Shared Lives South West

# Shared Lives South West

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 19, 23, 24, 26 May and 3 June 2016 and was announced. The service was previously inspected in January 2014 when it was found to be meeting the regulations at that time.

Shared Lives South West is registered to provide personal care for adults who may have learning disabilities, mental health needs or physical disabilities, and for older people. Placements are made on a short or longer term basis and the person lives with their carer in their home as part of the family. Shared Lives South West provides services across Devon and Cornwall and is a registered charity and a not for profit company.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Shared Lives South West's mission statement was, "To deliver high quality Shared Lives and other related support services that focus on the sharing of home and family life and being an active member of the local community". Throughout our inspection we found carers and staff promoted this and they held people's welfare and happiness at the centre of everything they did.

The Shared Lives philosophy placed great emphasis on treating people as individuals and respecting their rights as citizens, while providing personalised support to improve people's abilities, confidence and life experiences. The service supported people with varied and often very complex needs to live a safe and meaningful life in a caring family home environment. Without this support, many people would be unable to live alone as they would be at risk of social isolation, poor health, self-neglect, or abuse from others. The service was able to demonstrate how they had responded quickly and sensitively to prevent families being separated, children being taken into care or people being at risk from others due to their specific needs.

People and carers were 'matched' to ensure they shared similar interests and people's needs could be supported in the carer's home. People told us they valued their relationships with carers and they felt safe and well supported. People told us their lives had changed for the better since receiving support and the service was able to demonstrate very positive outcomes for people, particular some people with very complex needs or those who required an emergency place of safety. Staff and carers were proud of the

support and care they provided to change people's lives for the better. Carers were aware that some people could be at risk of harm or abuse from others or through their own behaviour and received training in safeguarding adults prior to commencing supporting people. They were aware of their responsibilities to notify the service and relevant authorities of any allegations of abuse or if people were placing themselves at risk because of their behaviour.

Thorough and safe processes were followed to recruit and assess carers and staff. An independent panel was involved in making the final decision about a carer's suitability to join the service. Carers were given training and support to understand and meet the needs of the people they cared for, and had regular opportunities to meet their Shared Lives co-ordinator.

Each person was encouraged and supported to make choices and decisions about their care and how they wished to live their lives. The service had a positive approach to risk taking to enable people to experience new activities and environments to promote learning and development. Assessments ensured risks to people's well-being and safety were identified and steps taken to reduce these. Where people did not have the mental capacity to make important decisions, the service worked with other professionals to ensure decisions made were in their best interests. People were encouraged and supported where necessary to attend GP and hospital appointments and to have regular health checks. Some people received support from special services, such as the community mental health or learning disability teams, or the probation service. This ensured carers had advice and support to help people remain healthy and safe.

People and their carers received regular visits from their named co-ordinator to check how the placement is progressing. They monitored people's care and support needs and looked at people's aims and ambitions to develop new skills and interest. Carers and people knew how to make a complaint and had no concerns about doing so: carers said the service listened to them. The co-ordinators told us they speak with people individually when they visited the person to gain their views about the support they received and whether they had any concerns. Where complaints had been received these had been recorded and investigated and the outcome identified any changes that needed to be made as a result.

Carers and staff were supported by being able to attend a number of meetings that allowed them to share any concerns they may have, to celebrate success and to discuss topics relating to people's support needs, such as the principles of the Mental Capacity Act 2005.

The service was well managed and was continually looking to improve. Memberships of professional bodies, such as Shared Lives Plus, Skills for Care and Social Care Institute for Excellence, as well as subscriptions to professional journals, ensured the service kept up to date with current good practice. A process of self-assessment, internal reviews and audits allowed the registered manager to identify areas that were working well and those that could be improved. The registered manager told us how service was looking to expand in areas such as short breaks and emergency placements as well as supporting parents with young children. The service had recently been recognised for its work in supporting mothers with young children. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.

## 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 were happy and safe living with their carers. Risks to people's well-being and safety were identified and reviewed and management plans were in place to mitigate these risks

There was a robust assessment and approval system for carers to ensure they were suitable to provide care and support to people who were vulnerable.

Carers and staff were aware of their responsibilities to safeguard people from harm and knew who to contact should they have any concerns.

