

# Northamptonshire County Council

## Shared Lives Service

### Inspection report

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Date of inspection visit:

11 June 2019

14 June 2019



18 June 2019

20 June 2019

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23 August 2019

### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

### About the service

Shared Lives Service is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. A total 56 shared lives carers had been appointed and some carers had been approved to care for more than one person. At the time of our inspection 59 people were living in long-term shared lives arrangements, and 35 people accessed shared lives for respite only.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People received care from shared lives carers who welcomed them into their family homes where people thrived. A shared lives carer said, "Excellent service overall, well supported in all aspects, fabulous scheme."

Shared lives carers showed compassion, kindness and great humanity in supporting people to develop their lives. Opening their homes to people had created environments, additional family and friends that accepted them as an individual. People had become part of the carers' lives and community, leading to additional positive relationships and well-being.

People consistently received safe care from staff that understood their responsibilities. People were supported to take positive risks and take responsibilities whilst assessing their risks. This had enabled people to become more independent and confident.

The careful process of recruiting shared lives carers meant people could be matched with carers that had similar lifestyles and interests. Shared lives carers received training specifically to meet people's individual needs. They were continuously supported by a team of staff who were dedicated to facilitating the best outcomes for people, often going above and beyond what is expected of them.

People used technology to improve their independence and information was made accessible. People were engaged in their care planning and set goals they wanted to achieve. Some people had surpassed their original goals and had gone on to be more independent than they ever thought they could be.

People were supported to understand how to keep healthy and eat well. Staff and shared lives carers worked closely with health professionals and other agencies to ensure people received healthcare in ways that reduced their anxieties and improved their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy, dignity and independence was made a priority in supporting people in all areas of life. People could plan for their future, including their wishes at end of life.

The management and staff team were always looking to improve people's care and consulted people and carers about their care. Regular audits and feedback were used to measure the quality of care and used to make improvements.

The provider had a good oversight of the service, with robust systems in place to monitor the safety and quality of the service. The registered manager continued to develop relationships with other agencies and services to ensure people could access services as needed and promote the excellent Shared Lives Service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 April 2018 and this is the first inspection.

The last rating for this service was outstanding (published 16 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shared Lives Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Shared Lives Service

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and two assistant inspectors. The inspector visited the Shared Lives Service office on 11 and 18 June and met people and shared lives carers at a social function on 20 June 2019. Two assistant inspectors contacted shared lives carers by telephone on 14 June 2019.

#### Service and service type

Share Lives Service is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two working days' notice of the inspection because we needed the service to make contact with the carers and people that used the service to ask if we could speak or meet with them.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with six people who used the service and 10 shared lives carers. We also spoke with 13 shared lives carers on the telephone about their experience providing care. We spoke with five members of staff including the registered manager and four shared lives officers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four shared lives carers recruitment and assessment files. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Outstanding: This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Systems and processes to safeguard people from the risk of abuse

- People were consistently protected from the risks of harm and unsafe support. Staff and shared lives carers involved people in developing their own strategies and plans to enable positive risk-taking that maximised control over their lives. For example, where people strived to be independent they were supported to gain skills to use public transport and had technology available to them to call for assistance when required.
- Staff and shared lives carers supported people to understand their vulnerabilities by providing learning on how to keep themselves safe. For example, when meeting new people personally or on-line, people were supported to understand relationships. Where required, staff had involved the provider's specialist learning disability team to enrol people on a keeping safe programme.
- Staff and shared lives carers had an excellent understanding of the challenges that people faced due to their mental or physical health needs, language barriers or cultural preferences. People were continually supported to keep safe from others who may pose a risk to them. Staff actively sought feedback from other agencies, such as people's day centres to continuously be aware of new experiences that may put people at higher risk of harm. Staff liaised with shared lives carers who constantly assessed situations that may put people at risk of harm and put safeguards in place.
- Shared lives carers were empowered to raise any concerns with staff who followed their safeguarding procedures by reporting to the relevant authorities. People were immediately protected from the source of concern and lessons learnt were shared with everyone in the service.

