

Olympus Care Services Limited

Shared Lives Service

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Outstanding



Overall summary

This inspection took place on 10 and 11 November 2015, and was announced. We gave the provider short notice that we would be conducting an inspection to ensure we could meet people and their carers.

The Shared Lives Service recruits people to become paid carers to support adults with a range of complex needs or learning disabilities. People stay in the carer's home and receive their support within a family environment. People can stay with carers on a long term or short term respite basis. At the time of the inspection the service employed 56 carers and were supporting over 100 people on a long

term or short term basis. Shared Lives staff supported people and their carers to ensure people received excellent care, and carers had access to support whenever they needed it.

The service had a registered manager in post. 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.

Summary of findings

People were safe using the service. Carers treated people well and staff made regular checks to ensure people were happy with the support they received. Carers went through a rigorous recruitment procedure and there were enough knowledgeable staff employed by the service to ensure people and their carers were more than adequately supported. The provider had robust policies and procedures in place to protect people from avoidable harm. Carers and staff understood their responsibilities to report any concerns of harm and they were aware of how they could do this. People were supported to maintain their freedom and were a part of their local community, and risk assessments were in place to support people to do this safely. People's medicines were handled appropriately and people received them with support that met their needs.

People received effective care. Carers and staff had good knowledge, experience and skills to carry out their roles well. People's needs were understood by staff who spent a great deal of time getting to know each person and ensuring they were matched with the best carer for their needs. Carers and staff completed an adequate induction to prepare them for their role and training was provided to ensure carers and staff had suitable knowledge to provide good care for people. Carers and staff felt extremely well supported in their role and there was a comprehensive understanding of people providing their own consent to the care and support they received. When necessary, staff requested professional support to comply with requirements of the Mental Capacity Act 2005. People were supported to have sufficient food and drink and to maintain a balanced diet, and had their healthcare needs met well by healthcare professionals.

People received support from very kind and compassionate carers and staff. People were made to feel like a part of their carer's family and carers showed overwhelming respect and affection for people. People were given time and opportunities to express their views and make their own choices. People were empowered and encouraged to try new experiences and carers understood what was important to the people they supported. People's personal space was respected and people were supported to maintain relationships that were important to them. People had access to an independent advocate which offered additional support when required.

People's needs were comprehensively assessed before they began using the service to ensure the service could meet their needs. Care plans were formulated with the involvement of the person using the service, and their relatives or previous carers if appropriate. People's personal care needs were detailed with the support people required from their carers and support was provided in all aspects of their life where it was required. People were supported to do activities they enjoyed and enriched their lives and people were able to maintain their culture and beliefs with assistance from their carer. Staff regularly met with people and their carers to ensure the service was meeting their needs and they were providing a good service. People and their carers understood how they could make a complaint and staff maintained good links with external parties to ensure people received smooth and consistent support.

People and their carers spoke extremely positively about the service and carers were passionate about providing excellent care that supported people to be independent. Staff working at the Shared Lives Service told us they enjoyed working at the service and consistently displayed a positive attitude towards people, carers, one another and the registered manager. Carers and staff consistently went the extra mile and took action above expectations. The registered manager showed passion and commitment to providing the best service for people and their carers and provided clear leadership to support the team. People and carers were given formal and informal opportunities to provide feedback on the service and the registered manager regularly met with them to update them on the service. The registered manager had a good understanding of where improvements could be made to the service and worked with the provider to make these changes. Effective systems were in place to ensure the service provided good quality support to people and their carers and the provider made regular checks to ensure valuable quality assurance measures were in place. The registered manager accepted people into the scheme that had come from difficult backgrounds, or had previous unsuccessful placements and supported them, and their carer to successful outcomes. The registered manager was not afraid to try to help people with difficult circumstances and took an approach of doing all they could to ensure carers with the right skills were identified to support people with different needs.

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?

The service was safe.

Carers treated people well and staff made regular checks to ensure people were safe.

Cares and staff went through a rigorous recruitment procedure to ensure they were of a suitable character to provide support to vulnerable people.

The provider had robust policies and procedures in place to protect people from avoidable harm.

Good



Is the service effective?

