London Borough of Waltham Forest

Shared Lives Scheme

Inspection report

30 Coleridge Road
Walthamstow
London
E17 6QU

Tel: 02089288300

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4, 5 and 7 December 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected in May 2016 where it was rated Good. However, we made two recommendations under well-led domain.

Shared Lives Scheme is a local authority operated service that support adults with a learning disability or autistic spectrum disorder, a mental health condition and physical disability. People using this service receive care and support by individuals, couples and families who have been approved and trained for that role, and are called shared lives carer. People using the service live with the shared lives carers in their homes. Placements can be long-term with the adult living with the carer as part of their family, or as respite care to provide regular carers with a short break.

At the time of our inspection 30 people were living in long-term shared lives arrangements, some of these people also accessed respite shared lives placements. A total 30 shared lives carers had been appointed and some carers had been approved to care for more than one person.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

People told us they felt safe with the shared lives carers and trusted them. Risks to people were assessed and mitigated. Shared lives carers were provided with sufficient information to minimise risks to people and provide safe care.

Shared lives carers knew the safeguarding procedures and how to escalate concerns to external parties where necessary. People told us their needs were met by shared lives carers. People were protected from infection and lived in a clean environment. There were enough shared lives carers in place who were suitably recruited to ensure people at risk were safely supported. There were systems in place to learn and share lessons when things went wrong.

People's needs were assessed before they were matched with shared lives carers. Shared lives carers were knowledgeable about people's needs and supported them effectively. People were supported to maintain a nutritionally balanced diet and access ongoing healthcare services. Shared lives carers received sufficient

support and training to provide effective care. The service provided care in line with the Mental Capacity Act 2005 principles.

People told us shared lives carers were caring, treated them with dignity and respected their privacy. Shared lives carers supported people with their cultural and religious needs. People were supported to remain as independent as they could.

People's personalised needs were met by shared lives carers who were knowledgeable about their likes and dislikes. Care plans were detailed, regularly reviewed, and provided information on how to support people. The provider welcomed and encouraged lesbian, gay, bisexual and transgender people to use their service. The provider had systems and process to support people with their end of life care needs.

People and shared lives carers knew how to raise concerns and had never had to make a complaint. There was a complaint's policy and procedure in place to ensure people's complaints were addressed in a timely manner.

People and shared lives carers spoke positively of the registered manager and shared lives worker. Shared lives carers told us they felt well supported and listened to by the management.

The service had systems and processes in place to monitor and evaluate the quality and safety of the service. The management sought people and shared lives carers' feedback and worked with other organisations to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe living with shared lives carers and trusted them. Shared lives carers were knowledgeable in safeguarding people from harm and abuse.

Shared lives carers were provided with risk assessments that gave information on how to minimise risks to people and provide safe care.

The provider followed safe and thorough recruitment and assessment process to ensure there were enough and suitable shared lives carers to meet people's needs safely.

People who required support with their medicines were appropriately supported.

People were protected from the spread of infection and their bedrooms and environment were clean and no malodours.

The provider had system in place to learn lessons and make improvements when things went wrong.

Is the service effective?

Good

The service was effective.

People told us their needs were met by shared lives carers.

The provider assessed people's needs and shared lives carers were knowledgeable about how to meet their needs effectively.

Shared lives carers received regular support and enough training to provide effective care.

People told us their dietary needs were met. Shared lives carers supported people to access ongoing healthcare services.

The service provided care in line with the Mental Capacity Act 2005 principles.

Is the service caring?

Good

The service was caring.

People told us their shared lives carers were caring, friendly and compassionate.

Shared lives carers were knowledgeable about people's emotional needs and supported them when requested to maintain relationship with their relatives and friends.

People told us shared lives carers listened to them and treated them dignity and respect.

Shared lives carers supported people with their cultural needs and encouraged them to maintain their independence wherever possible.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care. Shared lives carers knew people's likes and dislikes.

People's care plans were comprehensive and regularly reviewed.

People were supported to go on holidays and participate in activities of their choice.

The provider supported lesbian, gay, bisexual and transgender people with their personalised needs.

People and shared lives carers knew how to raise concerns.

The provider had systems in place to support people on end of life care.

Is the service well-led?

Good

The service was well led.

