Sunderland City Council

Sunderland Shared Lives

Inspection report

Fulwell Community Resource Centre,
Fulwell Road,
Sunderland,
Tyne & Wear,
SR6 9QW
Tel: 0191 5532274

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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

Overall summary

This inspection took place on the 21, 24, 28 August and 2 September 2015. The inspection was announced. This was the first inspection of Sunderland Shared Lives.

Sunderland Shared Lives is managed by one registered manager with the support of one other staff member. 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.

18 people lived in Shared Lives placements within family homes and were supported by 15 families; some of which cared for two people.

Sunderland Shared Lives carers are self-employed and have a contract with Sunderland Shared Lives.

Summary of findings

Staff and carers understood safeguarding and acknowledged that at times some people might make unwise decisions and take risks but this needed to be understood and the person supported.

Individual care plans and risk assessments were in place which identified the care people needed and how they wanted this to be delivered. Risks were identified within the care plan and measures put in place to manage them. One carer said, “We do dynamic risk assessments, we assess situations all the time.”

Where people needed specialist care in relation to mobility, health or diet appropriate referrals had been made and people had ongoing access to the care that was needed. Relevant care plans and risk assessments were in place to support people and their carers.

Emergency contingency plans had been developed with carers and these would be followed if carers were ever in a position where they were not available to care for the person living with them. Anyone who was named on this plan, or who lived with a cared for person had a completed DBS check which supported the registered manager to assess their suitability to work with vulnerable people.

Some carers had raised concerns about increased paperwork and had said they felt as though it was becoming more a job and a service than caring for someone as part of the family. The registered manager had introduced a diary which reduced the amount of paperwork as it could be used to record any significant events, such as appointments, accidents or incidents and change in circumstance. This was then reviewed by the registered manager to ensure the appropriate support was provided for the person and their carer.

Medicines were managed well and many of the people cared for administered their own medicines with minimal support from carers. Training was provided for carers who were involved in the administration of medicines.

The staff had attended all appropriate training and the registered manager was being creative in how training was delivered to carers and was working to develop training packages that were specific to the needs of Shared Lives carers as carers felt that some training was targeted more at traditional services such as residential care homes.

The mental capacity act was understood by staff and mental capacity act assessments had been completed in relation to finances and the signing of license agreements for people. Where it had been assessed that people lacked capacity the Court of Protection had been involved.

Shared Lives carers felt that the people they cared for were family members and they showed a great deal of affection for people, involving them in their immediate and extended family. People were very much ‘at home’ in their placements and had warm, caring and respectful relationships with their carers.

People and their carers were involved in decision making about care and were also consulted by Shared Lives staff in relation to paperwork and proposed changes to the service.

They had a clear vision for the future of Sunderland Shared Lives and felt well supported by their manager. The registered manager employed a range of audits and quality assurance systems to assess the effectiveness of the service and to drive improvements.

Summary of findings

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. Staff and carers understood how to safeguard people. Risk assessments were completed and one carer said, “We do dynamic risk assessments all the time.”

Accident and incidents were recorded using a diary system which was reviewed by staff on a regular basis.

The recruitment of carers was robust and included a multi-disciplinary approach.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff skills and knowledge were of a high standard. Bespoke training was being developed for Shared Lives carers as it had been recognised that the organisational training packages did not always meet carers needs.

Mental capacity and Deprivation of Liberty safeguards were understood and principles of the code of practice were being followed.

People had access to health care professionals including specialised support with diets and health care needs.

Is the service caring?

Good

The service was caring. Carers had genuine affection for the people they cared for and people were very much part of the family.

Carers and staff treated people with dignity and respect and were passionate about the ethos of Shared Lives; doing all they could to ensure people were involved in their care and supported as part of the family.

Is the service responsive?

Good

The service was responsive. People had their care needs assessed and reviewed regularly and care plans were personal to each person and their carer.

People were included in family activities but also spent time enjoying individual activities and hobbies such as dance or working in a café.

Carers knew how to complain but said they had not had reason to do so.

Is the service well-led?

Good

The service was well led. Staff had a clear vision for the future of Shared Lives and were committed to service improvement.

A range of audits and quality assurance systems were used to identify areas of improvement and make changes.

