

The London Borough of Hillingdon

Hillingdon Shared Lives

Inspection report

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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?	Outstanding ☆

Summary of findings

Overall summary

We undertook an announced inspection on 16 and 18 August 2016 and the first day was announced. The last inspection took place on 12 and 13 November 2013 where we found the service had met the previous regulations.

We told the provider two working days before our visit that we would be coming because the location provides a shared lives service, there is a small team working for this service and we needed to be sure that someone would be available.

Hillingdon Shared Lives is service which provides respite care, and short and long term care and accommodation for adults with a range of needs, including people living with dementia, who have mental health needs and learning and /or physical disabilities. The service could also offer support to young adults over the age of 16 years old. The service enables people to live in the community within a family environment. The service recruits, assesses, trains and supports shared lives carers to provide the necessary support for the people who lives with them. Shared lives carers can have up to three people living with them at any one time.

At the time of the inspection there were 46 shared lives carers employed by the service, 36 provided the main primary support for people using the service and ten who provided respite support on a short term basis. 24 people lived with their primary shared lives carers and ten people received respite support which might be when the shared lives carers were on holiday or just for one day's respite to give their relatives support and a break from caring responsibilities. Shared lives carers were entitled to take 42 days holiday each year and people would usually then stay with a respite shared lives carer.

Three shared lives officers worked in the service, two were part time and one worked full time.

There was 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.

The service was very well run and the registered manager and shared lives team worked hard to ensure there was a positive culture where the team worked inclusively with people using the service, the shared lives carers, and other professionals. Systems were in place to obtain and act on feedback and make improvements to the quality of the service. Shared lives carers and people using the service were involved in contributing to how the service was run and where changes needed to be made.

People and shared lives carers spoke extremely positively about the registered manager and shared lives officers. They told us they felt supported and listened to by the service.

There were good monitoring audits in place to ensure the service ran effectively and records were accurate, detailed and person centred.

People using the service told us they felt safe and the shared lives carers treated them very well. People were matched with supportive shared lives carers who enabled them to lead active lives, take part in enjoyable activities and develop their life skills.

Shared lives carers had received training in safeguarding adults and there were procedures in place to ensure people were protected from avoidable harm and abuse.

Care plans and risk assessments were regularly reviewed by staff with the person using the service.

There was excellent liaison between the shared lives staff team and other professionals to help maintain placements.

Where people were supported with their medicines this was managed in a safe way.

Recruitment processes for shared lives carers were detailed and included measures that ensured they were suitable to provide care to people in their homes. The assessment process included an extremely thorough training programme which equipped shared lives carers with the skills they needed to perform their roles.

Shared lives carers told us they thought they received training and support required to perform their roles. Shared lives officers were also happy with the training and support they received.

Each person was encouraged and supported to make choices and decisions about their care and living arrangements. Where people did not have the mental capacity to make important decisions, the shared lives service worked with other professionals to check that decisions made were in their best interests.

People were supported to eat healthily and their health needs were identified and monitored by the placing authority, the shared lives team and the shared lives carers.

The service had a complaints policy and people told us they knew how to make complaints if they needed to.

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 were protected from avoidable harm and abuse because risk assessments were robust and mitigated against risk.

Shared lives carers received training in safeguarding adults from harm.

Robust recruitment checks were carried out on shared lives officers and shared lives carers

Where people were supported with medicines, this was managed so they received them in a safe way.

Is the service effective?

Good ●

The service was effective.

Shared lives carers and shared lives officers received training and support to ensure they had the skills required to perform their roles.

People had consented to their care. Where people lacked the capacity to consent to specific decisions the service worked in line with legislation.

People were supported to maintain a balanced, varied diet.

People were supported to maintain good health and access healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us they had good relationships with the shared lives carers and that they were kind and caring.

People were able to express their views and were involved in making decisions about their care and support.

The shared lives workers ensured that each person was being supported within a caring family environment and enabled to develop independent living skills.

People's culture and background were supported and respected.

Is the service responsive?

Good ●

The service was responsive.

People received highly personalised care through their shared lives arrangements.

Care plans contained very detailed information about people's needs and preferences and choices.

People and shared lives carers knew how to complain about the service if they had a concern. Information was in an accessible format, such as pictures and in easy to read words.

The shared lives service regularly sought feedback from people and shared lives carers about their experience of the service.