People and shared lives carers told us the service was well managed and the management was supportive.

The provider had systems and processes in place to ensure the safety and quality of the service.

The management worked with other organisations to improve

the service.

Shared Lives Scheme

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 4, 5 and 7 December 2018 and was announced. We informed the provider 48 hours in advance of our visit. This was to ensure there was somebody at the location to facilitate our inspection.

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. 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. This inspection was informed by the feedback from the local authorities and healthcare professionals.

During the inspection we spoke with the registered manager and the head of provider services. We looked at the recruitment and monitoring records for four shared lives carers. We also looked at the care records of five people who used the service. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

We carried out visits to two people in their shared lives arrangements with their prior permission. We also spoke with five shared lives carers and six people who used the service. We reviewed the documents that were provided by the registered manager on our request after the inspection. These included policies and procedures, updated risk assessment and a health action plan, and staff training matrix.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living with the shared lives carers. One person said, "Yes, I do feel safe here." A second person commented, "I do feel safe and trust them." A third person told us, "Yes, [I feel] very safe." A fourth person said, "I feel safe and trust [shared lives carer]."

The provider had processes in place to ensure people were safeguarded against abuse, poor care and neglect. The provider trained shared lives carers in safeguarding before they were matched with people. Shared lives carers we spoke with told us their role was to ensure people's safety and that they were not abused. One shared lives carer said, "Safeguarding is to make sure [person who used the service] is safe." A second shared lives carer said, "To protect the person from anything they might be harmful from as they are vulnerable." Shared lives carers were knowledgeable about their role in reporting concerns and how to escalate them when necessary. A shared lives carer commented, "Any concerns let [shared lives worker] and adult social services know, and contact 999 when necessary. I have to escalate it to [registered manager] and if she does not act appropriately, I would have to contact the adult social services." Another shared lives carer commented, "Any cause of concerns we need to identify and report it to [registered manager]."

There had been no safeguarding incidents since the last inspection. The registered manager demonstrated a good understanding of their responsibility in investigating allegations and, reporting concerns to the local safeguarding authority and to the CQC.

Risks to people's health, care and mobility needs were identified, assessed and mitigated to ensure safe care was provided. People's risk assessments were individualised and gave information to shared lives carers on how to support people in a safe manner. Risk assessments were for areas including environment, personal care, nutrition and hydration, medication, using public transport and accessing the community. The risk assessments detailed information on the type and severity of the risks, and measures with instructions that shard lives carers were required to put in place to lower the risks. The provider also ensured risks specific to people's health needs were assessed and mitigated such as tube feeding, epilepsy, self-harm, harm to others and behavioural.

Shared lives carers we spoke with were knowledgeable about risks to people and how to ensure their safety. One shared lives carer said, "I ensure the environment [person who used the service] lives in is safe as she is so vulnerable. I make sure all her equipment is serviced like the hoist, wheelchair, bed." Another shared lives carer told us, "I constantly risk assess all the activities [people who used the service] want to do, putting in a plan to minimise those risks. So that they can still have freedom to do what they like even though it might be a bit risky." A third shared lives carer commented, "Every time people come over to stay at ours [shared lives carer's home] [registered manager] bring their updated risk assessments. They [risk assessments] are very useful as it informs us on the risks to people and how to support them safely." This showed the service had systems in place to ensure people's safety and shared lives carers knew how to provide safe care.

The provider followed an appropriate recruitment process to ensure people who were vulnerable were supported by shared lives carers that were safe, suitable, and skilled. The recruitment process was thorough

and could take between three to six months until a shared lives carer was safely recruited. It entailed initial visit to check the environment whether it was safe and had enough space for the person. Followed by application process, an interview, several visits where the registered manager spoke to the potential carer and their family members, doctor, employer and character references, criminal checks. The registered manager would then compile a report based on the visits and make recommendations that would then go to the shared lives panel. Records confirmed this. Shared lives carers files also had identity and right to work in this country checks. This showed people were living with shared lives carers that were suitably assessed and checked. The registered manager told us they had sufficient shared lives carers now but they were always recruiting more carers so that they were prepared for any new referrals.

People were happy with the medicines support. One person said, "They check if I have taken my asthma pump." A second person told us, "I take my own medicines. If not sure I ask [shared lives carers] about it and they help." A third person commented, "I get support with my medicines. My [shared lives carers] helps me with that. Yes, they keep records of medication."