Carers felt the staff were “brilliant” and the registered manager had been nominated for, and won employee of the month.

Sunderland 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.

The inspection took place on 21, 24, 28 August and 2 September 2015 and was announced. This meant the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone was available at the office.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioning team and the safeguarding adult's team who did not raise any concerns.

During the inspection we were supported by the two staff members, one of whom was the registered manager. We visited four shared lives carers and the people they cared for at home and spoke to one shared lives carer over the telephone. Due to the needs of the people supported not everyone was able to share their views with us.

We looked at three peoples care records which included information in relation to their Shared Lives Carer; we looked at medicine records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Staff and carers understood safeguarding and how to report any concerns. One carer said, "There is a tension between the need to safeguard people and the need for people to have a life." The registered manager said, "One person had been assessed as having capacity but is making unwise decisions. We need to understand the other things that are happening in the person's life that are leading to them placing themselves in a vulnerable position. It is their decision and we need to respect that but we also need to understand the bigger picture and support them with that." All the carers had received a copy of the 'speak up' policy and had contact cards which they could use to raise any concerns. Each cared for person had a safeguarding record kept in their individual file which was confidentially stored in the office.

Risk assessments were completed and reviewed on an annual basis or as needed. They included who was at risk and what control measures were in place such as personal plans, training, medicines and monitoring. We saw that risk assessments in relation to the management of epilepsy referred to the NICE guidelines on epilepsy as a point of good practice. One carer said, "We do dynamic risk assessments, we assess situations all the time and manage them."

'Bed side guides' were in place for people who had mobility needs. The registered manager explained that if people used a hoist the occupational therapy service were responsible for the training and management of the hoist. They added, "We do check equipment and make sure insurances are in place. We are waiting for updates from the occupational therapist." There was information in the guides on an assessment of the environment, LOLER assessments (Lifting Operations and Lifting Equipment Regulations). The registered manager said, "Our carer's are self-employed and have their own public liability insurance but its best practice to share information with them."

The registered manager explained a situation an occupational therapist had assessed a carer completing moving and handling and had written a plan whereby the carer was able to use the equipment on their own to support the person whereas if the same support was provided by paid staff it had to be completed with two staff present. One person had been assessed by the occupational therapist and had received a new comfortable chair which could be used at home so they had a break from sitting in a wheelchair. The carer explained, "The occupational therapist and the manufacturer came and assessed the person for the use of slings, hoist and the chairs. If there's any new equipment the occupational therapist comes out."

Personal emergency evacuation plans (PEEPs) were in place and the registered manager said, "We are working with the fire brigade about what needs to be in place in terms of evacuation so we are up to date with best practice in people's homes." Contingency plans for if a carer was unable to care for the person living with them for any reason was in place and included all the necessary contact details. The registered manager said, "PEEPs and emergency plans are completed face to face with people whilst we complete the plan of care. Any other person who might be living in the house or have contact with the cared for person has to have a DBS (Disclosure and Barring Service check); I complete them as though they are a volunteer." DBS checks are used to help organisations make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

We asked the registered manager about accident and incident reporting. They said, "Carer's report to us but we get very little. No actual forms are sent in. It's an agenda item for the next carers meeting; I don't think people are at risk as they are receiving care and treatment if needed." They explained they are working with carers to understand the importance of recording and reporting and that it's a means to offer support and develop skills and understanding."

We were given an example whereby incidents had not been recorded or reported formally using an incident report but through conversations it had been recognised that a person's behaviour had changed. This led to the psychology services working with the person and observing strategies used by the carer which were found to be very effective in supporting the person. This led to the carer writing down any incidents in their diary so the information could be used to review and amend the behaviour support plan. The registered manager said, "We have raised it with carers so they understand the reason and rationale for record keeping, its ongoing work though." We asked the registered manager if they felt incidents and accidents were now being reported, they said, "Yes carers would report things now as they understand."

Good

Is the service safe?

One carer said, “I use a diary for appointments or anything important to be written down.” Another said, “The diary is used for any accidents or health appointments. We go through it when [the staff] visit.” We saw that one cared for person made their own records in the diary which included information on any incidents or accidents.

