

West Northamptonshire Council

Shared Lives Service

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

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

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 carer's own homes. At the time of our inspection there were 57 people living in long term placements with a further 24 people registered for respite care. Some shared lives carers were approved for more than one person to live in their home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People received exceptional care and support from dedicated carers who considered people to be part of their family and vice versa. With the right support people flourished in all aspects of their lives, growing in self-confidence, developing skills and being able to grasp opportunities which would not otherwise have been available to them. People were supported to achieve their aspirations and goals. People were enabled to access specialist health and social care support when this was needed. People were supported to play an active role in maintaining and improving their health and wellbeing.

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.

Right Care: People living or accessing respite care with shared lives carers received outstanding person-centred care and support which promoted their dignity, privacy and human rights. People were supported to develop skills and independence at their individual level, varying from growing in confidence with cooking and household tasks to moving into more independent living arrangements. People received care and support from exceptionally kind and compassionate carers. Carers and staff responded to people's individual needs and focused upon supporting them to achieve a full and enriching quality of life.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Staff ensured risks of a closed culture were minimised, so people received support based on transparency, respect and inclusivity. The registered manager, staff and carers worked hard to instil a culture of care and good teamwork. Everyone valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. There was an embedded culture of people being at the heart of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

In 2021 Northamptonshire County Council split into two local authorities, which meant changes to the CQC registration of the service. This is the first inspection of this newly registered service.

The last rating for the service under the previous provider was outstanding, published on 23 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Experts by Experience. One inspector visited the office on the first day. On the second day the Experts by Experience made phone calls to carers and people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the third day two inspectors visited some people who use the service to talk about their experiences.

Service and service type

Shared 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we received feedback from 14 carers and three people on their experience of the care and support provided by the Shared Lives Service. We visited three people to speak with them in person. We spoke with six staff including the service manager, registered manager, shared lives support officers and business administration assistant. We received feedback from four professionals who supported people using the service.

We also reviewed a range of records. We looked at care records for seven people. We reviewed two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits and training records 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 of 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.

Assessing risk, safety monitoring and management

- People were consistently supported to take positive risks in order to have maximum choice and control over their lives. Positive and practical strategies opened up opportunities and activities which would not otherwise be available to people. We saw numerous examples of people using public transport with assistive technology to help them remain safe. This included technology to summon assistance if needed, to track people's location with their agreement and examples of arrangements for people to build confidence by travelling independently and being met at their destination. This meant people had more freedom and independence whilst remaining safe at all times.
- Staff and shared lives carers supported people to break down barriers when it came to achieving aspirations and potential. Risk assessments and regular monitoring supported people to progress at their own pace towards their goals. After many years of being frightened of water, one person decided they wanted to join their shared lives family in the pool when they went on holiday. A specialist instructor was found to support the person to take safe steps to achieve this. At the time of inspection, significant progress had been made towards this goal.
- Carers undertook extensive work with people to assess risks and monitor their safety. One carer told us, "[Person's name] has got bad anxiety so we never put them in situations where they will be anxious. They meet their friends and partner on their own on Saturdays now though. We talk about things and assess situations, work out what could go wrong together. We do something together first if it's something new."
- The provider used comprehensive risk assessments and care plans to ensure people with complex health needs were supported consistently and safely. These were reviewed regularly. Equipment such as bed sensors for a person who had epileptic seizures during the night meant they could sleep in their own room and remain safe. People who at times did not like to leave the house could be supported safely by learning to use a pendant alarm to request help if their carer was out of the house for a short period of time.
- People's safety was enhanced through arrangements in place for respite and holidays. People were matched with respite carers who worked together with the permanent carers and people to offer continuous care which prioritised people's needs and safety. For example, we heard of arrangements where the respite carer moved into the main carer's home instead of people experiencing disruption which had previously caused significant anxiety and upset.

Systems and processes to safeguard people from the risk of abuse

- People were exceptionally safe. The service ensured vulnerable people were protected from harm and the risk of abuse. All carers we spoke to treated people who lived with them as part of their family, and protected them from all forms of abuse.