Is the service well-led?

Outstanding ☆

The service was outstanding.

There were very well established processes in place for managing and coordinating the service.

The registered manager and the shared lives officers understood their roles and worked in line with national best practice guidance which they continually sought information on to ensure they were up-to-date with the latest innovations and research in relation to shared lives support.

Feedback on the registered manager and shared lives officers was that the service was exceptional. They were extremely approachable and supportive to people using the service and the shared lives carers.

The quality of the service was monitored and improvements were being made continuously to ensure the service provided as high a quality of service for people and shared lives carers as it was possible to do.

Hillingdon Shared Lives

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 18 August 2016 and was announced.

The provider was given two working days' notice because the location provides a shared lives service and as there was a small team working for this service we needed to be sure that someone would be available.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

The inspection was carried out by a single inspector.

The registered manager had also completed a Provider Information Return (PIR). This is a form that asks the provider/registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We met with the registered manager, three shared lives officers, 11 shared lives carers, three people who used the service and we spoke with two people on the telephone who also used the service.

We looked at various records, including four people's care plans, four shared lives carers files, one shared lives recruitment file and records relating to the management of the service.

Following on from the inspection we obtained the views of the service via the telephone from one shared lives carer and a person who lived with them.

We also requested the views of the service from six health and social care professionals and we received

feedback from one social care professional.

Is the service safe?

Our findings

People living with the shared lives carers told us they felt safe and happy living with them. Comments included, "Yes, I am safe where I live," "happy living where I am" and "I feel ok living with my carers." The local authority and the shared lives officers assessed people's safety prior to them using the service so that everyone was clear if for example, the person could be left in the house alone and if they were able to safely go out alone without a shared lives carer.

All the shared lives carers said they would report any concerns to the shared lives officers or registered manager. They were also aware of reporting concerns to external agencies such as the Care Quality Commission (CQC) and the police. The shared lives officers were experienced and also knew to report any concerns to the registered manager. Shared lives carers and shared lives officers had completed training on safeguarding adults, which we saw evidence of in the training records. In some cases shared lives carers had also received training on safeguarding children. The service was not currently offering a service for people under the age of eighteen but would ensure shared lives carers received this particular training should a person aged over 16 years old be placed by the service.

The service confirmed they had not received any safeguarding concerns and the registered manager was aware of the need to inform CQC if such a concern ever came to their attention. We saw the provider had a whistle blowing policy and procedure in place for the shared lives officers to access if they needed information on what to do if they had a concern.

There were detailed checks on the shared lives carers and any presenting risks were looked at to ensure they could safely offer a home to a person. Shared lives officers looked at the environment to ensure it could provide a separate bedroom for a person. Also equipment was checked as the shared lives carers homes needed to have a fire blanket, fire extinguishers and smoke detectors. This equipment was looked at during the monitoring visits to ensure it was fit for purpose. A copy of the floor plan and exits were also seen on the shared lives carer's files.

Risk assessments were completed about people who would be using the service and looked at any potential risks to the person and/or to others. These documents identified who might be affected by the risk, what was already in place and what action was required. Each risk was looked at in terms of the likelihood of it occurring and the consequence. This helped to determine how high the risk was and what control measures might need to be put in place to ensure the person and those around them were safe. Assessments included areas such as, if people managed their own medicines, going on holiday and accessing the community. The risk assessments were reviewed at the annual meeting with the person or sooner if the person's needs changed

Where people had specialist equipment, such as a hoist to assist them to be mobilised safely, then this was noted along with details of how many people needed to support the person. It was documented that the shared lives carers carried out visual checks on the equipment and reported any concerns or defects to the local authority.

The service used the local authority's system for reporting accidents and safety related incidents. Any incident or accident was fully documented and the local authority had a health and safety team who would check for any patterns or trends as well as the registered manager. The registered manager informed us that these rarely occurred and so far there was nothing to monitor in terms of frequency or similarities.

The shared lives carers were able to contact the service during office hours for advice and support, or in the event of an emergency. They also had the contact details for support out of office hours. One shared lives carer told us how they used the out of hours support when the person living with them had a crisis. The registered manager had supported them to ensure everyone was ok. The shared lives carers confirmed the team was always available to talk with and to seek advice or support. The shared lives office was accessible for both shared lives carers and people living with them and they could pop in to see a shared lives officer or the registered manager if they wanted to.

