think about things and digest the information."

Care plans were written entirely from the person's perspective. They were focussed on people's skills and strengths and also provided information on where people had identified they wanted assistance. For example, one person's plan said, "I need prompting to get my hair cut but I am then able to travel independently to the barber's to get it cut" and, "I like to keep my bedroom very tidy. I will dust, empty the bins and clean drawers out. I don't like to vacuum as I am anxious I may fall over the wires." People signed their support plans and a member of staff told us, "I say to them, it's a working document we can change it and add to it."

People had regular reviews, which enabled them to discuss their service and discuss how things were going. One person had diabetes that was managed through medication. Their review showed that following their move into their shared lives home, they had worked with their carer to think about nutrition in relation to their diabetes. This had improved the person's health and they were able to stop taking the medication as they controlled their condition through diet.

People developed goals they wanted to achieve and they were supported to plan and review their development. One person wanted to lose weight. They had actions in place including learning about healthy eating and support to engage in the exercise they enjoyed. Reviews of this person's goals showed their achievements towards their goal. Another person wanted to develop their literacy and numeracy skills. With support from their shared lives carer they became a volunteer at a local stroke club. Their role included activities that enabled them to develop skills in the areas they had identified.

People told us about their lives including the activities they chose to participate in, such as clubs they attended, how they accessed the community and holidays they had been on. People told us they were in charge of their lives. One person described some of the things they had been doing, which included having their birthday party at a local pub and staying at a hotel for Christmas.

Staff responded to people in an individual way to make sure their rights were respected. For example, one person was not completing their personal care and this had an impact on their skin integrity. Staff used the Mental Capacity Act 2005 to assess whether the person had capacity to decide about personal care including brushing their teeth. They used an innovative approach to maximise the person's ability to make this decision. They showed the person a range of personal care products and asked them various questions. For example, they gave the person a toothbrush and toothpaste and asked what they were used for. They asked the person what they thought would happen if they didn't brush their teeth. By using this approach they were able to determine whether they understood the consequences of not washing themselves or brushing their teeth. The practical approach enabled the person to be fully involved in the issue and their

viewpoint was sought in a very responsive way. This resulted in a plan that supported the person to complete their personal care including responsive strategies for carers, such as providing reassurance and trying again later should the person not wish to carry out their personal care at a specific time.

The service was very responsive to people's changing needs. One person required respite when their family member was unexpectedly admitted to hospital. Their shared lives carer responded immediately to offer support. Following this and a deterioration in their family members health the shared lives carer supported the person to understand about and come to terms with end of life issues including grief and loss. The person had a plan in place to make sure they could have immediate respite whenever their relative was unwell. Their shared lives carer told us, "It gives [the family member] reassurance. Without our support [the person] wouldn't be able to remain at home."

Another person had a serious healthcare condition that required emergency treatment. Staff worked with their shared lives carer to enable them to support the person at the hospital. This meant assisting the other people who lived with them to understand what was happening and move into emergency respite. Records showed how people were supported to understand and feel OK about this very sudden change. Staff also took time to consider how the carer could be supported to take some rest and recover once the urgency and seriousness of the person's situation had reduced.

Staff supported people diagnosed with dementia to access the service. This involved a different approach and there was a skilled staff dementia lead.

One person lived at home with their spouse, who told staff they didn't feel the person would ever be able to access the service for overnight respite breaks because of the impact of their diagnosis. Their shared lives carer visited the person over a six month period to develop rapport and the confidence of the individual. This resulted in the person staying overnight successfully. The staff member told us about how this had helped their family member and commented that its success was "because they [the carer] had built up such great relationships. The outcome means their family are refreshed and ready to carry on. It's really good".

Other examples of person centred work with people diagnosed with dementia included one carer who developed snack stations around there home to make sure the person they supported had ready access to meals and snacks. Another carer supported someone with end of life care needs. They undertook specialist training to enable them to understand how the person wanted or needed to be supported. They took the person somewhere they had wanted to go on holiday before they passed away. The staff member told us, "[The person] got their wish. I was quite upset when I found out they had died, but equally I was so thankful that they had gone on their holiday".

People were supported when they needed to move between services. A staff member told us, "We make sure we are at any meetings they want us to be at; it's about making sure the transition is as smooth as possible." People had communication passports to make sure other professionals understood their strengths and needs, for example if they were admitted to hospital. One person needed support to move into respite whilst their permanent carers went on holiday. Staff wrote a pictorial social story (social stories are descriptions about a situation or event to aid understanding) about what would happen. The story provided a sequence of events and also reassuring information such as "It is going to be different for [the person] but it is going to be alright".