Medicine folders were in place and included a medicine front sheet and a copy of the policy. A medicine management plan and risk assessment was completed by the staff which identified any risks and how they should be managed. Safe storage procedures were in place as were procedures for ordering and managing medicines. People had consent forms for over the counter medicines which had been completed and signed by their doctor. Audit sheets were completed on a regular basis and included the medicine administration record and the systems and processes used. It also included a record of the requirements for and completion of training. Observations of medicine administration were completed on an ongoing basis.

The registered manager said, “We created workbooks and customised them for Shared Lives carers. There’s also a three hour session for people and the QCF level three medicine training is available. The Qualifications and Credit Framework (QCF) replaced the National Vocational Qualification). We go through the policy with carers and the error risk is reduced due to long term administration. Many people self-administer with prompts.” “Error reporting is very robust.” One staff member said, “I’ve updated the medicine files in people’s homes and do monitoring and feedback visits and health and safety checklists.” One carer said, “I have a medicine file and I went on a course. There’s a lot of paperwork but I accept it to keep myself right.”

When asked about covert medicines, the registered manager said, “One person does but the GP has given written instruction on how this should be completed.”

The Shared Lives service has two staff members the registered manager and a community support officer; all other support is provided by Shared Lives carers who are self-employed but contracted with Shared Lives Sunderland.

There had been no recent staff recruitment but company policy would be followed in terms of the application process and seeking references and a disclosure and barring service check. Robust pathways were in place for recruiting Shared Lives carers which included an application form, DBS check and references. Prospective carers were invited to attend the Shared Lives panel meeting for an interview. The panel included the registered manager, two operations managers, the social work team managers and any other person the registered manager felt was needed. The registered manager said, “We try to link with fostering and the leaving care team so they would be invited to panel if appropriate. We would ask for a 12 – 18 month lead in for placements so we can get it right and match people to their carer. We don’t have a current bank of carers available.”

Good

Is the service effective?

Our findings

A staff member said, “There’s just the two of us but I am well supported. I have supervisions every month we discuss any support I might need with work, I get feedback and support. I haven’t been in this post a year so haven’t had an appraisal yet” They added “We have team meetings which focus on customers and feedback from customers.” The registered manager said, “I keep an ongoing record of achievements made to discuss in the meeting, it’s so easy to miss these off the discussion if you are dealing with issues within the service and it’s important we record and acknowledge the good job people do.” One carer said, “I can’t fault them in anyway.”

Shared lives staff had received all the necessary training but Shared Lives carers had mixed views. One carer said, “I don’t like it. [Staff] booked me on to training and went with me, we did first aid, moving and handling and diet and nutrition. I don’t need medicine training as [person] doesn’t take any.” Another said, “I don’t believe training is needed, [person] has lived as part of my family for 14 years.” They added, “We are waiting for some sexual health and behaviour training though.” Another carer said, “I’ve done health and safety; moving and handling but I don’t need it; level 3 diploma in medicines which I felt was over the top but I did it, only a small amount of it applied as [person] self-medicates at the minute.” They added, “We need bespoke training packages for Shared Lives as it isn’t a traditional service.”

The registered manager explained that they were being creative in the delivery of training in order to ensure carers could attend, this included delivering some training in carers meetings, doing one to one training in people’s houses and looking at ‘toolbox training.’ Workbooks were in place for safeguarding and mental capacity and the carers meeting had been used for food hygiene training. The registered manager said, “It’s about having a common sense approach so meetings and training isn’t too intense, our carers don’t see this as a job, they are caring for a family member.” They went on to say, “The company really advocates training for carers. We provide all the mandatory training like safeguarding, moving and handling, but it can be difficult as we need to acknowledge that the cared for person will need care whilst the carers are being trained.” They went on to say, “Training can be very ‘residential’ based and this has been raised by our carers. We assess competency on an ongoing basis and respond to this on an individual basis to support people to reach the necessary competency.”

We saw a training plan was in place and was linked to the Care Certificate which all carers and staff had online access to. Training included induction, risks, moving and handling, nutrition, medicines, safeguarding, mental capacity and deprivation of liberty. We saw records showed that people had received training in emergency planning.

The supreme court judgement made in 2014 extended the scope of Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005 and are a legal process that is followed to ensure people are looked after in a way that does not inappropriately restrict their freedom. If a person is receiving care in a community based environment, arranged by the local authority, the Court of Protection must authorise any deprivation of liberty. This is the only route available. Anyone who feels that a deprivation of liberty in this setting may be required can ask the local authority to seek authorisation.