Where people required support with their medicines, this was done safely.

### Is the service effective?

Good

The service was effective.

The staff and carers were properly trained and had the necessary skills, experience and on-going support to carry out their roles.

The rights of people who were unable to give consent to their care were understood and protected.

People were given the assistance they required to access healthcare services and maintain good health.

### Is the service caring?

Good

The service was caring.

People told us they had good relationships with their carers.

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

Staff ensured people were being supported within a caring family environment and enabled to develop skills.

## Is the service responsive?

**Outstanding** ☆

The service was outstanding in its responsiveness to people's complex needs.

People were supported to develop their life skills, and the service was able to demonstrate positive outcomes for people.

People were encouraged to take an active role in community events and to develop friendships and relationships that helped people lead more independent and fulfilling lives.

Any concerns or complaints raised by people or carers were listened to, taken seriously and acted upon. The service was able to demonstrate learning from the issues raised.

## Is the service well-led?

**Good** ●

The service was well led.

There was an established management team with clearly identified roles that provided support and guidance to people and their carers.

The registered manager understood their responsibilities and worked in line with national best practice guidance.

The service had a number of methods to review the quality of the support it provided. The registered manager and management team were continually looking to improve and develop the service.

# Shared Lives South West

**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 was 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 19, 23, 24, 26 May and 3 June 2016 and was announced. The provider was given 48 hours' notice because the location provides support to people in the community and we needed to be sure we could speak to people, carers and staff.

One social care inspector undertook the inspection. Prior to the inspection, the service completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with six staff including the registered manager, six people receiving support and 13 Shared Lives carers. We also contact the local authorities' commissioning and quality teams to gain their views on the quality of the services provided by Shared Lives.

We reviewed the support plans for four people receiving support as well as the recruitment, induction, supervision and training files for three Shared Lives carers. Other records reviewed included how the service managed safeguarding referrals, complaints and accidents and those related to the service's internal quality assurance process. We also looked at the records provided and used by Shared Lives carers and the monitoring records maintained by staff.

Good

# Our findings

People told us they felt safe with and well supported by their carers and their comments included, "Yes, it's nice, I like it here" and "Yes, I feel very safe". Shared Lives carers were aware that some people could be at risk of harm or abuse from others or through their own behaviour and they had received training in safeguarding adults prior to commencing supporting people. The staff employed by the service to support and monitor placements also undertook this training. This ensured they had the knowledge and skills to recognise at an early stage potential safeguarding issues. They and the carers were aware of their responsibilities to notify the service and relevant authorities of any allegations of abuse or if people were placing themselves at risk because of their behaviour. Each carer was provided with a handbook which contained guidance and advice in line with the service's safeguarding policy.

The service employed sufficient numbers of skilled and experienced staff to coordinate and manage the service and to ensure placements could be monitored closely. Placements were supported closely within the first three months when there was frequent contact with the person and their carer dependent upon their individual needs. Carers told us they were confident with the support they received from the service and they could contact the office staff at any time if they had any worries or needed support. One carer told us, "You never feel you're on your own. I'm very happy with the support I get." The service provided an on-call system 9am to 5pm each day including over the weekend and bank holidays. For advice outside of these hours, carers were given the contact details of the local authority if there was an emergency. Where there were concerns over people's safety, referrals had been made by the service to the local authority and action had been taken to protect people.

As part of the referral and placement process a series of risk assessments were completed with regard to people's physical and mental health, the carer's home environment and for any activities the person would be involved with in the community. These were detailed and were used when considering matching of any placement between carers and people. For example, some people had medical conditions for which they needed to take prescribed medicines but who may not have the capacity to be able to do this for themselves, others displayed behaviours that placed themselves or others at risk.