Shared lives carers were trained in safe medicines management. One shared lives carer said, "I have had medicines training and I have done nursing. [Person who used the service] self-medicates. Even though he knows what he is taking, as I take it [medicines] out of the blister pack, I complete the medicine administration record."

Most people were able to self-administer their medicines. However, those who required assistance were safely supported by their shared lives carers. People's care plans detailed how shared lives carers were required to safely support people with their medicines management. Where shared lives carers provided this support, they maintained medicines administration record (MAR) charts. Records showed MAR charts were appropriately maintained and we did not find any gaps. The registered manager and the shared lives worker checked people's MAR charts at quarterly monitoring visits. Records confirmed this.

Shared lives carers were knowledgeable about how to prevent infection, and control the spread of infection. They were provided training and information on infection control. During home visits we saw people's bedrooms and shared lives carers houses were clean and no malodours.

The provider had systems in place to learn lessons and make improvements when things went wrong. There was an incident form in place that the shared lives carers were required to complete when an incident occur. Shared lives carers were aware of their responsibilities in recording and reporting incidents. The registered manager told us they would carry out investigation to learn lessons from the incidents and would share it with the shared lives worker and shared lives carers via one to one meetings. There had been no incidents since the last inspection.

Good

Is the service effective?

Our findings

People told us their needs were met. One person said, "Yes, my needs are met. Everything is alright." Another person told us, "I get a lot of help with things. Help when I need anything. I like that."

People's needs were assessed by the provider at the time of referral. The needs assessment process enabled the management to decide whether they could meet people's needs and enabled the matching process. The assessment form included information on people's background history, physical and emotional health, medical condition, behavioural, communication, social care and cultural needs. People were provided with a service user guide in an accessible format that detailed information on what was the shared lives scheme, who was it for, what people could expect from the scheme, the support they would receive, costs, and how to raise concerns. We asked one person about their thoughts on the assessment process as they had recently been through the process and moved with a shared lives carer on a respite placement. They said, "The process has been nice and it was [registered manager] who went through the assessment process, gave me the service user guide. I found it very reassuring." The management used information from the needs assessment form to develop people's profiles and care plans. Records confirmed this.

Most shared lives carers had previous health and care experience for example some were registered nurses, worked with people with a mental health condition, and social workers. They had health and social care related qualifications and training before they applied to become shared lives carers. Shared lives carers we spoke with told us that the training was good and that they were not allocated with any person till they had done all the necessary training. One shared lives carer said, "Before we started [working] we were given two weeks of [induction] training. Even now get regular updates and training opportunities. Recently attended safeguarding training. [The management] are on the ball, chase us up if we haven't refreshed our training." A second shared lives carer told us, "They [management] set out training dates, I have attended all the training. They email me about specific training dates such as diabetes." A third shared lives carer commented, "I was shown how to change the feeding tube. I have had enough training. I did DoLS training recently and refreshed moving and handling training."

The training was in the areas that were required to meet people's needs effectively such as safeguarding, moving and handling, safe handling of medication, health and safety, risk assessment, infection control, first aid, fire safety, fluid and nutrition, and food hygiene. Shared lives carers were also provided with specific training to meet people's individual needs such as autism awareness, diabetes, tube feeding, Mental Capacity Act, Deprivation of Liberty Safeguards (DOLS) and positive behaviour support. Records confirmed this. This meant shared lives carers were provided with sufficient training that enabled them to provide effective care.

Shared lives carers we spoke with told us they felt supported in their role. The registered manager and shared lives worker carried out quarterly support visits where they discussed with shared lives carers their training and support needs, and whether they were satisfied with the current placement arrangements. Where physical visits were not always possible due to the distance the service spoke to shared lives cares over the phone. Records confirmed this. The registered manager met with the shared lives worker every six

to eight weeks for one to one supervision session to discuss their training and support needs, current placements and shared lives workers' training and support. Records confirmed this. The shared lives worker also received annual appraisal where their current objectives were reviewed and future objectives set. Records confirmed this.