The service was effective.

Carers and staff had good knowledge, experience and skills to carry out their roles well.

Carers and staff had a suitable understanding of the requirements of the Mental Capacity Act 2005.

People were supported to have healthcare needs met well by healthcare professionals.

Good



Is the service caring?

The service was very caring.

People received support from very kind and compassionate carers and staff.

People were given time and opportunities to express their views and make their own choices.

People were empowered and encouraged to try new experiences and carers understood what was important to the people they supported.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were comprehensively assessed before they began using the service.

People's personal care needs were detailed within their care plans with the support people required from their carers.

People were supported to do activities they enjoyed and enriched their lives.

Good



Is the service well-led?

The service was very well led.

The registered manager showed passion and commitment to providing the best service for people and their carers.

People and carers were given formal and informal opportunities to provide feedback on the service.

Outstanding



Summary of findings

Effective systems were in place to ensure the service provided good quality support to people and their carers.

The registered manager was not afraid to accept people with difficult backgrounds or circumstances into the scheme and they were supported to have successful outcomes.

Shared Lives Service

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.

This inspection took place on 10 and 11 November 2015 and was announced. We gave the service 24 hour's notice because the service supports people to live in their carers home (a Shared Lives carer) and we needed to be sure that the registered manager, staff, carers and people using the service would be available, and we could visit people in their homes.

The inspection was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service

does well and improvements they plan to make. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service. We also contacted an independent advocate used by people that use the service.

During the inspection we visited one person at the home they shared with their Shared Lives carer. We spoke with three people that used the service, eight Shared Lives carers who support people in their own homes, four Shared Lives staff that co-ordinate and review the support people receive, and we also spoke with the registered manager.

We looked at four people's care plan, five carers' files and two staff files. We looked at policies and procedures the service used and reviewed records related to the management and quality assurance of the service.

Is the service safe?

Our findings

People were safe and protected from harm. People told us they felt safe living with their Shared Lives carer and that they were treated well. One person told us that they felt like a member of their carer's family and they never wanted to move out. People said that the Shared Lives staff spoke to them on their own without their carers present and always made sure that everything was all right. One carer said, "They [the staff] go and see [name] at the day centre without me there to talk to them and make sure they're OK." People were empowered to speak freely and to communicate how they felt to their carer's, or to staff.

People were supported by carers and staff that were of good character and were suitable to work in the care environment. All carers and staff had been through a rigorous recruitment procedure which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Staff completed regular health and safety checks to ensure people were cared for in safe environments. For example, staff completed a check of each carers home to ensure they had working smoke alarms, carbon monoxide detectors, lockable medication cabinets and planned escape routes in the event of an emergency. Staff confirmed that carers were required to have all safety equipment in good working order before people were able to come and stay at the carer's home. Staff also completed checks to ensure that carer's who used a car to support people, had a suitable MOT and car insurance.

People and their carers had support from a suitable number of knowledgeable staff. All the carers spoke extremely highly of the support they received from the staffing team and commented that they were always available when they needed them. One carer said, "I never have any problems getting hold of the staff." The service operated an out of hour's system and somebody was always available in the evenings and at weekends.

Robust policies and procedures were in place to protect people from avoidable harm. People, carers and staff had good working relationships which enabled them to communicate honestly and without fear of repercussions. Carers were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to

staff, or to the local authority if they felt it necessary. Staff understood their safeguarding responsibilities and understood how they could report safeguarding concerns without relying on the registered manager. The safeguarding policy clearly defined the different types of abuse and gave staff clear direction on what to do if they were concerned that people were at risk of harm. When concerns had been identified, an appropriate safeguarding notification had been made to the local authority.

People were supported to have their freedom and were a part of their local community. People told us they felt supported to do what they wanted and carers were extremely positive and encouraging for people to be as independent as possible. Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example, one person was unable to understand the dangers of using a kettle. The carer told us a risk assessment had initially been put in place to ensure the person did not use the kettle unsupervised however they had identified the person would be able to use a boiling water tap and a risk assessment was put in place to ensure the person could safely use this and at no risk to themselves. We also saw that one person wanted to go on their family holiday and a risk assessment had been completed to consider how the person could be kept safe. Risk assessments were updated regularly when changes in people's circumstances or capabilities had been made and included reasonable measures to reduce the risk that had been identified.

