

London Borough of Greenwich

Royal Greenwich 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?

Good 

Overall summary

This inspection took place between 27 October and 18 November 2015. The inspection was announced to ensure someone would be available to provide us with the information we needed. Our last inspection of 29 November 2013 found that the service met essential standards relating to care and welfare of people who use services, cooperating with other providers, assessing and monitoring the quality of the service, and complaints.

Royal Greenwich Shared Lives provides support with personal care to around 55 people with learning disabilities in Shared Lives placements. Some people also have physical disabilities or need support to maintain their mental health. Support is provided by 31 self-employed Shared Lives carers (SL carers) who are contracted by the scheme to support people as well as provide them with a place to live. Some people who use the service live with their SL carer full-time, while others

Summary of findings

live with unpaid, family carers and stay with their SL carer for short breaks or respite. The scheme employs five placement officers who monitor and support the SL carers in their work. The service is provided by the London Borough of Greenwich.

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

People who use the service were provided with highly personalised, individualised support that met their needs. SL carers encouraged and supported people to learn new skills, undertake the activities they wished to do and maintain relationships with their family and friends. People told us they were supported to maintain good health and access health care services when they needed them.

People were supported by SL carers who had been through an extensive vetting and approval process to ensure they were suitable people to provide support. The service had an approval panel in place, chaired by a person independent of the scheme, and people who use the service played an integral role in assessing and presenting prospective SL carers to the panel for approval.

Scheme staff supported SL carers and people who use the service through a structured programme of

monitoring visits. SL carers also had an annual review of their work, and were presented to the approval panel for re-validation every three years to ensure their ongoing suitability for the work. Training for scheme staff and SL carers was specific to the Shared Lives model and new SL carers had an extensive induction and probationary period.

People who use the service, their relatives and representatives and SL carers were highly involved in decision-making about the scheme. The scheme sought feedback in a number of different ways and acted upon it. Feedback from professionals involved with people who use the service was highly positive.

People were supported safely. Risks associated with people's support were assessed and strategies were in place to mitigate those risks. Most SL carers had regular support SL carers they used to ensure safer, consistent support when they took their annual leave or were otherwise unable to support the person.

The scheme used a personalised 'matching process' to ensure compatibility between the person and the SL carer before the placement commenced. People were also empowered to become full members of the SL carer's household.

The scheme was well-managed and plans were in place to further develop the scheme to provide support to more people. Scheme staff and SL carers were provided with opportunities to further develop their skills and knowledge and the registered manager effectively monitored the quality of the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks associated with people's support were assessed and strategies in place to ensure people were supported safely.

Prospective Shared Lives carers underwent an extensive vetting and approval process to ensure they were suitable to support people. There were enough scheme staff and SL carers to meet people's needs.

Medicines were managed safely through 'normal household arrangements'.

Good



Is the service effective?

The service was effective. Scheme staff and SL carers had extensive training specific to Shared Lives and were appropriately monitored and supported in their work.

People were asked for their consent before care was provided. Staff and SL carers knew what to do if a person did not have the capacity to consent to their care.

People were supported to eat a balanced, healthy diet and to access the health care services they needed.

Good



Is the service caring?

The service was caring. People developed very strong relationships with their SL carers and some placements had lasted for many years.

SL carers supported people in ways that ensured their privacy and dignity.

Good



Is the service responsive?

The service was responsive. The support provided to people was entirely individualised, personalised and flexible.

Programmes were in place to further develop aspects of the scheme in co-production with people who used the service.

SL carers, people who used the service and their relatives were strongly encouraged to provide feedback, and complaints and compliments were recorded and responded to appropriately.

Good



Is the service well-led?

The service was well-led. The registered manager and scheme staff were highly positive about Shared Lives and the impact of the service model on the people who used the service.

The scheme supported people to play an integral role in the assessment and approval of new SL carers.

The service had an open and transparent culture, and the registered manager had an effective system in place for monitoring the quality of the service people and SL carers received.

Good



Royal Greenwich 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.

The first inspection visit took place on 27 October and was announced. The provider was given 48 hours' notice as this is a community-based service and we needed to make sure that someone would be available. We returned to the service on 18 November and spoke with people on the telephone during the time in between.

The inspection was carried out by two inspectors. Before the inspection we looked at information we held about the service, such as comments from members of the public and notifications of events that affect the service.

During the inspection visits we looked at the personal care and support records for four people who used the service, and the records for four Shared Lives carers. We looked at records relating to the management of the service such as policies and procedures, staff and SL carer training records, newsletters, meeting minutes, compliments and complaints records and surveys. We spoke with the registered manager, three placement officers and the service manager for learning disability services.