The shared lives service had been growing in size over the past few years and the registered manager confirmed they were reviewing if the staff team needed to expand. A shared lives officer said that there were currently enough shared lives officers working but there would need to be more employed should the service continue to increase in numbers.

We checked the recruitment records for one shared lives officer who had joined since the last inspection. All the necessary documentation was in place such as, their interview notes and answers, employment history, two references and Disclosure and Barring Service (DBS) checks. There was also now a new approach to recruiting new staff to work for the provider to try to find the best possible people to work in the various services across the borough. This included group discussions, discussing scenarios which might be on the Deprivation of Liberty or safeguarding and working through various activities before being interviewed.

We saw that all shared lives carers were taken through a rigorous assessment process before being recommended for approval. This included taking up references, obtaining a medical reference, DBS checks, and a series of home visits to assess the applicant's suitability, caring experience, skills and attitude. A recommendation report was then taken to the service's panel for scrutiny.

Panel meetings were held to look at new shared lives carers becoming approved and able to offer a home to people. Various professionals were on the panel and at least one person who lived with a shared lives carer. The aim was also for a relative of a person who used the service to also attend future panel meetings to ensure that it was as independent as possible. Members on the panel reviewed the reports and met with the potential shared lives carers to check their suitability. The shared lives carers we spoke with confirmed they had been through this application process.

Some people using the service took prescribed medicines. Where people were able, self-administering of medicines was encouraged and facilitated. On one support plan we saw it detailed how the person looked after their own medicines but chose to take it in front of the shared lives carers so that they knew they had taken it.

Shared lives carers told us they had attended the necessary training to handle medicines and this was confirmed by the service's training records. They confirmed they kept records to demonstrate that the medicines that had been checked in and out of their home and when they had administered medicines to people. The shared lives carers told us the records were looked at during monitoring visits to verify that people had received their medicines safely. We saw that the shared lives officers had been checking that there were no issues and that the records were being correctly signed but they had not been carrying out spot checks on the amount of medicines in the home. During the inspection the monitoring form was

adapted to include confirmation that these counts and checks would be documented by the shared lives officers so that they knew the medicines were being safely managed and administered.

Is the service effective?

Our findings

People using the service told us their carers knew how to give them the care and support they needed. People and the shared lives carers spoke highly of the shared lives officers. Comments included, "You can't fault them they are very supportive," "they (shared lives team) are approachable."

Earlier in 2016 the shared lives service held a new development day for new and experienced shared lives carers. This was also to incorporate the Care Certificate principles and standards. The Care Certificate is a nationally recognised qualification that provides information on working in care settings. Topics included, effective communication, social care commitment (this is a promise made by people who work in social care to give the best care and support they can) and record keeping. The aim would be to hold these events twice a year in particular for new shared lives carers as part of their induction to the service.

New shared lives officers also go through an induction to working in the service and would attend a provider corporate induction day. Time would also be spent shadowing existing shared lives officers to become familiar with the service.

Shared lives carers and shared lives officers received ongoing training which was provided both online and face to face. This was confirmed through our discussions during the inspection and by viewing a sample of training records. The service also maintained a training matrix for both shared lives carers, the registered manager and shared lives officers. The training provided included subjects relevant to supporting people, such as moving and handling, infection control, first aid and fire safety awareness. Where additional training was identified, for example, if someone had a particular health condition that shared lives carers needed to understand, this was provided. For example in dementia and epilepsy. As some shared lives carers already worked for health or social care employers they also completed extra training which helped them have the skills and knowledge to support people with various needs.

Shared lives officers completed further training in order to provide an effective service. This included, personal safety awareness, equality and diversity and dignity in care. Two of the shared lives officers had a national vocational qualification in social care level 4 and a registered manager's award. The shared lives team had also all signed up to be a dementia friend. This was an initiative set up by the Alzheimer's Society's and is a programme to change people's perceptions of dementia. Dementia Friends is about learning more about dementia and the ways people can help.

Shared lives officers told us that they "all worked very well as a team" and that the registered manager "wants the best for the service." They also confirmed they received support from the registered manager through monthly supervisions and an annual appraisal of their work, which was reviewed throughout the year to monitor the objectives made. Records we viewed confirmed this. The team also met on a regular basis to look at good practice and to discuss any problems.