The registered manager said, “The process would be that the social worker assesses the person’s capacity before the point of placement. We have done finance and tenancy assessments for mental capacity as they were never done in the past. Any other capacity assessment would be done on an ongoing basis. Best interest decisions come through the social work care plan and then we transfer it to our customer care plan. We also include how to communicate with the person so they can give their consent and be included. If we were making best interest decisions on someone’s behalf we would contact the safeguarding team for advice if we were unsure but it would all be recorded. Consent is included in the Care Certificate training and specialised training would be provided on an individual basis if needed.” They added, “A list of people who are being deprived of their liberty had been sent to the social work team and the local authority are seeking authorisation.” They said, "No outcomes have been received yet.”

The registered manager explained, “We needed to introduce license agreements for the cared for person which was a complex situation to approach with people after years of living as a family. Mental capacity assessments were completed to see if people had the capacity to understand what they were signing. Financial

Good

Is the service effective?

assessments were also completed and for people who didn't have capacity the Court of Protection team started working with people. We challenged Court of Protection on things like needing to use a specific bank as people had bank accounts with cash cards and understood how to use them to access their money. The Court of Protection team agreed that those who had the skill to do so could continue to use their own bank account and Shared Lives would monitor the use of it. This modernised the service as traditionally people under Court of Protection would need to go into a local branch to access their money."

One carer said, "Vulnerable people need to be protected financially but it took a long time and it was badly organised but things are in place know and the staff did everything they could to support us and make it a smooth process."

People were supported to access specialist health care providers for support with nutrition and hydration as well on ongoing healthcare needs.

People who had a diagnosis of epilepsy had an epilepsy file which included a front sheet and audit process. Care plans included potential and known triggers, the types of seizure the person experienced and the recovery time. Risk management plans were in place which included information on first aid and recording as well who to contact in emergency situations and who to report to.

If someone had been assessed as at risk of choking or if they were at risk through falls they had been referred to specialists. Two people had involvement from Speech And Language Therapy (SALT) who had completed assessments and issued guidance on people's dietary requirements.

One carer said, "We have regular appointments with the doctors; there was an annual appointment at the hospital but [person] doesn't need to go anymore. Then they have their flu injection, go to the asthma clinic. [Person] likes meeting the nurses." Another carer said, "[Person] has no specific health needs, but we go to the doctor for any routine ailments and medicine's."

Good

Is the service caring?

Our findings

One staff said, “People live together as a family; it’s a near perfect situation for people. Carers do an extremely good job.” One carer said, “It makes a real difference knowing someone all their life.”

Another carer said, “I love the scheme, [person] has lived with us for 16 years, they are very much part of the whole extended family.” They added, “It’s a family home, it is a job but it doesn’t feel like a job, we love the people we care for. We don’t see it as a job.”

The registered manager said, “We are working in a family environment and we need to be sensitive to the need to maintain boundaries but cared for people become family members and we need to respect that whilst managing Shared Lives as a ‘service’.” They added, “It’s lovely, it’s very complex but its brilliant, people are very honest, I love it!”

When we visited people at home we observed that people were very much ‘at home’ with their carer’s. Relationships were warm and compassionate. Carers were proactive in developing people’s skills and independence and encouraging people to learn new things, try new experiences and maintain their individuality and independence.

One carer said, “There’s been lots of changes over the past year. It’s lost some of its personal touch and become more of a business with policies and procedures. I feel that they are trying to run it along the same lines as a service. Running it as a job but previously it was a family thing. It doesn’t change how we feel about [person] though.”

One staff member said, “We gain feedback from customers on a one to one basis and during the six monthly carers meetings on what works and what doesn’t.” They added, “We get better involvement if we speak with people and they are being involved and included in any changes.” They went on to say, “Carers were involved in the development of the holiday proposal form. They didn’t like the first version so we found out why and made changes to it which worked for everyone.” One carer still felt the holiday proposal form restricted the opportunity for taking spontaneous holidays, especially as the person they cared for had capacity to make financial decisions.