- We saw examples where safeguarding issues had occurred and the service had used this as an opportunity to learn. The provider had made improvements to systems and processes to reduce the risk of further incidents. For example, more in-depth and robust audits were undertaken by staff during their regular monitoring visits in response to a safeguarding issue which arose.
- Areas of vulnerability were identified and carefully assessed on an individual basis. Supportive and sensitive work was undertaken by carers and staff to support people to increase their awareness, knowledge and safety skills. When a person told their carer they would like to have an intimate personal relationship in future, the carer undertook regular work with the person to help them understand about consent and consensual relationships, to help reduce the risk of the person's vulnerability being exploited and reduce the risk of potential abuse.
- When people were at risk of financial abuse due to their vulnerability or previous circumstances, work was undertaken by staff and carers to support people to increase their understanding as well as practical safeguarding measures. For example, one person had previously experienced financial abuse before they lived with a Shared Lives carer. They agreed to do financial checks monthly by reviewing their bank statement with their carer to check for any anomalies or concerns.
- Another person had accrued debts and found it initially difficult to disclose the full extent of this. They went on to place their trust in carers and staff and worked openly with them to start addressing the debts. They were supported to contact relevant agencies to discuss repayment plans and supported to monitor progress. The support offered to safeguard people from abuse had a transformative impact upon people's lives.

Staffing and recruitment

- Robust staffing and recruitment processes ensured staff were recruited safely. A team of Shared Lives Officers supported carers and were always available to respond to any arising issues flexibly and creatively. People were at the heart of the service and the team were dedicated to offering support to carers which ensured the ongoing stability and success of each and every placement.
- Staff responded promptly to changing situations and worked as a team. One carer told us, "[Staff] are brilliant. They help me with anything I need. I had to go to a funeral recently and within ten minutes of me phoning they had respite sorted. Really good communication between us, I can phone whenever I need to and get reassurance. I can speak to any of them, not just my shared lives officer."
- The provider used a robust matching process for respite and permanent placements which enabled people to make informed decisions about where they lived and who they lived with. This had exceptionally positive outcomes for people. For example, one carer told us a person had two seizures a week when they moved in. Over time these decreased and their last seizure was 11 months ago. The carer said, "To me, that says something is working [well]."
- People and carers considered they were part of each other's family, and this enhanced people's lives immeasurably and in ways they may not have experienced before. Carer's lives were also enhanced. One carer told us, "It's an amazing experience, it has changed my outlook on life." A person said, "Shared Lives is the best. [Carer's name] is my second mum."

Using medicines safely

- Medicines were managed safely by suitably trained staff and carers. Each person had a detailed medicines assessment to support them to take any medicine safely in the way they preferred. This included supporting people to progress towards goals to administer their own medicines as their confidence and skills grew. One person told us in detail about the medicines they took, when, how and why they took them.
- Medicines were robustly audited when staff carried out regular monitoring visits to carers. Staff were up to date with best practice which was shared with carers and people to ensure excellence in safe medicines practice.

- Where an additional training need was identified to support carers fully in their role, this was facilitated. For example, one member of staff told us they were due to attend training on specialist epilepsy medication due to the changing needs of a person living with a carer. The carer had already received this additional training.

Preventing and controlling infection

- Staff and carers had received training in infection prevention and control and all measures to keep people safe during the pandemic had been implemented and followed. When people were not able to attend their normal daily activities including jobs, day centres or leisure pursuits due to national lockdown and restrictions, carers took the utmost care and responsibility for keeping people safe at home. This required exceptional dedication by carers and people received an outstanding service because of everyone's level of commitment.

Learning lessons when things go wrong

- The service positively promoted an open and transparent culture in relation to accidents, incidents and near misses.
- The registered manager was part of a national forum of Shared Lives services and regularly participated by way of posing questions, seeking guidance and sharing information to ensure every opportunity to review, share and follow best practice was taken.