Accidents and incidents were reported and recorded by carers to staff. Staff discussed incidents with people and their carers, and where appropriate a risk assessment was considered to reduce the possibility of a similar incident reoccurring. Evidence of this was contained within people's care plan and the registered manager also maintained records of incidents to ensure appropriate action was taken.

People medicines were handled safely and each person was supported to receive their medicine in a way that was suitable for their needs and abilities. One person told us they needed medication after they had some surgery. The carer spent time explaining to the person why they needed their medicine and together they agreed that their carer would look after it; and remind them and help them to take it when they needed it. The person told us they weren't sure when they needed to take their medicine and they

Is the service safe?

were happy that their carer helped them with this. Another person was able to look after their own medicine and administer it themselves with prompting from their carer. Each person's support needs had been assessed and carers offered appropriate support to ensure people received their medicine safely. Carers had lockable storage facilities and they confirmed that people's medicines were always locked away and could not be accessed by other people living in the home. Carers understood the process of that checking people were given the correct medicine at the

correct time and they recorded this on a Medication Administration Record (MAR). Carers told us they had not been in a position where they had needed to dispose of any medicine but told us they would seek advice from a member of staff or a pharmacist if that was the case. The provider had a medication policy available which detailed the procedure carers would need to follow for disposal. Staff also completed a medication audit during each visit to ensure that people's medicines were handled correctly.

Is the service effective?

Our findings

People received effective care from carers and staff who had the knowledge, experience and skills to carry out their roles and responsibilities well. Staff completed a lengthy and detailed assessment of each carer which examined all aspects of the carer's life, background, attitude and skills. Carers were also questioned by an external panel to ensure only suitable carers were approved and able to provide care and support to people within their homes.

Staff spent a great deal of time getting to know and understand each carer so they could match each person with the best carer to ensure compatibility. Carer's skills, knowledge and experience was used during the matching process and one carer told us that their previous experience of supporting people with autism had been valued by staff at the service and this had helped them to find the right person to provide care for. The carer said, "My mum and dad used to be carers for people with autism so I grew up understanding the support that some people need. The person I now support in my home has autism." The carer explained that this experience had been very useful to ensure they provided the right support for the person and they were able to understand and meet the needs of the person in the way they required.

Carers and staff also completed an adequate induction program to prepare them for their role. This included training in first aid, safeguarding, and handling medicines. Carers were required to complete a probationary period, during which they were limited to providing short term placements for people. Throughout their probationary period, staff made regular assessments of carer's capabilities and suitability to the scheme and whether they were suitable for their role. Carers were able to offer long term placements on successful completion of their six month probationary period if they wished.

Carers told us that the training they received was appropriate and enabled them to develop new skills which helped provide support to people. Carers commented that the training was good and that they received regular updates to refresh their knowledge. One carer said, "The training is repeated but I always learn new things." Another carer told us, "The training is spot on." The registered manager was always looking for ways to further improve

the training that carers received. The registered manager also wanted to offer a greater range of topics which would help carers support people with a range of needs and they were developing these ideas with the provider.

Carers felt extremely well supported by staff at the Shared Lives service, which enabled them to provide good standards of care to people. One carer said, "I never feel alone. There is always someone I can call." Another carer told us "It feels like we are all equal. Me, my officer [the staff], and [name of person receiving support]." Each person and carer were allocated one member of staff to offer advice and complete regular reviews with, however all staff were available to offer support. Carers repeatedly commented that all staff were knowledgeable and one carer commented, "[Name] is my contact, but all the staff seem to know what's going on and are always able to give advice if [name] isn't around."