In the provider Information Return, (PIR), the registered manager stated the person-centred planning process enabled people to make choices about their lives and the service supported safe risk taking for people's learning and development. This was confirmed by those people we spoke with. One person and their carer told us how they were working together to reduce the person's risks when out of the home and their vulnerability from other people. Another person was being supported to learn the way to their

community activities without the need for their carer to accompany them. All the carers we spoke with told us they were supporting people to develop new skills and interests and had the information they needed to make sure that risks to people were well managed. They told us they received support from staff as well as specialist advisors, such as the learning disability community teams to manage difficult or emergency situations. For example, one carer told us they were supporting someone whose behaviour may place themselves or others at risk, and they had access to specialist advice to support the person with coping strategies to manage this behaviour. Contingency plans were agreed and in place for people whose care and support needs were such that there was a higher risk of placement breakdown. Any accidents or safety related incidents were recorded. The co-ordinators and team managers regularly reviewed these to assess whether people's health or welfare was at risk and whether any other safety measures needed to be put in place.

Many people supported by the service had histories of having behaviours that others found challenging. Carers told us they worked closely with the community mental health and learning disability teams and the probation service to reduce the risk of placement breakdown and to achieve successful outcomes for people.

Carers and staff employed by the service went through robust recruitment procedures to assess their suitability to work with people who were vulnerable due to their circumstances. This included taking up references and obtaining Disclosure and Barring Service (police) checks. Carers attended a pre-approval training session where the aims and values of the service are discussed, and the practical and emotional aspects of caring for someone in their own home was explored. A series of home visits were made to assess the prospective carer's suitability, including their previous, if any, caring experience and their skills and attitude to ensure they were suitable to become a Shared Lives carer. An independent panel met with each prospective carer and reviewed a recommendation report prior to approving their application. Some carers had previously worked with Shared Lives schemes in other parts of the country, or had been foster carers for children who were now reaching adulthood. They confirmed they went through the assessment and approval process again with this service. A health and safety check of the carer's property was also undertaken to ensure it was safe and suitable for a placement.

Some people receiving support took prescribed medicines. Each person's medicines and the level of support they needed were recorded within their support plan. Some people required verbal prompting, while others required the carer to manager their medicines for them. When carers give people their medicines they kept records of this. They told us the records were checked at monitoring visits to verify that people had received their medicines as prescribed. Carers told us they had attended the necessary training in the safe administration of medicines and this was confirmed by the service's training records.

The service had a benefit and finance department which supported people to claim the benefits they were entitled to. They also took on the role of financial appointee for those people who were unable to manage their finances themselves and had no family member to support them. Records of all financial transactions were reviewed regularly by the head of the finance department and annually by external auditors. Some carers supported people to manage their own money and training was provided in how to develop people's independence with this. Their support plans indicated what involvement was required and where necessary listed people's regular outgoings to help them manage a budget.

Good

# Our findings

People told us positive things about living with a Shared Lives family and the support they had from their carer to make decisions and be independent. One person told us they had been supported to find a job and they valued the guidance and support from their carer. Another person had started a college course as a direct result of the support and encouragement they had received from their carer.

Carers provided a personal profile which contained information about their past and present life experiences as well as their current hobbies and interests. This information was considered during the 'matching' process of carer and the people referred to the service. The 'matching' process looked at each person's wishes and aspirations, their care and support needs, their likes, dislikes as well as lifestyle preferences. It also considered the carer's home environment and the needs of the other people living in the home. Carers could choose to be supported by additional carers, who may be family members or someone paid by the carer to support them. All additional carers were assessed and approved by the service before they started to support people. The initial three months of a placement was monitored closely to ensure people's needs, as well as any risks to their well-being and safety, were clearly identified. The service recognised people's needs may be different from where they had previously lived. Carers told us how quickly the needs of the people they supported changed for the better when they came to live in a family home. This close monitoring ensured the person and carer were suitably 'matched', and management plans were in place to reduce any identified risks. Should the carer or person being supported feel the placement was not working well, then the service would look to resolve any issues or offer an alternative placement for people. Shared Lives carers supported no more than three people.

Carers and staff employed by the service received training to enable them to understand people's needs and to provide the care, guidance and support necessary to meet those needs. One carer told us the training they received was "absolutely brilliant" and another described it as "excellent". They said they undertook a number of training sessions which included safeguarding adults, first aid, health and safety, the Mental Capacity Act 2005 and the safe medicine administration. In addition carers were provided with training specific to the needs of the people they were supporting, such as autism, epilepsy, diabetes and sign language for people with limited verbal communication. Certificates were held in the carers' files at the office and the co-ordinators monitored when updates were required. Carers new to the care role were also enrolled to complete The Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Carers were also provided with a handbook that described the aims and objectives of the service, provided copies of some policies and procedures such as the equality and diversity, safeguarding and complaints

procedures as well as guidance for dealing with potentially unsafe situations.