Staff explained that carers were very involved in developing processes such as the holiday form, but also in shaping the delivery of training so it met their needs in terms of managing the care of the person as well as in developing skills and ensuring the training was delivered and meaningful.

Shared lives carers meetings were held six monthly and minutes showed that updates were shared about the future direction of the services; information about the Care Quality Commission inspection process had been shared as had information on the Care act; medicine administration; record keeping and new policies.

Advocacy services were available if needed and had been involved in completing mental capacity assessments. Carers and staff alike acknowledged that this had been a difficult time for everyone.

One carer said, “An advocate was involved for the mental capacity assessment and a new social worker, which was quite difficult for [person] as they find questions difficult. A lot of reassurance was needed but we got there.”

People were very much part of the family and were included in family activities, such as spending time with the family members they lived with, sharing family holidays and spending time with extended family members.

All the carers we spoke with and met showed genuine affection for the person they cared for. Many carers had fostered the person from a young age and when they reached adulthood had transitioned the placement to shared lives. One staff member said, “One of our carers received an OBE because of their services to young people.” They went on to explain that the carer had fostered many young children over the years. They had then chosen to continue caring for two young men when they reached 18 and this became a shared lives placement. The carers family members made a submission for an OBE to recognise the persons commitment and devotion to working with young people over the years. The staff member added, “I love it; you get to see people’s absolute dedication to people.”

The registered manager told us about one person whose care is managed with the support of assistive technology. As well as support with mobility needs there was also technology which alerted the family to someone being in the garden or at the door. The carer was an older person and due to the relationships they have with the cared for person they did not want the situation to change. As such their health was being monitored as well as that of the

Good

Is the service caring?

cared for person. Additional support had been arranged to ensure the Shared Lives situation could be maintained and managed safely as it was important for everyone involved that they continued to be together as a family.

A staff member said, "Carers are matched with the looked after person in relation to interests, hobbies, skills, knowledge, even pets. Personal profiles of the carer are in place along with a day in the life sheet." They added, "Shared Lives are there for support and we are used for support and monitoring, it's a different approach to being in a residential service. Carers have people placed with them who they fostered as children or whose parents fostered as children, it's a real family." They added, "Some changes can be difficult, but people engage with processes once we explain and offer support."

Good

Is the service responsive?

Our findings

One carer said, "[Person] goes out all the time, we go out on a night time to the centre for the disco. At weekends we go away. [Person] enjoys the ice-cream factory; watching the golf; going to the safari park at the lake district. They also like their short break when they go away without me."

Annual diaries were used by people and their carers to record any appointments, incidents or significant events and the diary was viewed by staff during monitoring visits. This system had been introduced in January 2015 in response to carer's view that there was too much paperwork in place. The registered manager had explained the importance of recording and agreed that a diary could be used as this kept all the information in one place. The registered manager said, "It's working well so we are going to keep using it." They added, "The cared for person can write in the diary as well as the carers, any concerns are noted and we then speak about them in the monitoring visits."

Care files contained a front sheet which was also used as an audit sheet of all documentation contained in the file. Information was person centred and included photographs of the person and their carer.

The staff explained that the social work team produced the care plan based on a person's individual budget which would be reviewed and updated annually. They said they then produced a working care plan for the carers based on what the person needed on a day to day basis. This was reviewed in the quarterly monitoring visits. They went on to say, "We get face to face feedback and the monitoring form means people's needs are assessed regularly."

Each person had a 'cared for person customer plan.' This included information on the person's preferences and contact details of family and friends who they wanted to see regularly as well as any professionals who were involved in the persons care.

The plan asked questions in an easy to read format and the answers provided evidence of the care and support people needed and how they wanted this to be provided. Any risks were identified throughout the form together with information on how they should be managed. The plan included care needs in relation to eating and drinking; communication; activities; finances; keeping safe; support with physical and emotional wellbeing; personal care; spiritual needs and end of life care.

Carer review forms were completed annually as a minimum and included information on any changes to the household and a review of DBS checks. There was space to record any actions and learning since the last review and complaints or compliments. There was a review of the skills and knowledge needed to support the person, including reviewing communication, health, relationships and the care provided. Carers were encouraged to comment on the support provided by the Shared lives staff and what had gone well and what needed to improve. If any new learning or actions needed to be completed these were planned for with timeframes set for completion.