Staff received effective and consistent support from the registered manager. One member of staff told us, "We meet every month, pretty much without fail for supervision. I find it really helpful." The registered manager met with staff on a monthly basis to review their caseload and to discuss any issues that had arisen during the previous month. Staff participated in an annual appraisal and were able to request additional training and also to gain further qualifications.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Carers understood the importance of ensuring people gave their consent to the care and support they received. Carers had an understanding of the MCA and were able to identify to staff when people were unable to understand enough information to make an informed decision about the support they required. For example, one carer explained that the person they supported did not have the ability to

Is the service effective?

understand how they should handle their medicine so a mental capacity assessment had been completed and the carer adhered to the care plan that had been created as a result of this. Carers listened to, and respected the wishes of people, and people consented to the support they received. Staff and the registered manager had a suitable level of understanding of the MCA, Deprivation of Liberty Safeguards (DoLS) and Court of Protection, and ensured appropriate professionals were involved in mental capacity assessments when they were needed.

People were supported to have sufficient food and drink and to maintain a balanced diet. One person and their carer told us that they had recognised the person needed support to understand the positive effects of a healthy eating plan. The carer supported the person to have weight management support from a healthcare professional and choices that were made available to the person within the home promoted healthy eating. The person explained that they now understood about all the sugar in some drinks and chose healthier options. Another carer explained that

the person they supported had decided to follow a vegetarian diet and the carer respected their wishes and supported them to have a healthy and balanced diet which met their nutritional needs.

People's healthcare needs were well met by healthcare professionals. People were able to choose which doctors surgery they used, and people were offered appropriate support according to their needs. For example one person we spoke with required support from their carer to help them make appointments but visited the doctor independently. Another person and their carer told us that they needed support from their carer when they continued to have recurrent health problems and the doctor was not taking action to help the person resolve the issue. People were supported by their carer to attend regular medical reviews and staff ensured these were arranged on a regular basis, or as required by their medical professional. Plans were also in place in the event of an emergency which required people to go to hospital. Each person had a document hospital sheet in their care plan identifying their next of kin, known medical conditions, allergies, and other relevant information which may be needed in an emergency or if admitted into hospital.



Is the service caring?

Our findings

People spoke very highly of their carers and the positive relationship that they had with them. People told us they loved living with their carer and felt like a member of their family. One person said, “I used to be really lonely living by myself but now I always have someone to talk to. It’s really good.” All the carers we spoke with commented that the person they cared for was like having another family member. One carer said, “We worry and care about them just like we do our own children.”

Carers showed overwhelming respect and affection for the people they supported and clearly wanted the best for them. They were highly motivated and inspired to offer care and support within their own homes. People understood that their carer’s had their best interests at heart and one carer consistently described the care and support they provided as “It’s whatever’s best for [name].” We observed that carers had a strong bond with people they supported and people responded positively to them. Where people responded positively to touch, carers were tactile and provided reassurance by holding people’s hand or gently rubbing their arm when people showed signs of anxiety.

People and their carers were supported by staff that were thoughtful and showed genuine care for people’s wellbeing. Staff showed consideration for key events in people lives such as deaths, birthdays and illnesses. For example, staff helped one person celebrate their birthday and staff showed respect following one carer’s death. One carer told us, “We had an illness in the family which meant I couldn’t provide the respite care I had planned. The staff listened and made arrangements. It was fine. They just wanted to make sure I was alright.” An advocate also made extremely positive comments about the staff, describing them as “approachable, efficient, and very caring and compassionate towards their customers, and very supportive towards their carers.”

People were empowered and encouraged to try new experiences. Carers showed patience and resilience whilst people tried new activities. For example, one person wanted to learn how to swim but was frightened to do so. The carer supported the person and took them to the swimming pool a number of times before the person would attempt to get into the swimming pool. The carer worked with the person, offering support and encouragement and

after a few visits they got into the swimming pool independently. The carer spoke with pride and admiration about the confidence and development of the person to be able to do this.

People’s needs were met by carers that understood what was important to them. One person and their carer explained that the person had never been on a holiday alone before and this was something they really wanted to do. The carer was determined and creative and supported the person to make appropriate arrangements for their holiday. The carer took on responsibilities that went the extra mile to ensure they would be safe whilst they were at their destination by travelling to Cornwall and checking out the person’s surroundings and accommodation. The person proudly told us that the holiday had been a success and they had already booked another holiday for after Christmas.