### Assessing risk, safety monitoring and management

- People were enabled to live their lives in a way they chose by skilled staff and shared lives carers who respected their lifestyle choices. This helped people to have full and meaningful lives as staff and carers involved people in assessing and managing their own risks. For example, where people drove their own cars, they were supported to plan their journeys and have the means to summon help if needed.
- People's progress was monitored, and solutions were found to overcome any obstacles that could prevent people from realising their potential. For example, where people were vulnerable in the community, role play with an advocate was used to assist people to understand their risks and the likely consequences.
- People gained control of their lives by taking on responsibilities and being supported to assess their own risks and find solutions to mitigate these risks. For example, making lifestyle choices about their health and wellbeing.
- People were provided with technology to assist them to be independent. This included a one touch alarm

for people who wanted to go for walks alone. Where people wanted to sleep alone they had epilepsy monitors in their bed that paged their carers when they had a seizure. People were supported to use their mobile phones; their skills were tested. Where agreed, people's mobile phones could be fitted with a tracker, so they could be found if they got lost. People living with sensory impairments had specific adaptations to meet their needs such as an alarm to tell people when their cup was full.

#### Staffing and recruitment

- The registered manager carried out safe and robust recruitment procedures to ensure that all staff and carers were suitable to be working at the service. In addition to the appropriate checks and references shared lives carers' lifestyle, community network, family and friends were considered in relation to people's needs. The registered manager told us, "We always do the family test when assessing carers, to check we would be happy to have a member of our family live with them." Carers applications were presented to an independent panel for recommendation for approval, the panel included a person who had lived in shared lives. Once approved, shared lives carers were matched with a person requiring the shared lives service.
- Shared lives carers had 24-hour access to staff for any queries or concerns they had. This had been invaluable as people had encountered problems outside the home, and staff assisted shared lives carers to overcome these problems. One shared lives carer told us, "When I have had to call the duty line they were on the end of the phone." Staff had gone above and beyond their normal duties to assist people, including one person whose car had broken down.
- Staff were always available to shared lives carers in an emergency. For example, where one shared lives carer became unwell suddenly and could not look after the person who needed care, staff stepped in and looked after the person until other arrangements could be made. This was only possible as staff knew people receiving care very well.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff and carers who received training in infection prevention.
- Shared lives carers followed the provider's infection prevention procedures and encouraged people to understand how to keep themselves and their homes clean. People were also supported to understand the importance of food hygiene.
- Staff supervision of the carers incorporated discussions about understanding policies and providing guidance where needed.

#### Using medicines safely

- Staff supported shared lives carers to assess people's need for administration of their medicines. People's risk assessments provided details of how and when to administer medicines and when to promote people's independence.
- People who set a goal to self-administer their medicines were assisted by their shared lives carers to achieve this over time. Care was taken to ensure people were supported to understand what medicines they were taking and when to take them safely. For example, knowing when to take over-the-counter medicines and their prescribed medicines.
- People were supported to be as independent as possible, with minimal assistance. For example, one person tested their own blood glucose and insulin, but required assistance to read the results and draw up their insulin. Other people had electronic reminders to tell them when to take their medicines.
- Shared lives carers received training in the safe management of medicines. Their competencies were regularly checked by staff during their frequent visits.



### Learning lessons when things go wrong

- All staff and shared lives carers shared an open culture where all concerns raised were treated with great importance and used as an opportunity to learn and improve people's care. The registered manager actively sought opinions and examined events to better understand what led to incidents to learn from these.
- Staff and shared lives carers attended regular meetings with other carers to discuss themes around people's safety and systems to help prevent future incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People could be referred to Shared Lives Service by anyone. People were assessed for their suitability for the scheme and matched with the right carers.
- People were assessed in a holistic way, considering their culture, past experiences, physical, psychological and social needs. People were matched with shared lives carers who could meet all their needs.
- People were involved in the matching process by meeting their potential carers prior to receiving support; making time to get to know each other. Once a trial period of visits and overnight stays established they could build good relationships, people lived with their carers under the close supervision and guidance of shared lives staff. Shared lives carers told us the support they received from staff during the settling in period was invaluable, one told us, "They [staff] are very supportive, you don't feel like you are on your own."
- Some shared lives carers supported more than one person, either on respite, or permanently. Great care was taken to ensure people could live well together, as matching with people they lived with was of paramount importance.
- The registered manager worked closely with the national organisation Shared Lives Plus to gain national perspective on shared lives and use and develop their resources to be in line with best practice. Staff accessed the Shared Lives Plus social media group where ideas and good practice were shared on a weekly basis.