The registered manager said, "We assess the carer's ability to manage the support needs of the cared for person. This might involve monitoring the situation and looking at contingencies for care to transfer so the people involved can still live together as a family unit if that is what they want to do. We are working with one housing provider to see if the cared for person could take over the tenancy of the rented house they share as the house has been adapted to meet their needs. This is with the agreement of the Shared Lives carer."

Communication logs for people were kept electronically so staff involved could access this for updates as and when needed if they weren't in the registered office. We saw that paper based records either contained a copy of the electronic information or there was a reference to see a particular email.

Individual communication systems were in place for sharing information with carers. The registered manager said, "Twelve of our carers prefer any communication to be sent electronically so we do that, we keep a paper record and scan the document to the carer over email." They added, "It's about what the customer needs; we need to move with the times."

People had very active lives in terms of the activities they did. One person was actively involved in dance and had set up their own dance group. Another person had a voluntary job in a charity shop and also worked in a café. One carer said, "[Person] enjoys bowling, the Alan Shearer Centre,

Good

Is the service responsive?

swimming, shopping for cookery, [person] makes their own dinners at the centre, but they don't help cook at home, they just eat!" At this comment the person started to laugh and smile.

Another carer said, "They love going out, loves to walk, have holidays, swimming, and the gym." One person said, "I go fishing with friends, take the dog out, and go to the club." Another carer said, "[Person] does a lot, they go line dancing, goes to work in a coffee shop and travels independently; spends time with family doing things; socialising with friends; volunteers at the charity shop; all sorts of things." People also enjoyed 'family time' and spending time doing things with different members of the family or just sitting together enjoying a meal or watching the television.

One carer said, "I've got information on the complaints procedure if I need it, but I've never needed to complain."

There was a complaints and compliments procedure in place and detailed records were kept. There was a record kept of instances were complaints had been 'instantly resolved', for others the complaints file included a copy of an investigation report and the response to the complainant. Acknowledgements and responses were sent out to people in a timely manner.

One carer said, "I know how to complain but there's nothing to change really, it runs well, I know what to do if there's a problem and I have every confidence they [the staff] would do what they can to help."

Carers meetings were held but one carer said, "I don't go to the meetings as they are at the wrong time for me and they are over in Sunderland, it would help if the time and venue could change sometimes." They added, "I do get the minutes of the meetings though and we get invited to a coffee morning and get newsletters."

Good

Is the service well-led?

Our findings

One carer said, "I can phone for support or if I have any problems, they visit to check [person] is ok and the paperwork is right, to make sure everything's okay really." They added, "We are kept up to date with any changes in the organisation and If they don't know the answer to something they find out and let me know." They said, "There's no improvements they could make."

We asked one carer if they felt supported, they said, "Oh yes." They added, "There's the carers meetings and three monthly visits at home. They are there if they are needed for anything." When asked if they thought the service could improve one carer said, "I don't think so really. The staff are good, the changes were very stressful and hectic, but it's okay now."

Another carer said, "They [staff] are good, they help with things, help with forms and paperwork, they come straight out." They added, "There were problems with the court of protection and mental capacity assessments with lots of form filling in but they really helped."

A staff member said, "If [the manager] can make things better for people they will."

One carer said, "Staff try to be as supportive as they can within the system. About 15 months ago changes were explained, it was a difficult process for me and [person]." They went on to say, "They are trying to make it a job, a professional service but it can feel like they don't trust the judgement of carers. Processes have to be fit for purpose."

The registered manager explained the service was in a modernisation process which was unsettling and upsetting some people. They told us new approaches were being implemented such as the Court of Protection and the setting up of licence agreements for people which was difficult for some carer's given that they had cared for people for many, many years without the need for such agreements to be in place.

One carer said, "[Staff] are brilliant; if there's a problem they will sort it out and get back on the same day. There's a regular flow of information, newsletters and events. There are coffee mornings. They've put a lot of positive changes in place." They added, "[Person] is the best manager, definitely does what they say they will."

Another carer said, "There's been lots of changes including staff changes, you get to know someone and trust them and then they're gone. We don't like change, the staff are really good and we need to keep the same people." They added, "They are brilliant at what they do." The chief executive officer had met with the carers to discuss the future of Shared Lives. One of the carers had said, "[The registered manager] needs a round of applause." The registered manager said, "It was brilliant to hear that, I won employee of the month because of it."