People were given time by carers to understand situations, express their views and make their own choices. Throughout our observations of people with their carers, all carers encouraged people to give their own views about the support they received. People were not rushed to respond, and when people had communication difficulties carers offered gentle support to enable people to freely and honestly communicate their views. Carers explained that people were completely in control of their own lives and the direction they wanted it to take. One carer said, “Everything they [the person] do is down to them. They tell me when they’re going out and what they’re up to – I just have to try and keep up with it all!”

People with difficult backgrounds were accepted onto the scheme and staff worked with them and their carers to bring successful outcomes for them. For example, people with a criminal background and no family involvement were supported into the scheme. Staff worked hard in ensuring they identified the correct carer for the person, and when the person temporarily left the scheme to pursue their own relationships, the service welcomed the person back and spent a great deal of time understanding what would make a successful placement for the person next time round. The service was also not afraid to accept people that had a history of failed placements. The staff worked hard to understand the needs of each person and understand why some placements had not been successful before matching them with their next carer.



Is the service caring?

People had their own space and carers respected people's personal space. One carer said, "Sometimes [name] will go up to their room to chill out and I respect that. We all need time on our own sometimes." Another carer explained that they did not go into the person's bedroom. They said, "It's their room. I don't go in unless they want me to." People were spoken to with dignity and understanding and this was echoed in carer's actions to respect people's decisions.

People were supported to make decisions about relationships that were important to them, and they were supported to maintain these relationships, or to disassociate with people they no longer wished to be involved with. For example, one person enjoyed frequent visits to their relative's house to have dinner and a chat with. The carer supported the person to make appropriate arrangements and to ensure this relationship continued when they came to live with the carer. The carer said, "[Name] still regularly sees their own family. It's important

and we encourage them to see each other when they want to." Another person required emotional support when they decided that they no longer wished to visit their relatives. The carer gave reassurance that this was the person's choice and they would be supported to carry out their wishes.

People had access to an advocate when they required further support from an independent person. One person told us the advocate had been helping them following a life changing event and they met regularly with the advocate. This person's carer told us that a lot had been going on in the person's life and they had been struggling to keep up with all the meetings and had requested additional from the staff. The advocate provided the support the person needed and the advocate had been a good help to the person. We observed that the person had been responding positively to the additional support and had been making good progress with accepting help from professionals.

Is the service responsive?

Our findings

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer. People joined the scheme in a variety of ways and staff made valiant efforts to gather as much accurate information as possible from all sources. Primarily if people were able to communicate their needs staff took the lead from people to describe the level of support they required and how they liked to receive it.

Care plans were produced in conjunction with the person using the service, and their relatives or previous carers if appropriate. The care plans included a summary of key information about the person and detailed information about what matters to them. For example, communication details and key people in their life could be seen at a glance and enabled new carers or staff an opportunity to engage with people at their first meeting. Each person also had a detailed care plan that described all of the person's care needs and gave guidance about how to support them. This included people's eating and drinking requirements, the support they required with their personal care, physical health needs but also gave advice to help support people's anxieties and mental wellbeing. For example, one care plan provided advice about how to support one person when they heard a particular word that upsets them. Carers we spoke with told us, "If something happened to me and somebody else had to come and care for [name] there is enough information and detail in the care plan to know what support [name] needs."

People's interests and hobbies were recorded in detail and people were supported to do activities they enjoyed and enriched their lives. Carers explained that people were able to complete activities independently, or the carer joined in if the person wanted them to. This ranged from visits to the theatre, going on roller coasters or a visit to the pub.

Another carer explained that one person they cared for had a love and fascination with a particular brand of lorries so they were supported to visit a lorry depot and explore their interest further. Carers encouraged and supported one person with an interest in gardening to have their own allotment. The person was supported to grow their own vegetables, and when their potatoes had grown big enough

they were cooked for dinner, which the person was very proud of. People were in control of what activities they did and when and were able to choose how they spent their time.

People were supported to maintain their culture and beliefs. This was reviewed and included as part of the assessment process for people and their carers, however in circumstances where people and their carers had different backgrounds people were supported to maintain what was important to them. For example, one person had a different religious background to their carer. The carer explained that they regularly supported the person to choose if they wished to visit their own church, and that they would attend with them if they wanted them to.