We saw shared lives carers agreement documents on their files which they had signed ensuring they knew what to expect from carrying out this role. Shared lives carers were supported via the telephone, home visits

and meetings. We saw from daily notes that shared lives officers recorded whenever they had made contact with them showing they provided regular support. There was a comprehensive record kept of each home visit and this involved a number of checks on the placement as well as supervising and supporting the shared lives carers.

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. The registered manager told us and we saw evidence of, where the shared lives officers had identified those people who needed continuous supervision and who potentially lacked the mental capacity to agree to their living and care arrangements. They had already liaised with the local authority's commissioners to request for them to make applications to the Court of Protection for formal arrangements to be put in place where necessary. The registered manager was waiting for these to be processed and we saw evidence of where shared lives officers had been actively contacting the local authority to check on the progress of these requests.

Records showed that, where able, people had consented to their shared lives arrangements as there were signed agreements in the files. The shared lives referral form asked the care management teams in the local authority to inform them if the person lacked capacity and required a best interests meeting in order to determine if the shared lives service was a valid and best option. Information about the shared lives service was available in an accessible format, to ensure that where possible people were making informed decisions about their placements.

Shared lives officers and shared lives carers had received training in the MCA and Deprivation of Liberty (DoL) so that they had the information on this legislation which protected people's rights.

People told us they were supported to eat food of their liking. Comments from people included, "I enjoy the food, they know what I like" and "I like spicy food and the carers cook this for me." Where people followed special diets for religious or cultural reasons this was recorded and supported. People were supported by the shared lives carers to have a well-balanced diet, with weight management support where necessary, and to develop their independent skills in food preparation and cooking if they were able to take part in such tasks.

People's health needs were assessed and recorded by the local authority and the shared lives service. People were encouraged to attend annual health checks in line with good practice guidance in supporting people to maintain good health. People confirmed that if they needed support the shared lives carers took them to see health care professionals. We saw good evidence of the support the shared lives officers had offered one person who had particular health needs. Both the person using the service and the shared lives carer had needed an empathic approach and time to talk about the issues during the difficult period. There was a record of the regular contact made via the telephone and visits to the shared lives carer's home and the hospital offering this level of support from the service.

Some people had hospital passports, if they had learning disabilities, which contained the important information that health professionals would require to support people during a hospital admission. This document would include details on how they communicated their needs which could be important if they

had limited verbal communication.

Is the service caring?

Our findings

People spoke favourably about living with shared lives carers. Comments included, "I like my carer," "I am happy living where I do," "everything is super perfect" and "they (shared lives carers) know what I like and I like my bedroom." People described the different things they did with their time and that they also liked spending time with the shared lives carer. Some people had used the service for many years and lived with the same shared lives carer for over ten years. Often the respite shared lives carer was a regular familiar person so that consistent support was always offered to the person.

The shared lives officers carefully considered people's interests and preferences so that they could find suitable shared lives carers who would offer a positive experience for people looking to live within a family environment.

We saw the service was person centred, inclusive and empowering. The registered manager and shared lives officers had an understanding of equality, diversity and human rights and had put these into practice. Shared lives officers, when matching people to shared lives carer's, considered both parties' religious preferences, beliefs and languages spoken. This then enabled them to seek placements that had the greatest chance of success either due to common interests and values or where both parties were willing and able to respect differences and work with these. The shared lives officers would find at least two possible options for people so that should the introduction to the first shared lives carers not be successful then an alternative was available. This meant people could also choose who they wanted to live with and did not have to wait too long to be introduced to another shared lives carer.

We saw that documents, such as the guide to the service, could be produced into different languages if English was not a person's first and preferred language. One person described how, although the shared lives carer's religion was different to theirs, this was not an issue. They confirmed this had all been talked about at the start of the placement and they told us the shared lives officers had "asked me about what food I ate and my religion." Where the shared lives carers environment needed adapting this was also addressed so that the person could be as independent as possible. This showed that the service did everything it was practically possible to do to ensure each and every shared lives placement was successful for all parties, but most especially for people who used the service.

People were supported to maintain relationships with their friends and families. They were also encouraged to be a part of the shared lives carer's families. Several shared lives carers told us they did not take a break from this role and took the person living with them on holiday as "they were part of the family." One person we met, who was staying with a familiar respite shared lives carer as their main carer was on holiday, told us they liked staying with them and said they took them out and knew what they enjoyed doing.