In the PIR, the registered manager stated, "We create and maintain trusted and enduring relationships with our Shared Lives carers as a partnership." This was supported by the comments we received from the carers. Their comments included, "They are very, very good. There is always someone at the end of the phone" and "They are wonderful, I can't praise them enough". Each carer was allocated a named co-ordinator as their point of contact with the service. Each co-ordinator was responsible for supporting a maximum of 55 people and carers and undertook a number of reviews of the placements throughout the year. People and their carers told us they regularly received visits from their co-ordinator to check how the placement is progressing. They monitored people's care and support needs and looked at people's aims and ambitions to develop new skills and interest. At least four visits are carried out each year: one formal review of the person's placement, one review of the carer's support needs and two further monitoring meetings. Both carers and co-ordinators confirmed additional meeting were undertaken as and when needed to review issues or to share success. Records were kept of each visit and these reports were used as part of an annual review of each person and their carer to gather feedback, assess the effectiveness of the support provided and to set objectives or goals for the next year.

Shared Lives co-ordinators received regular supervision from their team manager, who in turn received supervision from the registered manager. They told us these meetings provided the opportunity for them to share information about any concerns they may have about a placement and to agree any actions that may be needed, as well as looking at their own learning and development needs.

Staff and carers told us they had recently received training in the Mental Capacity Act 2005 (MCA) and they demonstrated a good understanding of the key principles and requirements of the Act and how this applied to people they supported. The 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. The carers told us people were supported to make decisions about their lives. If a person was unable to make an informed decision about a specific issue then discussions would take place with the person's family, representative and relevant professionals to agree a way forward in the person's best interest. We saw records of this decision making process in people's support files relating to issues such as financial or health matters.

The Care Quality Commission (CQC) monitors the operation of the MCA to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Many of the people referred to the service had mental health needs or a learning disability and as such were at risk from social isolation, self-neglect or significant harm without additional care and support. When people were referred to the service mental capacity assessments were carried out by the local authority to determine whether people were able to consent to their placement and the care and support they would receive. Once a placement had commenced, the service continued to review people's capacity to consent to their care and support as people's capacity to consent may change over time due to their improved circumstances. For example, for some people their capacity to manage their own money changed due to the level of support their received and the more experience they gained.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any one was being deprived of their liberty, or if conditions on

authorisations to deprive a person of their liberty were being met. The registered manager told us the service had identified a number of people who needed continuous supervision to maintain their safety and who lacked the mental capacity to agree to their living and care arrangements. This meant they required a carer to be with them at all times and this would be considered a deprivation of their liberty. They had already liaised with the placing authority's Deprivation of Liberty teams for formal arrangements to be put in place where necessary.

We saw evidence in care records and quarterly reviews that carers supported people to attend medical appointments when needed. We saw that people using the service accessed a range of health care services to maintain their physical and mental well-being. One carer told us they regularly consulted with a person's GP and the community nursing service to ensure the person's changing physical needs due to aging could be supported to enable them to stay in their home. Another carer supporting a person newly placed with them as an emergency had recognised the symptoms of a health condition that if left untreated would cause the person to become very unwell. They had discussed this with the person and gained their agreement to go to the GP for a health review.

As people were living as part of a family in the carers' homes they ate their meals with the family, and were able to freely access drinks and snacks. People told us they were very happy with the meals prepared by their carers and they would contribute to the meal planning. One person told us, "We all have a chat about what we'd like to eat". Where people were able to prepare their own meals and snacks this was supported, but they were encouraged to eat together as a family. One person said they could no longer prepare meals themselves, but enjoyed talking to their carer and watching them prepare the family meals. Records showed that people's nutritional needs, including any special dietary requirements or support to follow a healthy eating plan, had been assessed and were included in their support plans.