Staff from the Shared Lives scheme met with carers and people on a regular basis and made sure they were comfortable with their role and people received appropriate support. One carer said, "[Name of staff] is always there. Anytime I need them, they're there." When people were going through challenging times in their lives, or if carers needed extra support staff were always available in person or by telephone. For example, one person had undergone a life changing event and staff met with them and their carer in the lead up to the event and on at least a weekly basis immediately following the event. One carer said, "I don't know what I'd do without them. They have been such a great help to me." Staff went above and beyond their expected duties and made themselves available out of hours or in emergency situations. For example, staff met one person and their carer at hospital following a serious incident, and took the lead when the carer needed emotional support and guidance on what to do next. The carer told us, "There was an incident and [name of person] had to go to hospital. I phoned Shared Lives and [name of staff] came to the hospital and sat with me until midnight. They were brilliant. I couldn't fault them in anyway."

People's care needs and carer's support needs were reviewed at least every three months, or more frequently when people initially started using the service, or if people or their carers felt they required extra support. One carer told us, "They ask us both [the person and carer] how everything is and what's been going on. If anything needs adding or changing on the care plan they sort all that out." Staff listened to the needs of those involved and showed a

Is the service responsive?

flexible response to ensure appropriate support was in place. Care plans were reviewed, and if necessary updated following each visit to ensure that current information was recorded.

People and their carers were aware that they could make a complaint about the service to the registered manager. Complaints were handled promptly and were investigated in detail. The registered manager involved their line manager when concerns were raised which required an independent oversight or formal response. Any learning that could be identified from complaints was shared with the team to prevent future occurrences.

Staff ensured that people and their carers had good links with other agencies and external parties. For example, staff made arrangements with the local authority to ensure that people's funding was correct. Staff also liaised with advocate services, mental health support or volunteering opportunities to provide people and their carers with information. This ensured that people received a smooth and consistent approach from all parties involved in providing support.



Is the service well-led?

Our findings

People and their carers spoke extremely positively about the service and the registered manager. Carers spoke passionately about the values of the service and the important role they played in that. One carer said, “I just think this service is wonderful. I believe in it so much and am proud to be a part of it.” Another carer said, “It’s brilliant. I don’t know why we didn’t do it before. I just think it’s so important to help people be as independent as possible, and to have them in a family environment – it’s lovely.” Staff told us they enjoyed working at the service and there was a low turnover of staff. Staff consistently displayed a positive attitude to people, carers, to one another and to the registered manager.

The clear ethos throughout the service was to support vulnerable people to lead ordinary lives within a caring and inclusive family environment. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The overwhelming culture and attitude of all the carers and staff we spoke to was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations to ensure people were able to have enriched and fulfilled lives.

The registered manager took an empowering and inclusive approach to supporting people where previous placements had broken down or where people’s circumstances meant that they were particularly vulnerable. They adopted a positive approach and successfully worked with people who may have been considered to be too challenging by other schemes or placement options. They accepted people into the scheme who showed personal attributes, health issues or behavioural patterns that required very special and dedicated carers and staff to support them appropriately. They showed patience and resilience in finding the right placements for people and we saw examples of where people had chosen to leave the scheme to pursue other interests and lifestyles but who were welcomed back when they reconsidered their position and wanted to return.

Person centred decision making was a central feature of all decisions and each individual moved the placement process along at the speed and in the direction that they wanted. The registered manager was clear that it was the person who determined the pace of the matching

procedure and the key aim was to find suitable carers for each person. For example one person who had previously had unsuccessful placements and was cautious about whether this placement would work for them was able to meet with a number of different carers to help them determine which carer best met their needs and lifestyle preferences. The registered manager explained that no pressure was put on people to accept the first carer that was deemed suitable and that they worked with the person, offering reassurances and exploring their concerns before they were matched with their carer. In addition, once the person had moved into the carers home staff continued to provide support to both parties and carefully monitored how the person had settled in, the progress they made and their overall satisfaction with the placement. Where this was deemed appropriate they identified additional day support, accessed advocacy services and ensured appropriate support was in place for people’s health and medical support to prevent the placement from breaking down.