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 of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical and mental health, and their emotional and social needs and preferences, were consistently met through person centred assessments and matching processes. The assessment and matching process was central to ensuring people received care and support which was right for them. Other health and social care professionals were involved where necessary and this supported people to enter the right placements which improved the quality of their life.
- Assessments were specific to the individual and contained guidance and information around each person's needs and wishes. People's protected characteristics under the Equality Act 2010 were identified as part of their needs assessment. Staff and carers knew about people's individual characteristics and how best to support them. For example, religious beliefs, cultural needs, sexuality, personal preferences.

Staff support: induction, training, skills and experience

- People were supported by staff and carers who had excellent knowledge and skills to meet their needs.
- Carers felt supported by the staff and management team. Several new members of staff had joined the team this year. A carer told us, "We have had a new team from April, but we've had meetings to get to know them, we can ring them anytime and chat if we need."
- Staff received an induction period when they started in post and felt well supported. Staff and carers completed training which enabled them to deliver high-quality care and support to people with a range of needs which at times were complex or challenging.
- Positive feedback was received about team work between staff and carers. One carer said, "I feel like we're part of a team doing it together. They do support me if I need help."
- Staff were supported through regular supervision with the registered manager where their own development and training was discussed as well as arising issues. An agenda item during supervision was to discuss something the staff member was proud of, highlighting the emphasis placed upon striving to offer a service which achieved good outcomes.

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

- People were well supported to maintain a healthy and balanced diet. We saw numerous examples where people made significant changes to their diet which had a positive impact upon their health, wellbeing and overall lifestyle.
- One person's care plan stated, "[Person's name] has danced their way to a healthier weight. Over about six months they have dropped from size 26/24 to 18/16 in clothing." The person gave feedback to us and said, "Shared Lives is FAB-U-LOUS!"
- People were supported and encouraged to cook meals to learn skills and promote independence where

they wished to do so.

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

- People were well supported to live healthier lives and encouraged to make their own choices to achieve this. Outcomes for people were positive, consistent and often exceeded expectations, which had a positive impact on their quality of life.
- Carers provided encouraging care which supported people to overcome long held anxieties to achieve better health outcomes. For example, by helping people attend the dentist or doctor when they had perhaps had negative experiences in the past. One carer told us, "Over a period of time we've got [person's name] used to having a blood test with the nurse – it was a big leap forward with him that because it was [very difficult] before."
- Where people required specialist assessment regarding their eating and swallowing this was arranged promptly. For example, a referral to the speech and language team was made when one person was identified as being at heightened risk of choking due to not wearing dentures to aid effective chewing and eating quickly. Advice from the team was recorded in their care plan and followed at all times.

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

- The service worked with health and social care professionals, especially where people had complex or continuing health needs to achieve positive outcomes for people. Efficient and effective communication systems were in place so people received consistent and timely care from the team involved in supporting them.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People, carers and the management team worked together to ensure the service worked within the principles of the Mental Capacity Act.
- People, carers and staff recognised when a person's capacity to make a specific decision needed to be assessed and a best interest decision was taken when necessary. For example, when people required support with their finances.
- When people were assessed as not having the capacity to make a specific decision, the involvement of others such as advocates and social workers ensured people's best interests were represented in line with the principles of the MCA.