Shared lives carers told us how they encouraged people to have as much independence as possible. The shared lives officers supported people, along with the shared lives carers, to make their own social networks and maintain and build friendships. One shared lives carer described how they supported a person to find voluntary work and develop links in their local community, this meant they had developed a life outside of

the shared lives home and gained confidence over time.

People also had opportunities to seek support from other professionals involved in their care, including their placing social workers. Other independent support also came from places such as, if people attended a day centre. Many people could speak up for themselves and were able to express their views freely.

The shared lives service was very good at helping people to express their views so they understood things from their points of view. People we spoke with confirmed they had seen and spoken with the shared lives officers regularly who had checked to make sure they were settling into the new placement. Contact was also through phone calls and during the monitoring visits made to see the shared lives carers, people were also spoken with to ensure they were happy with the care and support they were receiving. This encouraged people to feel that any views and feedback they had about their experience of using the shared lives service was listened to and acted on.

Shared lives officers and the registered manager were highly motivated and inspired to offer care that was kind and compassionate and they knew the needs of the people using the service, along with the needs of the shared lives carers very well. They had spent time developing a rapport with people and the shared lives carers.

Is the service responsive?

Our findings

Shared lives carers and people using the service were given the chance to give their views via satisfaction questionnaires. Pictorial versions were available for people who responded more to this format so that they were included and involved in how the service made improvements and changed where necessary. The people using the service had last provided this formal feedback in 2015. Comments from these included, "I love living at X, she is very kind and I can talk to her if anything is worrying me" and "X cooks nice, tasty food and always makes sure I have enough." Shared lives carers had sent back their feedback in 2016. The results were also very positive, with many replying that the service was 'excellent' and they also said, "Shared lives team do a first class job," and "They (shared lives officers) listened to our concerns and acted upon them effectively."

People using the service and shared lives carers were given information on how to make a complaint. This was produced both in written form, pictures and large print for those people who might have visual impairments. People we asked said they knew they could talk with either the shared lives carer or a shared lives officer if they were unhappy. One person said, "If I was worried I would talk with my carer," another person confirmed, "I would talk with staff here (the shared lives location) if I needed to talk about anything." One shared lives carer commented, "I would like to think X would tell me if they were unhappy." People also had the chance to talk with the shared lives officers away from the shared lives carers so that they could share anything important that they might not feel able to if they were not alone. This showed that people using the service, the shared lives carers and the shared lives officers all had a high degree of trust in each other and felt comfortable in raising any problems.

The registered manager confirmed that the service had not received any complaints and the Care Quality Commission had not been made aware of any concerns about the service.

People confirmed they had a choice in deciding if they wanted to use the service. The shared lives officers met with people who had been referred to them, explained the service and completed a comprehensive assessment of their support needs so that people could be confident that the service was suitable to meet their needs. This also enabled the shared lives officers to consider who the person would be best matched with in order for them to settle into their new home. For people considering using the service there was a pictorial version of a guide on the shared lives service. This helped people with differing levels of abilities and needs to gain information about the service and to know their rights and showed the service worked hard to meet the needs of a wide range of people who might want to receive their support.

People met with potential shared lives carers which enabled them to decide whether they wished to live with them. We saw from records that care plans had been created with the involvement of professionals and people. Care plans were personalised and detailed what people's routines were and how best to support them. There was evidence in the records that people were involved in the initial assessments of their care and support needs, in agreeing to the content of their care plans, and in reviews of the support and service they received. This evidence shows that the whole process from a person being offered a service to support they received commencing was person-centred.

Care plans addressed the person's needs and wishes and the support they required in a range of areas. This included personal care and independence skills, communication, physical and mental health, and any religious and cultural needs. If the person needed help with personal care tasks it was noted if they had a gender preference for who supported them and they had signed, where they could, to the contents of the care plan. Every month the person's file was checked to ensure it was up to date so that any changes in a person's life or the support they needed was reflected in their care records. This evidence shows that the service continually reviewed whether the support being provided met people's needs.