People told us they were satisfied with the dietary support and received food as per their liking. One person said, "[Shared lives carer] cooks for me. I had fish and vegetables for dinner." A second person commented, "They [shared lives carers] sometimes for cook for me and know what I like and cannot eat." A third person said, "[Shared lives carers] cook for me. The food is nice, roast lamb and beef, and sometimes chicken. And spaghetti bolognese and everything." Shared lives carers we spoke with demonstrated a good understanding of people's dietary needs, and their likes and dislikes. One shared lives worker said, "[Person who used the service] does not like ice cream and sweet stuff. She likes having [cereals] with warm milk in the morning and [culturally specific food] for dinner but not too spicy. If she doesn't want to eat or doesn't like any food she would spit it out." This showed people were appropriately supported with their dietary needs by shared lives carers who knew their likes and dislikes.

People were supported by shared lives carers to live healthier lives and have access to ongoing healthcare services. One person said, "They remind me to attend [healthcare] appointments and keep a check on my overall health." A second person told us, "[Shared lives carers] help me go to the blood tests. My [shared live carer] takes me to the doctors. We got an appointment in January to go to the dentist. I get my eyes checked at [name of the area]. My [shared lives carer] goes with me. My eyes are OK. I don't need no glasses." People's care plans gave information in relation to the support they required to meet their healthcare needs. Records confirmed this.

Shared lives carers we spoke with were knowledgeable about the support people required with accessing healthcare services and maintained records of the appointments, visits and recommendations. One shared lives carer said, "I ensure [person who used the service] weight is monitored and maintained. I help her with exercises. Recently, got the dietician involved due to a change in her diet. I am always on the phone with health and care professionals to ensure her appointments are up-to-date." A second shared lives carer commented, "[Person who used the service] managed his diabetes with medicines but since we made the changes it has got better and it now only diet controlled, doctor took him off the medicines. I gave a lot of support and done a lot of educating in relation to nutritious food and he only has all freshly cooked food, made a big difference."

People had health action plans that detailed their health conditions and support plan to maintain their health and regular health appointments. A health action plan is something the Government said that people with a learning disability should have. It helped people to make sure that the service had thought about people's health and that their health needs were being met. In addition, people had hospital passports to enable hospital staff to be aware of people's needs, likes and dislikes so that people could continue to receive care responsive to their needs. The hospital passports gave information on people's medical history, list of medication, communication, nutrition and hydration needs, and personal care needs.

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

The provider assessed whether people had mental capacity to make decisions regarding their care and

treatment. This information was recorded in people's care files to enable shared lives carers to support people appropriately. Records confirmed this. People's care plans instructed shared lives carers on how to encourage and support people to make decisions regarding their daily living activities including communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Where people lacked capacity to make decisions, there were records to confirm that the best interest process had been followed, reasonable adjustments had been made to involve the person in the decision-making procedure and best interests decisions made on their behalf. People's care files had court of protection documents confirming their legal representative had appropriate authority to make decision on people's behalf.

People told us shared lives carers gave them choices. One person said, "Oh yes, [shared lives carers] always ask me what I want to do and gives me choices." A second person told us, "Yes, [shared lives carer] gives me choices." Shared lives carers were knowledgeable about the MCA principles, people's right to a choice, and the importance of asking people's permission before providing care. One shared lives carer commented, "I ask people what they would like to eat, what they wanted to do and generally how they would like to be supported. I always ask and give them choices." A second shared lives carer said, "MCA is about whether someone is competent to make decisions safely. If we are going out, I give them [people who used the service] choices and they decide where to go. I encourage them to help out in the kitchen but if they choose not to do it then it is their choice and I respect their choice." This showed consent to care and treatment was sought in line with the legislation and guidance.

Good

Is the service caring?

Our findings

People told us shared lives carers were caring and treated them with compassion. One person said, "They are all very nice." A second person commented, "I love it [here], and settled and happy with them [shared lives carers]. They [shared lives carers] are very decent, dedicated and loyal people." A third person told us, "[Shared lives carer] is 100% supportive. She is caring, kind, friendly." A fourth person said, "I like my [shared lives carers]. They have brought me up and supported me for a very long time." A fifth person commented, "They are lovely and very nice. They are caring and friendly." Most people had been living with their shared lives carers for many years and some of them had been with them since their childhood.