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

- People were exceptionally well supported and cared for. We heard many examples of the transformative impact this had upon people's lives as their self-confidence flourished. One carer told us, "[Person's name] has achieved such a lot with us. They completed three years at college, they are such a confident person now. They help so much with the charity I'm involved with and have helped us raise thousands of pounds."
- People received outstanding support to keep in touch with people who were important to them. One person had lost contact with a close relative many years ago and expressed they would like to see them again. Research was undertaken by staff and carers to locate the relative's whereabouts and they were supported to re-establish contact and meet up in person. They were being supported to re-establish contact with another close relative who they had lost touch with. Re-uniting the person with family members supported their identity, wellbeing and opened up many future opportunities.
- Carers were exceptionally compassionate and kind and treated people as members of their family. One carer said, "The number one thing for me is that [person's name] has a really good family life. They are loved and included and the most important thing is they are safe and have a good life, with lots of opportunities." The person who lived with them told us, "I love being at [Carer's name]. [Carer's name], I love you." Some people's relatives came to stay overnight in their Shared Lives home which supported and strengthened family relationships.
- Another carer told us, "My own four children are grown up but still around, and all the grandchildren, so we go to all the parties, everyone loves [people's names] and they revel in the whole family experience. It does them so much good. We get grumpy times, it's just normal life. But on the whole it's wonderful." Another said, "[Person's name] is just part of my family, it's not a job."
- Carers showed empathy and sensitivity to people's past experiences of family relationships, which for some people was negative. One carer told us, "[Person's name] is going to their [relative's] house tomorrow. I will take them and pick them up, we've just built up to starting this recently. [Person's name] has not wanted to do this before, I think they are feeling safer now."
- Carers supported people as unique individuals and respected their diverse characteristics. With patient and kind support people were empowered to explore and grasp opportunities which enhanced their identities and lives, built upon the foundations of trusting relationships with carers and supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People were exceptionally well supported to develop and achieve independence at varying levels from learning household skills to moving on from Shared Lives and into more independent living. One carer told us a person moved out of their home for a period of time and then wanted to move back in which was

agreed after further assessment. "[Person's name] has a lot of independence but they do need support to keep them safe around the edges and going in a safe direction. Shared Lives are good at looking at people individually, from their perspective."

- One carer told us, "[Person's name] is now cooking shepherd's pie, chilli, pizza and they use the washing machine and a hoover. They clean their bedroom and hoover and have progressed really well with that. Their personal hygiene skills are 80% better now, they can do the whole [routine] themselves. They manage really well with lots of things now."
- When people had previously experienced restrictions in what they were permitted to do, carers supported them to develop skills to support their personal growth. For example a carer told us, "My main thing is I want to support people to learn skills. Before [living here], [person's name] wasn't allowed in the kitchen, but they can cook now and do their own laundry."
- People were supported to pursue travel and leisure opportunities which broadened their range of life experiences. Feedback included, "It's been lovely to see [Person's name] grow and become independent. They've travelled the world with us which they would never have done otherwise. We're going to Thailand for the third time next month because that's their favourite. We've been to Spain, France and Scotland lots of times."
- Carers and staff promoted people's dignity and independence by maximising their freedom of choice. This included encouraging people to have some control over their finances. One carer told us, "[Person's name] has started to use a bank card by themselves even though they don't have the capacity to understand money, but with the card they can have some independence with [small amounts of] money."
- We saw examples where people were supported to gain voluntary work placements which sometimes progressed into paid employment. We met with one person told us they travelled independently to work by bus. At work they completed training to become a barista in a coffee shop, which they said was, "Brilliant."
- Staff ensured records relating to people were kept confidential.

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

- Staff and carers were proactive and skilled at identifying and sourcing support and opportunities for people based on their views, needs and wishes. This supported people to lead fulfilling lives and achieve their aspirations.
- The service recognised it was people's right to have access to an independent advocate and other support networks to protect and promote their wellbeing.
- People were supported to make decisions about their care and support. People were involved in the development of their care and support plans, and these were amended and updated as people's experiences, preferences and choices changed over time.
- Professionals who worked with people using the service provided positive feedback about the Shared Lives Service. One professional told us, "They are supporting [person's name] learn new skills and we are looking at ways to further progress this." Another said, "The level of care is impeccable. [Person's name] is never left out, and enjoys activities alongside the family, they are supported to make contact and spend time with their family as they wish."