Staff understood how to respond in the event of a comment, concern or complaint. This formed part of people's reviews and was also checked out with shared lives carers during monitoring visits. There had not

been any complaints made about the service in the past 12 months. One complaint had been raised about another part of the organisation and staff had responded to this to ensure the person's concern was acted upon. The service had received a number of compliments. One person had written to staff saying, "I love shared lives." There were a significant number of compliments received from carers. Examples included, "Thank you for sorting this out for me. What stars you have been" and, "Many thanks for all you are doing it is much appreciated."

Good

Is the service well-led?

Our findings

People's feedback about their experiences was sought at every opportunity to help staff understand the quality of service and consider where improvements could be made. For example, people completed questionnaires during client involvement meetings. A thoughtful approach to gathering feedback had led to facilitated group sessions with written and pictorial aids to ensure everybody could contribute. Analysis of people's views led to changes in the service. For example, some people had commented that they were not fully involved in meal choices. Staff had investigated this and discussed their findings at a shared lives carer meeting. This enabled carers to gain understanding about how to involve people in making meal choices. A member of staff commented on how they learned from people saying, "We seek client feedback every time we meet with them." Feedback was also sought from families, carers and any involved professionals, for example, through people's annual review of their service. One family member had commented that they didn't feel fully involved. Staff had responded by setting up regular meetings that the family member attended so they were kept fully up to date and involved in their relative's care and support. This showed staff continuously sought to gather information about the quality of their service and identify where improvements could be made.

There was an open, transparent culture within the service. Staff received regular information through supervisions, team meetings and quarterly provider briefings. Staff told us there was an open door policy and one commented, "It makes you feel safe in your role." Staff also commented positively about the provider with one telling us, "Tricuro is a very open and supportive company." Staff told us about initiatives to ensure that staff felt communication was effective, and that their views were listened to and acted upon. To support this there were weekly and monthly team meetings. The deputy manager told us, "It's a very supportive team and there is good team camaraderie."

Prospective shared lives carers were supported to understand their role through written information and information days that had been recently introduced. There was a thorough approach to the approval of carers through approval panels. Panel members included staff from other areas of the organisation, an independent chair, people and carers. The deputy manager commented on people's contribution to the panel saying, "It's so that the client has a voice. They are in effect the purchaser; it helps us to understand what they are looking for." This approach brought a depth of experiences and skills to make sure the carers approved were suitable for their role. Shared lives carers received on-going support to understand their role through shared lives carer meetings and development days. Records of these showed carers had received training in fire risk assessments and overall fire safety, supporting people to eat well and respecting and valuing difference.

Staff told us that communication with people, within the staff team and with shared lives carers was effective and responsive. There were regular newsletters sent to shared lives carers to provide service updates, team changes and useful information including out of hours support. Staff had completed a survey and the results led to changes in the service, including a staff group to ensure senior managers were aware of what was important, or a problem for staff.

Staff had recently become involved in a national project to offer a short term service to people awaiting discharge from hospital. They told us about how they hoped this may offer an alternative reablement opportunity for people recovering from an injury or illness, aimed at supporting them to regain their independence in a family environment.

Staff and the provider continuously considered how they could further develop the service. For example, the introduction of an approved overnight support carer was an identified need that had been acted upon. Staff told us this meant "clients don't have to move out of their homes" if, for example, a shared lives carer went on holiday or was taken unwell.

A range of quality assurance audits enabled the provider and deputy manager to understand people's experience of the service and drive forward improvements. For example, peer audits where managers of different services checked the quality of the service had just started. The provider also received monthly reports to make sure they could check any compliments or complaints, any other feedback received and how people were moving towards achieving their goals. A quality assurance framework and committee had been established and the service director told us it was aimed at understanding "what quality looks like" and commented, "We want to make sure it's a positive experience for the people using the service."

Checks of client and carer records, driver checks and supervision audits supported staff to understand and act upon any gaps that were identified. Various checks were completed at carer annual reviews, including people's medicine and financial support records, the carer's DBS (Disclosure and Barring certificate), their training needs and checks of insurance. Staff told us they also used annual reviews to make sure carers were receiving all the support they required to feel competent and confident in their role. One said they asked questions such as, "What is it you need from us to help you carry on this service and make it better?"

The deputy manager told us they were a member of Shared Lives Plus, a national shared lives advisory organisation. They explained this enabled staff to "keep up to date with changes; you feel part of a bigger picture. We have lots of links; it's about sharing things like ideas or practice issues".