People told us they felt listened to by their shared lives carers and felt part of the family. One person said, "I feel it's my home and feel part of the family. I am like an uncle to [shared lives carer] niece." A second person told us, "It does feel like my home. This is my family." A third person commented, "If I ever have any problems I speak to [shared lives carers] and they listen to me. They do provide me with emotional support. They are great listeners." Shared lives carers told us they treated people as their family members. One shared lives carer said, "It is really like sharing our family and our home. I cannot imagine our life without [person who used the service]. Every day she does little something around the home. She is my aunty [person who used the service]."

Shared lives carers spoke about people in a caring way and they were aware of people's background and emotional needs. During a home visit we observed the shared lives carer was sensitive to the person's needs, listened to their requests patiently and supported them with compassion.

Shared lives carers supported people to maintain relationships with their family members and friends where they wished to. A shared live carer told us they had supported the person living with them to attend their relative's funeral. Another shared live carer said they arranged the person to visit their cousins and siblings, and invited them over every year to celebrate their birthday. A third shared lives carer said that the registered manager had helped the person as per their request to find their family history.

People told us their shared lives carers encouraged and involved them in making decisions regarding their care, support and accommodation, and asked them for their views. Shared lives carers told us they asked people for their views on what they wanted to achieve, and encouraged and supported them to achieve their aspirations. For example, one person told us they wanted to visit a place of worship and they were supported by their shared lives carer to access. They said, "First time [shared lives carer] came with me to the [place of worship] and since then [I] have been going on my own."

People's cultural and religious needs were identified and their care plans gave information on how their shared lives carers support them with their needs. For example, one person's care plan stated they practiced a religion and attended the place of worship once a week. People told us their cultural needs were met and respected. One person told us they went to a local place of worship every week. Another person commented that their shared lives carer cooked their culturally specific food for them.

Shared lives carers told us they respected people's cultural needs and asked them if they would like to be supported to meet their needs. A shared lives carer commented, "I respect people's religions. [Person who used the service] does not follow [religion] but likes to celebrate [festival]. I will celebrate [festival] with him and together we will put up decorations and share presents. [Person who used the service] prefers spicy food and [culturally specific] food, and I cook that for her." Another shared lives carer told us, "[Person who used the service] likes singing hymns and take her to choirs which she enjoys."

People told us they were treated with dignity and their privacy was respected, and had their own bedroom in the house. One person said, "I have a separate bedroom and I like it. I do get my privacy and [shared lives carer] respects me and treats me with dignity." A second person told us, "Yes, they [shared lives carers] do treat me with dignity and they respect me. I have a separate bedroom. It is a big space and [I] maintain it the way I like it."

Shared lives carers were able to demonstrate how they respected people's privacy and dignity. A shared lives carer commented, "Privacy and dignity is important and ensuring it is maintained and respected is integral to my role. When using the bathroom, I always wait till [person who used the service] calls me when he is ready. I gave him privacy when he is making a [telephone] call." Another shared lives carer said, "I don't barge into their [people who used the service] bedrooms, there are locks on the door to ensure their privacy and dignity."

People were supported and encouraged to remain as independent as they could. People told us they could come and go as they pleased and felt independent. One person said, "I prepare my breakfast myself. I tidy my bedroom. I work as a cleaner." Another person told us, "I make my dinner and rolls. I like to do as many things as I can by myself and they [shared lives carers] support that." One shared lives carer commented, "[People who used the service] choose their own clothes, make their bed. They have freedom of going in and out. They choose what they want to eat, during shopping they choose what they want to buy."

Good

Is the service responsive?

Our findings

People told us shared lives carers knew their likes and dislikes, and received personalised care. One person said, "I only moved here a day and half ago and [shared lives carer] knows what I like and how to support me." A second person commented, "[Shared lives carers] know what I like." Shared lives carers we spoke with demonstrated a good understanding of people's likes and dislikes. One shared lives carer said, "[Person who used the service] loves animals and enjoys spending time with animals." The person told us, "Yes, I do like animals. We have a pet cat."

The provider delivered care that was responsive to people's needs and wishes. For example, one person who was in a long-distance relationship was supported by the registered manager to maintain that relationship by arranging visits to their girlfriend who lived in another city. When the person decided to move closer to their girlfriend as they did not want to spend time travelling the registered manager supported them with the move. The registered manager worked with a shared lives scheme in that area and found an appropriate shared lives carer for the person.