The registered manager and at least one other member of staff made themselves available at all times of the day and night to offer support in urgent circumstances. They also worked closely with people to work through some of the challenges they faced in their personal relationships and circumstances. People and carers felt continually cared for and supported by the staff and appreciated the proactive efforts they made to be by their sides during difficult times, including hospital admissions and legal proceedings.

The registered manager showed passion and commitment to providing the best service for people and their carers. They showed genuine gratitude and appreciation for carers when they had responded well in challenging situations and provided lots of positive feedback and support. We saw letters of thanks and empathy to carers that had experienced difficult times. The registered manager knew the people that used the service and their carers well and were able to support staff at external meetings when required. An advocate that worked with the service commented, “I have witnessed the registered manager in meetings with their staff making positive contributions and decisions and working in partnership with other organisations. My view is that the registered manager has a very good overview of the cases I have been involved in and is able to step in to deal with situations when required”.



Is the service well-led?

The registered manager provided clear leadership to support the team. This included them working alongside the team wherever possible and being a positive role model. The staff team and the registered manager told us that it was helpful sharing the same office space so they were all aware and involved with each other's workload. The registered manager made sure that all supervisions were conducted on a regular basis to provide direction to staff and ensure staff workloads were manageable and productive. If staff required management support the registered manager also attended home visits with staff and provided the support they required.

People using the service and carers were given the opportunity to complete an annual survey and provide feedback about the survey. All the responses that had been received in the most recent surveys were positive and no actions were required to make any improvements.

Carers had regular meetings and events were put on which the registered manager attended. The registered manager had given thought and consideration to the location of the meetings and hosted two events in different parts of the county to reduce the amount of travel time carers had to make. These events enabled carers to be kept updated on developments and provide feedback about the service. Carers were also encouraged to use each other as a source of support. Many carers had been involved with the service for a long period of time and had great knowledge and expertise that could be shared with others. Carers told us the support networks available were excellent and they never felt alone.

Teamwork was a key attribute throughout the service and the registered manager held regular meetings with the staff team. Staff meetings included speakers from external organisations to help aid staff's knowledge and continuous development. For example, at a recent meeting a representative from the Alzheimer's Society Dementia Friends programme met with staff and explained how their organisation could be used by the service. Staff were able to contribute their ideas to make improvements to the service and the registered manager ensured staff were aware of developments by the provider that had an impact on the service.

Staff had their own areas of expertise and responsibilities which ensured a strong team approach. Staff and carers spoke highly of the registered manager and felt that the

service had made good progress and improvements since they had taken on the role. The open and progressive culture of the service and effective teamwork meant that people received continually improving support.

It was also noted that the staff had won the provider's "Team of the Year" award for their excellent teamwork and commitment to providing an excellent service.

The registered manager had a good understanding of where improvements needed to be made and worked with the provider to provide additional support. For example, the registered manager identified that further improvements could be made to the training that carers received. The registered manager had been creative and requested or designed training within their own capabilities to meet the needs of staff and carers however they had recognised that further strengthening of this would ensure carers had better skills and knowledge to provide a better service.

Effective systems were in place to monitor the quality of the service. The registered manager completed regular audits and spot checks on people's care plan and carer's files to ensure they contained accurate and detailed information. The registered manager also completed unannounced visits at carers homes to ensure people were being well looked after and supported.

Systems were in place by the provider to monitor the performance of the registered manager and the quality of the service. The provider maintained and kept under review a service improvement plan which recorded actions the registered manager needed to take. This was effective in ensuring action was taken in a timely way. The registered manager also confirmed that they felt supported and listened to by the provider, and they had regular meetings with their line manager for supervision which they felt were effective.

The registered manager worked closely in partnership with other agencies. They spent time at conferences and regional meetings, and took staff or carers with them to gain different perspectives on new ideas or initiatives. Carers told us they felt listened to and these events showed that their experiences were valued and important. The registered manager had an open and transparent approach and was keen to learn. Following their attendance at these events the shared their learning with people, other carers and the staff to provide a strong consistent service.