People were empowered and helped to take part in a range of activities depending on their interests, for some people living with a shared lives carer meant they were able to experience new things that they had not tried before. One person who used the service explained how they liked doing voluntary work in a shop, they went on to say they had made friends and socialised with people who worked alongside them. This gave them the chance to meet new people and to develop positive relationships. Another person told us they liked working at the garden centre and said "I like being outside and with my friends." Other people attended a day centre or had outreach workers to support them accessing community places. Some people chose to spend time with the shared lives carer or their relatives. The shared lives carers confirmed they helped people find places to access and one person had been supported to study for a degree. They told us that they accessed places independently and they enjoyed doing this. This evidence demonstrates the flexible, dynamic and responsive nature of the service provided.

The shared lives officers had found a company that took people with learning disabilities on holidays and we saw photographs of these. This gave people the chance to mix with other people and not just with the shared lives carers and their family members. The next holiday would be a cruise which a small number of people would be going on which offered people a chance to experience something new. Although the focus for the shared lives service was on supporting the shared lives carers we could see clear evidence that the shared lives officers took time and interest in helping people living with the shared lives carers to have full and meaningful lives.

People also had the opportunity to meet with other people who lived with shared lives carers and they developed friendships and links with them so that they were not isolated.

Is the service well-led?

Our findings

Shared lives carers were being encouraged and empowered to have an input into how the service developed and supported shared lives carers. Feedback was always being sought and following on from the new development day for shared lives carers the registered manager had given them an evaluation form so that alterations could be made for the next event. Comments we saw on some of these forms were, "Useful to learn new things," and "very well planned and coordinated." The shared lives carers we asked said it had been a valuable day for them even for those more experienced as it was a reminder of what it meant to be a good shared lives carer and to offer a family home to people who might have had a limited chance to be a part of this before.

There were other ways shared lives carers heard news about the service and could also give their feedback on it. This included a shared lives carers meeting which we were a part of during the inspection. These were held throughout the year and encouraged them to share experiences, talk about concerns and to hear updates from the shared lives team. Shared lives carers who were unable to attend the meeting were sent the minutes from these meetings. The chance to meet with other shared lives carers helped them feel supported and to care for people living with them in a person centred way as they heard about good practice and what was expected of them by being a shared lives carer. Social events were also held so that shared lives carers and people living with them had the chance to meet others and the staff from the shared lives service. This was particularly important if they did not get to attend the meetings held.

There was also a newsletter sent to shared lives carers and people who lived with them every three months. This provided information about the service, any changes or news and events that had taken place.

Feedback on the registered manager was very complimentary. The shared lives officers said they were "very supportive," "proactive" and "very motivated." The shared lives carers were also extremely positive saying the registered manager was "lovely" and they could go to them or anyone within the team. A professional told us that the registered manager was a "good leader" and that the "team are aware of expectation and importance to deliver high standards." The shared lives officers showed they were confident in their roles and in the management of the service. We saw the registered manager supporting the shared lives officers throughout the inspection and they were receptive to the comments made during the visit and keen to show what the service had achieved since the last inspection. This showed that there was a very high level of commitment to provide excellent, hands-on support for staff. This evidence clearly showed that the service was well-led and this had led to the development of a very positive and empowering culture within it.

The 2016 professional's satisfaction questionnaires commented very favourably on the service. Feedback included, "I have used this service on numerous occasions and each time the support and service received has been excellent," and another said that the contact they have had with the shared lives officers showed their "professionalism and dedication of individuals within the service and this has emphasised the level of skill and commitment of the team as a whole." This demonstrated that the service had the confidence and the foresight to produce a professional's satisfaction survey which could ensure any shortfalls, if there were any, were quickly addressed.

The registered manager had been in post for almost two years. They had various social care work experience and several social care qualifications, such as, the Registered Manager's Award and the A1 assessor's award. They were also in the process of completing a management and leadership course. This showed the registered manager's commitment to developing their own skills and abilities which would in turn enable them to further positively influence the provision of this service and its' development.

Information and guidance was sought through different sources, such as, the Care Quality Commission (CQC), Skills for Care (a social care organisation) and from Shared Lives Plus, (which is an organisation that supports and provides information to shared lives services, shared lives carers and people who use the service and their relatives). This helped the shared lives staff team keep up to date with knowing what other shared lives services were doing around the country and that external good practice initiatives could be evaluated by the team and, where relevant, implemented to further improve the service being provided. It also showed the service had an "outward-looking" philosophy and was very willing to explore the ideas of others and implement them where change would be of benefit to people who used the service.