The registered manager followed a thorough matching process to ensure people were appropriately matched with shared lives carers. On receipt of a referral and following the assessment process, the registered manager would carry out the matching process where they would identify similarities between the person and the shared lives carers including hobbies, interests, cultural background, geographical and gender preferences. Following that they would send the shared lives carer's profile to the person and the person's assessment form and profile to the shared lives carer. Once they both agreed the registered manager would then organise home visits for the person to the shared lives carer's home. These visits comprised of tea visits that included meeting the shared lives carer and their family members for a few hours, followed by a day visit then an overnight visit. If they both were happy at all these visits a long-term placement was finalised. This showed the provider had a robust matching process that ensured people's personalised needs and preferences were considered before they started living with their shared lives carers.

The registered manager used information from the assessment form to develop people's care plans and involved them in the process to identity what they would like support with and their aspirations and wishes. People's care plans were comprehensive and gave sufficient information to shared lives carers on people's likes, dislikes, physical, medical and emotional needs and abilities, communication, behavioural, social care and cultural needs, and how they would like to be supported.

Each person's care file also had their personal profiles that gave information on what people thought was important to them including their likes and dislikes, how best to support them, things others admired about them. For example, one person's care plan stated the person needed to be constantly engaged in an activity as they could self-harm when they became bored. The plan instructed the shared lives carer to offer the person various activities they enjoyed including sensory activities, listening to music, watching television. This meant shared lives carers were given sufficient information to provide personalised care to people.

People's care plans were updated every year and as and when their needs were changed. Records confirmed this. The registered manager reviewed people's care at quarterly monitoring visits. Care visit records confirmed this. This showed shared lives carers were kept informed on people's changing needs. People's care plans, care reviews and risk assessments were kept at shared lives carers homes and a copy kept at the office. During home visits, we reviewed people's care folder and found care plans, risk assessments and care reviews neatly filed for easy access.

People were supported to go on holidays as per their wishes. One person said, "In the last two years [I have] been on two holidays. [Place] and [place], it was beautiful, I enjoyed looking at animals." Another person told us they had been to [place] for a holiday. They said, "I had a great time." A shared lives carer commented, "[We] went to south of [place] in October. [Person who used the service] had a fabulous time. He tried everything food, water sports, really got involved." People were also supported to achieve their aspirations and dreams. One person told us they had wanted to do some volunteering work and were supported with that and were now volunteering at a charity shop. Another person was supported to participate in sports of their liking. This showed people were supported and encouraged to explore their wishes and participate in different activities.

Shared lives carers were trained in equality and diversity and understood the importance of treating people individually. One shared lives carer said, "I treat people without any discrimination. My role is to meet their individual needs and I try my best to do that." The registered manager told us they encouraged, welcomed and supported lesbian, gay, bisexual and transgender people. One shared lives carer said, "They have not chosen, it is who they are. I treat them as any other human being."

During the inspection, the registered manager told us, "We talk to people about their relationships, sex and sexuality at the assessment process. We had a person who liked to wear dresses, this was in his care plan and the shared lives carer supported him as per his wishes." We reviewed people's assessment forms and although there was information on people's gender and relationships, it did not record people's sexuality. We spoke to the registered manager about this and they told us moving forward they would include a question on sexuality to encourage people to start a conversation about their sexuality if they wished to.

People we spoke with told us they had never complained. They further said if they were not happy about something they would speak to their shared lives carers and if they were not satisfied with the response they would call the office. One person said, "I have never made any complaints. I will speak to [shared lives carers] if not happy and not satisfied will speak to [shared lives worker] and [registered manager]. I have no concerns." A second person told us, "No complaints at all. I would speak up if not happy." A third person commented, "No [complaints]. If any problems talk to [registered manager]." People were provided with a service user guide when they stared using the service which detailed contact details for the office, Shared Lives Plus and the Care Quality Commission. Shared Lives Plus is the UK network for shared lives carers. Shared lives carers told us they knew who to contact in the office to make complaints or raise concerns. The registered manager and shared lives worker asked people and shared lives carers during quarterly phone calls and visits if they had any concerns.