The staff had a clear vision for the future of Sunderland Shared Lives and the registered manager said, "Historically we have only worked with people with learning disabilities but we could support anyone who has a need. We want to be able to provide short breaks, short term placements, transition support for people who are leaving care up to the age of 25 to prepare them for independent living. There's no reason why we couldn't provider short term daily packages of support for people living with dementia, it could be respite for the carers and provide quality social time for the cared for person." The staff were developing links with fostering teams as they had identified that people wanted to continue to stay in the same family placement when they reached 18. They explained that they hoped in the future to be able to provide 12 – 18 month placements to support people to develop their independence. This would involve converting foster care to shared lives care. The registered manager said, "We would still go through the recruitment and assessment process with shared lives but hopefully it would ease transition for people and their carers.

The staff felt the chief executive officer had a sensible approach, and said, "Whatever is needed they try to provide but it's very much about let's get it right for people first." They added, "They do take things on board; they listen and care about what people think."

The registered manager said, "Yes I'm well supported, my line manager is contactable and approachable, they are quite involved with Shared Lives with it being such a small team of paid staff." One carer said, "[The staff] have a very hard job and there's been lots of obstacles, I admire what they needed to do and what they've achieved."

Sunderland Shared Lives are members of Shared Lives Plus which is a national advisory body for Shared Lives. Staff

Good

Is the service well-led?

explained that the ethos is that it's the 'right attitude and right environment' that's important for people. Its needs to be natural. The registered manager said, "We use their guidelines to form our policies and procedures."

An annual schedule of audits was in place and copies of completed audits were kept in the office environment as well as being sent to the Shared Lives carers in a format they were agreeable to.

The registered manager said, "We do quarterly monitoring visits but I see people more often than that, I don't think quarterly is enough when support is provided at such a distance." Quarterly monitoring visits assessed any learning since the last visit, support, holiday proposals, quality assurance documentation, medicines and any future action that was needed, who would complete it and the date to complete it by. Quarterly monitoring visits also included feedback from people and their carers. Six monthly health and safety checks were completed.

The registered manager completed a range of audits which led to service improvement. Audits included medicines, care, training, records, moving and handling, care plan reviews, reviews of customer plans and carer and customer agreements. The audits reviewed any actions that had been identified at the previous audit to ensure completion, they then identified any action that needed to be taken, who the responsible person was and specified a timeframe for completion. We saw that were actions had been completed this had been recorded and where it had not been possible to complete the action the reason why had been noted and the action carried forward.

Annual action plans were in place. The action plan dated August 2015 reviewed the action plan from August 2014 and recorded areas of work which had been completed, such as a quality assurance questionnaire and the design and implementation of a training programme. The registered manager explained that on reviewing the actions from August 2014 it was noted that further work was now needed so these were included in the new action plans which included further work on the training programme in light of refresher timeframes; the development of specific workbooks for Shared Lives carers in relation to autism, DoLS and MCA. Other actions included the review and audits of all customer and carers files and to ensure six monthly carer meetings were held.

The registered manager attended Shared Lives regional meetings several times a year which gave an opportunity for them to meet with other Shared Lives managers and discuss best practice; seek support or advice on any concerns. They said, "This meeting is very specific to Shared Lives, it's really useful to learn from others experience."

Lessons learnt exercises had been completed, such as identifying that some external organisations had limited understanding of Shared Lives which made some processes complex to follow. This idea was going to be raised with the Shared Lives panel to develop an action plan in relation to education and sharing knowledge in respect of Shared Lives services.

A staff member said, "We can always improve, nothing is every 100% perfect, we use carers feedback to improve all the time." The registered manager said, "We did a customer quality survey, it was done by an independent manager who had never worked in Shared Lives. A questionnaire was developed and the cared for person engaged really well with the experience. We changed things in response to feedback so the form itself has changed and we don't use smiley faces anymore for people to show whether they are happy or not. People wanted to give verbal feedback. We also noted that the flow of questions wasn't great so we've changed that as well. People wanted more money and more activities but overall were very very happy in their placement."