Staff support: induction, training, skills and experience

- People received care from shared lives carers who received specific training to meet each of their individual needs. New shared lives carers received an in-depth induction and standard training. Additional training was provided in areas which related to the people they supported, for example, care of diabetes, dementia and autism. One shared lives carer told us, "The training is all relevant to the people, first aid and mental health training which covers an awful lot. It covers what might happen as people get older such as dementia. It's very well organised."
- During the induction new shared lives carers were closely supervised by staff who provided regular opportunities to discuss their training needs and additional support available to them from the provider's other services, such as the learning disability team.
- Shared lives carers continued to receive regular and individual support from staff, building professional, strong working partnerships. Shared lives carers told us the support they received helped them to develop,

one carer said, "[the supervision] allows me to explore ways to trust my judgement in involving the person to become part of my life, part of my family."

- Staff received regular training and supervision which included on-going reflective practice. One member of staff told us, "We work very closely as a team, always learning and supportive of each other."

Supporting people to eat and drink enough to maintain a balanced diet

- People thrived in the home environments provided by the shared lives carers. Some people had long term health conditions or psychological issues with food which were managed very well. There were many examples of people losing or gaining weight and achieving weights within healthy limits. One person told us that since they had lost weight, "It's nice being able to go out to places, choosing my own clothes." Their shared lives carer explained there was no diet as such, just healthy and sensible eating.

- People were supported to buy and prepare foods with their shared lives carers to increase their understanding of healthy foods and their independence.

- Shared lives carers shared their family and cultural celebrations with people who had opportunities to experience foods from other cultures than their own. People were supported to celebrate their own special days, cultural festivals and celebrations.

Staff working with other agencies to provide consistent, effective, timely care

- People benefited from a strong service ethos of supporting people with their individual journey. The registered manager and staff considered people's long and short term goals at all times, involving partner agencies at all stages. For example, people who had expressed wishes to live independently used the shared lives service as a stepping stone to achieve further independence before moving to their own accommodation.

- Seamless working with the provider's services enabled staff to access services at short notice. For example, one person was in hospital at Christmas, the shared lives carer contacted the service to explain they were having difficulties with discharging them home. The Shared Lives staff team liaised with the provider's crisis team who supported the shared lives carer to bring the person home and provide care. The registered manager had a strong network of contacts within the provider's organisation to facilitate prompt referrals and actions.

- Young people transitioning from children's services to Shared Lives Service benefited from close collaboration with all partner agencies to ensure a smooth and safe transfer of care. Where existing foster parents wished to continue to provide care for their young people, Shared Lives Service helped them to navigate the system to enable young people to continue to receive care and support from the foster parents they knew well.

Supporting people to live healthier lives, access healthcare services and support

- People were empowered to make choices about the health care they received. People were supported by their shared lives carer to understand the importance and consequences of their planned health appointments and treatment. Staff and shared lives carers told us providing people with the information about their health and the treatments available supported people to make decisions they were comfortable with.

- Shared lives carers and staff liaised with health professionals to arrange for health appointments suitable for each person, for example, some people could not tolerate crowds of people, appointments were made at quiet times of the day. People's health plans provided health professionals with essential information such as their communication needs, anxieties of unfamiliar people and surroundings and how express pain.

- People's health outcomes had improved through regular health appointments and treatment.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Shared lives carers, staff and management team worked within these principles and were aware of when applications may be required if people's freedom to make their own choices was being restricted.
- Where people have been assessed as not having the mental capacity to make a specific decision, every possible step was taken to consult an advocate or other representative who could represent people's interests in accordance with the MCA.
- People received their care in the least restrictive way. Shared lives carers and staff looked for ways to support people to make choices on how they lived their lives in the least restrictive way. For example, one person liked to go out on their own, they carried an alarm which they used when they were feeling unsure of themselves. Their shared lives carer told us this had provided the person with confidence to go for walks alone, as they wished.
- People indicated they consented to their care, and photographs on social media.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Every person receiving care and support from Shared Lives Service had been treated with kindness and had integrated into the homes and family life of each shared lives carer. One person said, "I am happy and content. The family will take me places and I've gained a lot of love for them." A shared lives carer said, "I love doing this, they [people being supported] are my family. We live as a family, they are very much part of the family." This closeness had empowered people to develop their personal lives with the support and gentle guidance of those around them.
- People became an integral part of their local community. For example, where one shared lives carer lived in a village; all the villagers knew the people the carer supported on respite and expected and welcomed them to all their village gatherings. One person told us, "I am part of their family, they are kind to me, they look after me."
- People had built strong trusting relationships with their shared lives carers. One person described the difference having a shared lives carer made to their life, they said, "I like getting 'huggles' and being cared for. I am sleeping better, I don't feel alone, it's like having a real mum and dad."
- Shared lives carers and staff were sensitive to people's feelings; they were compassionate and caring when people were adapting to change or having difficulties in their lives. One shared lives carer described how the person they supported had become more content, they said, "[Name] used to struggle to laugh. Now [Name] talks with confidence and shares opinions."
- Shared lives carers felt valued, one told us, "I get brilliant support. They [staff] visit us regularly. If I need them in between they will help you. They genuinely care. They are like friends." Another carer said, "[Staff] is a great support worker, [staff] is an amazing person and has helped so much."