The provider had not received any complaints from the people using the service and shared lives carers since the last inspection. There was an up-to-date complaint policy and processes in place to report, record and investigate complaints.

The provider had systems in place to support people on end of life and palliative care. The provider's end of life care policy described how to assess and support people with their end of life care and palliative care needs including cultural and spiritual needs. The management provided shared lives carers and people with

accessible information guides on 'funeral plans' and 'palliative care, end of life care and bereavement for carers supporting people with learning disability' to facilitate discussions and decision making. Some shared lives carers had started discussions with people around their end of life care wishes and these were recorded in their care plans. Records confirmed this. However, currently no one was being supported with end of life and palliative care needs.

Good

Is the service well-led?

Our findings

People told us they were happy with the service and enjoyed living with the shared lives carers. One person said, "I love living here." A second person told us they had been living with the same shared lives carers for the last 35 years. They said, "I am still living here and I like it. Everything is good where I am." A third person commented, "This service is perfect. 100% happy living here." A fourth person said, "I am quite happy here. It is a good service."

Shared lives carers told us the service was good for people who wanted to live in a home environment. They said the service was well-managed and the registered manager was approachable and supportive. One shared lives carer said, "Yes, it is well managed. It is a great service especially for older people. [Person who used the service] changed a lot positively since moving here from a care home." A second shared lives carer commented, "Yes, definitely [supportive]. If we ever have a question, email her, straightaway gets back to us. [Registered manager] is very approachable and supportive." A third shared lives carer said, "Every time I have messaged [registered manager] or called her she is responsive, replies straightaway. They [management] are always available, keep us informed. [Registered manager] came yesterday to see if [person who used the service] was settled in." A fourth shared lives carer told us, "[Registered manager and the shared lives worker] are marvellous. They are always at the end of the phone when need them, very supportive." A fifth shared lives carer said, "100% approachable, [registered manager] wouldn't just listen to me but sort it out. It is well managed but think they can do with more support in the office. They are very good to me, perfectly happy." This showed the shared lives carers were appropriately supported that empower them to achieve good outcomes for people.

The management organised carers' and service users' meetings and events to keep them informed on any changes, to seek their feedback on the service and to encourage them to raise concerns. One shared lives carer said, "They [management] calls us on a regular basis for reviews. We have group meetings where we get to meet other carers. I enjoy them meetings. We have our annual Christmas party next week, it will be good to see everyone." We reviewed carers' meeting minutes that showed the carers were provided with updates on recruitment and assessment, discussed training needs, dignity in care, recordkeeping needs. People who used the service meeting minutes showed discussion related to planning of the events, placement, holidays and the quality of care. The management also used these meetings to consult people on the accessible information documents. For example, at the last meeting the management consulted people on the updated draft version of the service user satisfaction questionnaire.

The provider had appropriate systems and processes in place to ensure the quality and safety of the service. The management carried out regular monitoring checks, annual reviews and surveys to ensure the quality of the service, that the people were safe and their health and care outcomes were met. Records confirmed this.

People told us the registered manager and the shared lives worker visited them regularly to seek their feedback and whether they were happy with the placement. One person said, "[Registered manager] comes around for visits. She came last week. She asks me if I am happy." A second person told us, "They [registered

manager and shared lives worker] visit me regularly to ask how I am and if I am happy with the support."

At the last inspection we made two recommendations in relation to record keeping and resources. Since the last inspection, the provider had improved their systems in maintaining records in relation to people's care, accommodation and the activities they participated in. The registered manager had introduced new forms that the shared lives carers were required to complete, for example, incidents and significant events. The provider had appointed a new business support staff member to the team to support the registered manager with the functioning of the service. The registered manager told us the additional staff member had been a great support. They further said as they were short of capacity in the office, they along with the head of provider services had put in a business case for more office support. We spoke with the head of provider services and they confirmed that the business case for more office staff resources had been submitted. They were awaiting the outcome.

The registered manager raised the service's profile by giving presentations to various departments within the local authorities and participating in local fairs and events. For example, the service participated in the local disability event. The registered manager worked in partnership with other organisations and professionals such as Shared Lives Plus, other shared lives schemes, healthcare professionals to improve people's lives and experiences. Records confirmed this. The registered manager attended local authority manager's meetings and Shared Lives Plus meetings to learn best practice and improve.