Good

# Our findings

All the people we spoke with were very positive about their home and the family they were living with. They said they liked their carers very much and their lives had changed for the better as a result of the support they were receiving. People told us they felt part of the family. The carer's told us they were committed to ensuring the people they supported had a good quality of life. Some carers had supported the same person or people for several years and had developed very close relationships. They spoke about people with affection and respect. One carer described the person they supported as "a delightful man" and said it was a pleasure to support them; another said how they had enjoyed organising a special birthday treat for the person they support. Some carers had cared for a person in a foster carer's role and when the child had reached adulthood, they had transitioned over to a Shared Lives carer role. One person told us how they lived very much as part of the family and described their relationship with the carer's extended family. They also told us about the various holidays they had been on with their carer and enjoyed showing us the photographs as well as telling us about their next planned trip.

The Shared Lives philosophy placed great emphasis on treating people as individuals and respecting their rights as citizens, while providing personalised support to improve people's abilities, confidence and life experiences. Staff and carers were provided with training to ensure they understood the principles of person-centred care, of treating people with dignity and respect and supporting people to move away from unhealthy lifestyles that had in the past placed them at risk. For example, one person told us they were supporting a person who in the past had used drugs, and although they were more settled and had obtained a job, they were at times still at risk from using drugs. They said they would talk to the person, ask why they felt that at times drugs were necessary and explore with them to find alternatives methods of support. The person told us they felt very well supported, the carer did not judge them, and due to the care and support they received, they knew they could change their life.

The staff told us they were proud of the service and their role in improving people's lives. They were aware of the importance during their reviews of being observant of the relationship between the person receiving support and the carer. They said it was essential to ensure people were happy and continued to be well matched. They always tried to spend time in private with each person during their visits to talk in confidence about their support, how they felt they were being treated, and any concerns they might have.

People were supported to be as independence as possible. Each person's support plan identified what they would like to achieve for their own personal enhancement and satisfaction. For some this meant learning about personal hygiene or domestic tasks and for others this meant undertaking training or obtaining a job.

People were supported to join social activities in their local community which had for many people led to new or stranger friendships. For example, one person regularly joined their work colleagues for a drink after work rather than returning straight home and another person had joined a running group. People were encouraged to maintain relationships with their family and friends and were able to invite others to their home as would any other family member.

Carers talked to people about how they wished to be cared for at the end of their lives. A care plan entitled, ' when I die', helped people to think about making a will, how they would like their funeral to be and what they would like to happen to their belongings. Carers told us they would endeavour to care for people at home when the time came, if that was there wish. Records showed carers were provided with 'end of life' care training from the local hospice.

Outstanding

# Our findings

Shared Lives South West provided a service to people with a wide range of support needs. Some people had long standing mental health needs or a learning disability, and some people were living with dementia. Other people had needs relating to their family circumstances, such as an aging parent of a person with a disability, or parents with disabilities who were finding it difficult to cope with the responsibilities of parenthood. The Shared Lives service provided people with an alternative to group living in a care home or to having their family separated. People receiving a service, either as individuals or as a family, lived within the carer's home where personalised care and support was provided. Where carers were supporting families with children, the carer did not take over the parenting role but provided support and guidance with parenting skills. The service was proud to be able to provide strong role models to families who may lack parenting skills due to their own personal experiences. The service was able to demonstrate how families had been supported to stay together and to fulfil their role as a parent. This had meant that a number of children had not needed to be taken into care by the local authority. The service's commitment to providing support to people with complex needs was recently recognised by a national care organisation and the service received an award for their work in supporting parents with young children. One person told us, "I didn't know what to do when I could no longer manage, but this has been wonderful for both of us. I'm so pleased we are together."

In addition, the service worked closely with local authorities to provide emergency placements for people at risk of harm or abuse who would be at risk if living in a group hostel. The service was able to provide evidence of the exceptional response they were able to provide to people in need. There was evidence that people's need for a safe, secure and loving home was paramount in considering how to help those referred to them in an emergency. The service had a number of carers who were willing to support people at very short notice and of whom little was known about except their need for care and support. We also saw evidence that carers had supported people in regaining contact and being reunited with their families. For example, the service had supported a person with significant memory loss with an emergency placement. The carer had used their skills to piece together information about them. From this information they had identified who they were, where they had received specialist treatment and the service had then been able to reunite them with their family.