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

- People received person-centred care and this was embedded into the ways of working within the service.
- Staff and carers had an excellent understanding of people's needs, preferences and wishes. Support plans holistically reflected how the person wanted to be supported.
- Carers and staff were responsive to people's changing needs and these were reflected in the support plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included information about people's individual communication needs and preferences. For example, some people communicated verbally with ease, some people used Makaton, other forms of signing, pictures or other forms of communication.
- Technology supported people's communication abilities and needs. For example, one person was due to go on holiday and they had got a mobile phone so it could be used to find different pictures and images to support their communication.
- Staff and carers worked flexibly and creatively to support people's understanding and communication in the most effective way. For example, a pictorial action plan was developed to support a person's work placement. They were supported to review this each time they went to work as a reminder of the rules of what they were and weren't allowed to do when they were working.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in social and leisure interests and try out new things. One carer told us, "We support [person's name] to go to football, we take them and make sure they're safe. They tell us what they want to do, and we do it, holidays, days out, festivals." A respite carer told us of the varied range of activities they supported people with depending on their preferences, "Some like to go shopping so we do that, going out for meals, some like cinema and walking. I take people to their clubs and day centres."
- When a person's natural preference was to spend time alone, carers were able to respect this whilst also

reducing the risk of isolation. A carer told us, "[Person's name] was in a bedroom upstairs. They spend a lot of time in their room and I didn't like them being separated from us all, so they agreed we would move them downstairs and their door is open. They are included in all the things we do now, even if they don't wish to take part."

- Events were arranged for people, carers and staff to come together to meet each other as well as raise awareness of the Shared Lives Service.

Improving care quality in response to complaints or concerns

- The provider took complaints seriously and these were responded to in line with their policy and procedures.
- People and carers were provided with information on how to make a complaint should they need to. People and carers had regular communication with staff, and knew how to contact the management team if there was anything they were unhappy with.

End of life care and support

- People received continued care and support at the end of their life. We saw a detailed care plan was available to guide conversations and care planning if people wished to discuss any aspect of their end of life preferences at any time.
- End of life training was available for staff and carers.

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.

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

- Northamptonshire County Council split into two separate local authorities in 2021 which prompted a change in the provider's CQC registration. Carers experienced some changes to staff and documentation but overall did not express current concerns about the impact of this other than an increase in paperwork. Continuity of people's care had not been affected.
- A registered manager was in post and present throughout the inspection. There were also a team of Shared Lives Officers who supported carers and people. Everyone we spoke with provided positive feedback about the support offered by the Shared Lives team. An effective duty system meant there was always a member of staff on call to respond to any urgent issues.
- The registered manager had comprehensive oversight of all areas of the service and they met regulatory requirements. Notifications were submitted to the CQC as required.
- There was a quality assurance system in place to monitor key aspects of the service.
- Policies and procedures were in place to support the safe and effective running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was passionate about people living fulfilled and meaningful lives supported by skilled and dedicated carers. They worked hard to instil a culture of care and good teamwork in which staff supported carers and everyone valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People were at the heart of the service.
- Although most staff had quite recently joined the service, the whole staff team worked well together which facilitated a positive and improvement driven culture. One staff member said, "I think we have gelled together as a team. It is a pleasure to come to work. The registered manager's door is always open, we can always go to her for advice."
- The registered manager worked in an open and transparent way including when any incidents or accidents occurred. This was in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Through effective collaborative working between carers, various health and social care professionals as

well as community and wider networks people were kept safe and given opportunities to reach their full potential.

- Carer meetings were held regularly which provided opportunities for information sharing, feedback, networking and discussion. The registered manager tried different formats including smaller groups at different times to facilitate everyone's schedules and having more time to express their views.
- Carers and people had regular meetings with shared lives officers where they could give their feedback and views as well as discussing service provision and arising issues.
- The registered manager had an 'open door' policy so people could approach them directly and discuss anything in confidence. People told us the registered manager was approachable.

Continuous learning and improving care

- The registered manager kept up to date with national forums and best practice in Shared Lives services to inform and drive ongoing improvements to the service. Carers also had access to a national Shared Lives forum to inform their own learning and remain up to date.
- An ongoing development plan was used to identify, monitor and review opportunities for continuous learning within the service.