Supporting people to express their views and be involved in making decisions about their care

- People received holistic care from their shared lives carers and staff. Their understanding of people's lives, and personalities helped them all to communicate and develop ways of supporting people to make decisions about their care.
- Staff held regular meetings with people and their shared lives carers to record and explore how people's wishes could be facilitated. For example, one person was not confident in using the stairs or a lift, they had been supported to gain confidence which allowed them the freedom to access shops and activities as they wished.
- People expressed their wishes to be independent. For example, staff and shared lives carers worked

together with one vulnerable person, to teach them how to respect their own space. The shared lives carer told us, "[Name] now has a key. They let themselves in, it gives them the independence. It's a big thing for them."

- Staff and carers positively welcomed the involvement of advocates. People were supported to make decisions about their lives, finances, living arrangements and future plans.
- Staff supported shared lives carers to resolve conflicts and tensions in people's lives. Shared lives carers continued to provide support, guidance and compassion, maintaining good relationships people and providing a stable loving home. This unwavering support provided stability for people who experienced difficult situations.

#### Respecting and promoting people's privacy, dignity and independence

- Shared lives carers took pride in people as they became more independent or content in their homes. These ranged from learning daily living skills to finding and keeping a job. One carer told us, "[Name] is lovely, so relaxed and thoroughly enjoying their life. [Name] has come a long way in managing their personal hygiene." Another carer was proud to tell us of increasing independence, they said, "[Name] did not know the difference between hot and cold taps. I always believe in everyone having independence. We do things together now like washing and separating colours."
- People's self-worth increased in their shared lives environment. A shared lives carer said, "When [name] first came, they would not interact. Now they play with our grandchildren and enjoy the companionship of others."
- Everyone at the service had people's respect, privacy and dignity at the heart of all their actions. People's views were listened to and respected, they were influential in the way their care was provided.
- Young adults transitioning from services for young people had the complete support of staff and the registered manager. Young people's wishes to continue with existing foster families, or find new shared lives families, were facilitated to meet their individual needs. At times staff had to find creative ways to meet young people's needs by exploring new experiences or new areas to live.
- Shared Lives Service had embedded systems supporting equality, diversity and human rights in supporting people's privacy and dignity. Staff and shared lives carers supported people in accessing jobs, services, travel and leisure activities ensuring people were not hindered by prejudice or inequality. People were supported to experience and learn their own cultures and safe ways to explore their sexuality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Every person without exception received care that was personalised. People became part of the carers' families. One person said, "It's made a difference, I can go out. I've got a dog I love." A shared lives carer explained, "[Names] love living together, they go out shopping together, they make their own decisions. It has expanded [name's] lifestyle, they are supportive of each other."
- People's carers had an inherent understanding of people's individual needs relating to their protected equality characteristics and their values and beliefs.
- People were encouraged to express their wishes and were supported to explore opportunities such as finding work or travelling. Staff and carers used their knowledge of local services and contacts to support people to achieve their goals.
- People's well-being and confidence developed as they settled into family life. One person said, "I have more independence and choice. I am supported to make choices that are right for me." A shared lives carer told us, "We've seen changes in [name] since living with our family, they are a lot more confident, they catch a bus, round town on their own, and have holidays." Staff and shared lives carers used wellness recovery action plans as a tool to assist people to improve their well-being, especially during times of transition.
- People's views and experiences were used in developing their care plans which were continually being reviewed to reflect their current needs. Staff and carers ensured people's quality of life was at the forefront of people's care plans, working with people's strengths to succeed in their goals. In doing so, people had gained more independence by finding work or new pastimes.
- People's network of family and friends were further increased by attending local day centres. Shared lives carers continued contact with people's friends by meeting up with them and other shared lives families regularly. One person said, "I have freedom to go out with friends. I could not manage on my own."
- People provided positive feedback about the social activities arranged by Shared Lives Service, including the glitter ball, which brought everyone together at a large party.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed individually. Information was provided in a way that was suitable for each person's needs. For example, some people relied on verbal communication, where shared