Each person had a support plan that detailed their care and support needs as well as their preferences and routines. The plans were detailed in what the person was able to do for themselves and when and how carers needed to provide support. These plans were written in a variety of formats dependent upon each

person's needs. For example, some were presented as photographs and symbols. People told us they were involved in the assessments and reviews of their care and support needs and had agreed to the content of their support plans. They said they met regularly with the Shared Lives staff to ensure they were being supported in they way they wished, and to plan objectives for the following few months. They said the service made sure the placement was right for them and they felt a valued part of the family. The plans detailed 'what was working well' in relation to friends, activities in and out of the home, any health or medical needs as well as money management. Prior to the commencement of the placement, people's cultural and faith needs were identified, and the service ensured people were supported to maintain contact with their cultural or religious community groups. We saw these plans were regularly reviewed with the person and their carer, as well as any health and social care professional involved in providing people support. The reviews showed people's progress in meeting the aims and goals they had set themselves and in which areas of their life they wished to develop skills. There was evidence people had been able to develop personal care skills and hobbies and interests which boosted their confident and reduced their risk of social isolation. For example, one person told us and we saw in their plan the new leisure and social activities they had wished to participate in and their review showed that they had achieved all of these. Another person had been unable to attend to their continence needs when they moved in with their carer and this meant they were reluctant to leave the home or join in activities. A health assessment identified there was no health reason for this and the carer supported the person to understand their continence needs and within a short period of time this person became continent. This had a very positive effect upon the person's lifestyle. It led to them having more confidence to go out of the home, to enjoy social and leisure activities and join community groups and to travel on public transport.

Great emphasis was placed upon developing social and leisure interests as this provided learning, interaction and engagement with others in an enjoyable environment. One carer told us the person they supported had developed friendships with their neighbours, as well as becoming known in the local cafes. They were proud this person had become a known and valued member of their community: they said, "It's the best thing that ever happened [for the person]." One person told us they had joined a running group and said their fitness had improved as a result. They said, "I couldn't run before, but now I can. I'm getting fit."

All the people we spoke with told us their carers had supported them to make decisions and choices about their everyday life. From talking with people and looking at the support plans we saw people had been supported to take part in a range of educational courses, hobbies and interests to meet their individual needs. A number of people had paid employment or voluntary work, while others attended day services for people with learning disabilities. One person said, "I've had lots of help to get a job. I have two now" and another person said, "(name of carer) is helping me get a job at Morrisons."

One carer told us how they were supporting a person to prepare for and to plan moving to their own flat. The skills needed to manage their own home were discussed with them and a plan was developed to provide the person with the opportunity and experience needed to live independently. A 'just next door' service had been developed for people who could live semi-independently but with the security of a carer close by for occasional guidance and support. This allowed a person to live by themselves in an extension or annex to a carers' property and have access to them as and when they needed. The carers were also able to check if the person was safe and able to support themselves.

We asked people who they would speak to if they had any concerns. Most people told us they would speak to their carer or the staff at the office. The co-ordinators told us they speak with people individually when they visited the person; carers we spoke with confirmed this. All the carers we spoke with told us that they had no concerns about the service and they felt confident in speaking to their co-ordinator or any of the staff at the office. One carer told us, "They listen to us. There is always someone at the end of the phone." Carers

also had the contact details of the local authority if they wished to raise a concern outside of the service. The registered manager told us of the plans to develop a Shared Lives Action Team, a team of people being supported by the service, to be involved in talking to people about how they were being supported and to activity encourage feedback which they would share with the management team.

The service had a complaints procedure and there were systems in place for the recording and monitoring of complaints. Where the service had received complaints, these had been fully recorded, investigated and formally responded to by the registered manager. All complaints were reviewed to identify if there were any recurrent themes and to learn from the issues raised. For example, through the investigation of one complaint, a person's relative had said they weren't sure who to make a complaint to. As a result, the service had ensured all relatives received a copy of the complaints procedure.

A number of Shared Lives carers provided 'short break' support for people living with their families to receive respite care and support. It also enabled the service to provide support to other Shared Lives carers in times of unforeseen emergencies such as a carer requiring a hospital admission. Although the registered manager said these events were rare and when they had occurred, the person's additional carers took on a more active role, it was beneficial to have this additional support.