The registered manager understood when notifications had to be submitted to CQC and we had received appropriate notifications from the service.

The evidence gathered throughout the inspection showed that the service was managed in an outstanding way. There was a strong emphasis on continually striving to improve and the service had a track record for providing an excellent and supportive service for both people using the service and shared lives carers. Few placements terminated due to problems arising with people living with shared lives carers. The registered manager explained how there had been improvements and changes made to the service through consulting with shared lives carers, people using the service and professionals. This included ensuring a person using the service was on the panel for choosing shared lives carers and more independent professionals. The records that we viewed were accurate, detailed and informative. We saw evidence that shared lives carers and people living with them were supported and contacted on a regular basis. Risk assessments had been reviewed and updated to provide more detailed information about people using the service and all parties had been fully involved in all the various review processes.

The registered manager told us that the vision for the service was to "focus on the carers," "achieving the best possible outcomes for people" and "advocating for the service user." They also wanted to expand the service and open it up to young people over the age of 16 years old. The registered manager had forged links with services and professionals working in fostering and with young people who used children's respite services so that the possibility of young people using the shared lives service was a genuine option. The service also actively promoted itself at various events so that people, in particular family members who might be caring for a relative, became more aware of this as an alternative to residential care homes. This evidence again shows just how the service acted innovatively and creatively, in terms of its' wish to expand the range of service offered to differing age groups. In addition, the service had understood it could (and did) play a preventative role which went beyond the day-to-day scope of this type of service.

This was evidence of the service doing all it could to offer itself to as wide range of people as possible, thus increasing peoples' life and support options significantly. The efforts of the registered manager and the shared lives officers working at this service to focus upon people who may wish to use the service in the future was impressive.

We were told about a scenario in which the shared lives officers had helped a person to move on to more independent living, which although this had not worked out, they had ensured the person could move back with their previous shared lives carers which provided familiarity and consistency for the person. The team

were good at being pro-active in maintaining contact with people and the relevant health and social care professionals. This was important for when people's needs changed and they had moved away from using the service but now needed to access it once again. Therefore if there was a vacant placement then people could be safely supported to live once more with a shared lives carer and their family. This demonstrated the service supported people even if the person was not currently using the service.

Shared lives officers were aware of their roles and responsibilities. There was a checklist in place when people first starting living with shared lives carers to ensure all the required information and any other things, such as, adaptations were all in place. Shared lives officers also used the skills and knowledge they had to ensure the team operated smoothly. One shared lives officer monitored the training completed and kept the training matrix up to date, whilst another shared lives officer had a background in mental health and could provide their knowledge and experience to support a person with mental health needs. However, all the team were skilled in offering a good service, support to both shared lives carers and to people using the service. Fundamentally the people using the service and the shared lives carers were both at the heart of the service. There was a clear demonstration of how the staff team working at this service were empowered to utilise and develop their knowledge and skill base to further enhance the work of the service and achieve good outcomes for people living with shared lives carers.

The service was very organised, records were available and accessible. There was a file of information and evidence which could be used to demonstrate their continual improvement in line with registration requirements. We saw examples of case studies where the team had considered the impact on a person's life since they had started using the shared lives service. They looked at if the person's life had improved and changed for the better so that the shared lives team could see what support works and where any improvements might need to be made.

Systems were also in place to ensure the service ran effectively. For example there was a plan in place showing when shared lives officers would be supervised, when shared lives carer's monitoring visits would take place and when the unannounced annual spot check visit would occur. These spot check visits were a recent change to the service as it was seen as an extra way to see that the shared lives carers were providing a good service to people. This evidence again demonstrates a commitment to continuous improvement.

There were regular audits in place which effectively checked to see if the service was running well and where adjustments and improvements needed to be made. People's finances and receipts were checked during monitoring visits to the shared lives carer's homes to ensure this was being managed appropriately. Both the shared lives carers files and people using the service records were checked each month to see that they contained all the necessary information and were up to date. Checks were completed by the shared lives officers and the registered manager. We could see in more recent audits the registered manager had found minimal shortfalls as records were kept in good working order and the standards were very high. Checks were also made on the shared lives officers files so that the registered manager could be confident that everything was available and accurate. This evidence demonstrates that although the service was highly aspirational and future-focused, there was a concurrent and consistent focus upon undertaking basic yet essential processes to ensure the service was efficiently run and kept people safe from harm.