lives carers talked through the information. Others had easy read documents on paper or on computer screens.

#### Improving care quality in response to complaints or concerns

- People had opportunities to raise concerns with staff at regular home visits. Where people could use a telephone, they had the contact details of the Shared Lives Service office to make a complaint.
- Shared Lives Carers had access to the complaints procedure and understood how to make a complaint.
- The provider had systems and processes in place to manage complaints. The registered manager used the information to improve the service, using themes at team meetings for learning from mistakes. The only complaints the service had received were related to external issues, the registered manager liaised with other services to understand how the impact on people using Shared Lives Services could be minimised.

#### End of life care and support

- People had the opportunity to explore their wishes for their end of life care. Some people had experienced loss of a parent or friend, they expressed their emotions with support of shared lives carers to understand and cope with their loss. This had led to people planning their own funerals.
- Shared Lives Carers looked after people for many years, where people grew older or incurred an illness and died. This had a great effect of the carers' lives, and those people receiving care in the same home. Carers told us of people's end of life experiences, and how they had been privileged to have known them. One carer said, "We had [name] living with us for 20 years until they died. I am proud they died happy."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since Northamptonshire County Council (the new provider) took over the service, the registered manager had less autonomy to seek ways to network with similar agencies to continuously learn from others. There had been restrictions of the registered manager's time, preventing travel to network with national organisation of shared lives and other providers, where innovative practice is shared and developed. The registered manager also wished to develop accessible policies such as complaints and providing accessible information but found the provider was very rigid in their ability to adapt.
- The registered manager had created a culture which enable staff and carers to provide person-centred care for every person. All communication was respectful, friendly and supportive. Everyone gave positive feedback about the manager and staff, they said, "[Name of registered manager] works so hard, she is very informative."
- Shared Lives Carers were empowered to use their skills, knowledge and compassion to provide a loving home to people who required their support.
- People consistently achieved good outcomes, their quality of life improved with the support of the dedicated carers. Carers said, "I don't know what the clients would do without this type of service, it's a fantastic service."
- Shared Lives Carers had outstanding support from knowledgeable and kind staff. Relationships between staff and carers enabled free talking where innovative ideas to assist people to reach their goals were discussed.
- Staff, carers and management teams were extremely proud of the service they provided. They acted and promoted the feeling of one big inclusive family that could be relied upon to support each other for the best outcomes for people receiving care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider followed their policies and procedures to act appropriately where incidents occurred. People and their families were informed of any issues that related to their safety and well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and

## regulatory requirements

- The registered manager, staff and carers understood their roles and continued to look to develop their skills and knowledge to improve people's outcomes.
- Staff carried out regular and sometimes unannounced visits to shared lives carers to provide support and guidance. These visits monitored progress and adherence to policies, procedures and best practice. Shared Lives Carers were empowered to increase their skills and understanding through strong relationships with staff.
- The registered manager continually looked at the results of monitoring and audits to look at ways to improve the service. The provider had good oversight of the performance of the service through regular meetings and reports.
- The registered manager understood their role in providing notifications to CQC in line with the regulations.

## Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly engaged with staff, carers, people receiving care and their families to obtain feedback. They acted on the feedback to improve care and people's experiences.
- Everyone had access to the service and communication was open to all; consideration was made to ensure people were not excluded because of their protected characteristics.
- The registered manager was exploring different ways to engage with people using different forms of communication; the resources for these had not yet been agreed by the provider.

## Working in partnership with others

- Staff worked collaboratively with each other, carers, management and other agencies to constantly learn and improve the service.
- The registered manager used their knowledge of other services and their contacts to make transitions possible, where policies and procedures had not yet been established.