Good

# Our findings

Shared Lives South West is a registered charity and their mission statement was, "To deliver high quality Shared Lives and other related support services that focus on the sharing of home and family life and being an active member of the local community". Throughout our inspection we found carers and staff committed to ensuring people were provided with a family home that valued them as individuals and provided the care and support to help to develop their daily living skills and to provide opportunities for new interests and relationships. All the service's activities were overseen by a Board of Trustees which met with the registered manager and the Chief Executive Officer (CEO) four times a year. The Trustees also attended social events to enable them to meet carers and people receiving support. An independent panel had oversight of the service's recruitment, assessment and approval process for new carers wishing to offer a home and support to people. As such the Board of Trustees and the independent panel ensured the mission statement remained the focus of the service's work and involvement with people.

The carers and staff we spoke with said the service was well managed. They said the systems and procedures in place for the referral, assessment and ongoing review processes worked well. Carers felt the staff and registered manager were approachable and knowledgeable about the people they supported and their varied and complex needs. One carer described the service as "an excellent, well managed service" and another said, "they are very supportive indeed".

Carers told us they valued the training provided by the service and the close support provided by the co-ordinators, team managers and the registered manager. The registered manager was supported by an established management team. A group of co-ordinators and a team manager were responsible for one of three geographical areas. Each co-ordinator and team manager had clear lines of responsibility and accountability. Joint team manager and co-ordinator review meetings occurred periodically to provide supervision and appraisal of the co-ordinator's role as well as to maintain contact with people and their carers.

Regular checks were undertaken to ensure carers kept accurate records in relation to important events such as doctors or hospital appointments, or accidents, as well as the administration of medicines where necessary. Each team manager undertook audits of another team's documentation to look at how reviews were recorded to ensure there was consistency between the teams. Records showed regular co-ordinator meetings and team manager meetings were held with the registered manager. These discussed issues such as inconsistencies with recording, people's care and support needs, monitoring accidents, and issues in relation to people's capacity to consent to their care and support.

Carers told us of they also receive support through a carer 'buddy' system with more experienced carers supporting those new to the service. One carer described this as being "very supportive". They also told us of the carer consultation group meetings which occur regularly and offer group support and the opportunity to discuss topics each other and the attending co-ordinators and managers. The minutes of the meeting in January 2016 showed carers discussed issues such as finances, respite breaks, end of life care, and the code of conduct for carers. A regular newsletter provided people and carers with dates of meetings and training and social events, as well as information about certain topics such as diabetes and learning disability support groups. Information about contacting carer consultation representatives was also included. Carers told us they valued these newsletters and being kept up to date with events.

Other regular meetings were held between the CEO, registered manager and the head of the finance department. These meetings discussed any finance or support issues arising from the carers and team managers' meetings, any complaints, recent referrals and future development plans. Included in the service's future development plans were expanding the short break scheme and involving people in how the service is managed. A Shared Lives Action Team had been developed to involve people in playing an active role within the service. People were involved in the interview panel for prospective carers, training events, undertaking audits and helping to organise social events. The service was looking to develop the team's involvement all aspects of the running of the service including attending Board of Trustee meetings.

The registered manager demonstrated a commitment to continuous service improvement. The service was a member of the Shared Lives Plus scheme which is the UK network for family-based and small-scale ways of supporting adults, with the service's chief executive chairing the South West regional group. They also belonged to a number of organisations which guided services with developing and providing consistent high quality support for people. This included the Social Care Commitment and the Social Care Institute for Excellence (SCIE), both of which supported continuing improvement through self-assessment and the review of internal quality systems and the undertaking of commitments to improve the service. They also belonged to specialist organisations for people with learning disabilities and meatal health needs and kept up to date with subscriptions to professional journals.

Effective internal systems were in place to monitor and improve the quality of the service provided. People were placed at the centre of future planning and the service made sure it looked at quality from their perspective. The service's quality assurance system included audits of records, reviewing support plans and achievement in personal development goals, reviewing accidents and complaints as well as sending annual surveys to people, carers and staff to gain their views on the quality of the support provided. The results of the most recent surveys showed a very high level of satisfaction from all of those surveyed.

The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.