We spoke with seven SL carers, two people who use the service and three relatives on the telephone. We attended a 'service user forum' meeting and spoke with another six people who use the service.

After the inspection we spoke with the manager of Royal Greenwich's Community Learning Disability Team, who has care management responsibilities for the people who use the service, by telephone, to gather their feedback about the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “[My Shared Lives carer] makes sure I’m good, she really looks after me.” Another person told us, “They keep me safe.” A relative said, “I have no concerns about [my relative’s] safety. I know he’s well looked after.”

People were protected from the risk of abuse as staff knew what to do if they suspected abuse. Staff and Shared Lives carers (SL carers) had been trained in safeguarding adults and abuse awareness as part of their induction and then every three years to keep their knowledge up to date, and could tell us the correct procedures to follow if they suspected abuse or if the person they supported disclosed abuse. One SL carer told us, “I would make sure the person was safe and comfortable, first and foremost that’s the most important thing. Then I would report it to the placement officer or the manager as soon as possible.” Our records showed that the registered manager reported abuse appropriately when an allegation had been made, and fully cooperated with investigations into suspected abuse.

Risks associated with people’s support were assessed and action taken to mitigate those risks. Each person’s personal care and support records included a number of risk assessments which we saw were reviewed annually and when people’s needs changed. Identified risks included those relating to the premises in which support was provided, risks relating to specific health needs of the person, and risks relating to independence. For example, one person’s risk assessments included vulnerability, road safety awareness, their specific medical conditions and using a telephone. Strategies used to mitigate risks were positive and promoted the person’s independence.

Some people who used the service displayed behaviours, at times, that posed a risk of harm to the person themselves, property or other people. The registered manager and staff demonstrated they understood such challenging behaviours and the motivations behind them. Records showed that people who exhibited such behaviours received support from appropriate professionals, such as psychologists, and plans were in place to encourage them to work towards more appropriate behaviours. Each person also had response plans which identified the triggers for such behaviours and strategies for SL carers to engage and divert the person

before the behaviours escalated and an incident occurred. Records showed that these strategies were successful, for example one person had not had an incident of challenging behaviours within the SL placement in three years.

The service had an extensive SL carer recruitment and assessment procedure to ensure people applying to become SL carers were suitable to support people. A placement officer told us, “We look at the person’s intentions and their motivations. It’s totally different to going to work in a care home. We look at their experience, suitability, flexibility and willingness to work with the scheme and adhere to standards.” The assessment process for SL carers included interviews with the applicant and other members of their household, a health and safety check of the applicant’s home (the premises in which support would be provided), and a number of checks such as a criminal records check, financial viability, personal and professional references and a local authority check. Once the assessment process was complete, the applicant was presented to an approval panel chaired by an experienced person independent of the scheme. The panel was made up of professionals with an interest in SL and SL carers from neighbouring schemes. The registered manager told us, “We work quite closely with schemes in neighbouring boroughs. This is a good relationship and I value the challenge they bring to our decisions.”

As an additional safeguard, approved SL carers were presented to the approval panel every three years for re-approval. This ensured their ongoing suitability for the role was assessed and validated by the panel. The panel also played an important role when things went wrong within a placement and an approved SL carer was found to have been providing poor or unsafe care, by removing the SL carer’s approval. The manager of the Community Learning Disability Team told us, “Any concerns with the practice of individual SL carers have always been dealt with promptly, and they are called to account.”

Through the assessment process, the premises in which support would be provided (the applicant’s home) was also assessed and an action plan developed to ensure the premises were safe for people who use the service. For example, installing a working carbon monoxide detector and removing rugs that posed a trip hazard. The health and safety check of the SL carer’s home was repeated annually

Is the service safe?

as part of the SL carer monitoring process. Health and safety topics were also regularly included in the scheme's regular newsletter for people who use the service and SL carers.

There were enough staff to safely meet people's needs. Each person in a long-term placement had an identified SL carer for respite, with whom they stayed when their long-term SL carer took their annual leave or was otherwise unavailable to support them. SL carers also had identified support SL carers, usually other members of their household, to support the person for short periods on an ad hoc basis. Additionally, SL carers supported each other through an informal 'time bank' system to allow them to share ad hoc support within the group of SL carers.

SL carers told us there were enough scheme staff to support them. One SL carer said, "There is always someone on the other end of the phone. I have never felt as though I was left to deal with anything on my own. The placement officers are very good and help you every step".

Medicines were managed safely within the scheme. All SL carers attended medicines administration training as part of their induction and then every three years to keep their knowledge up to date. SL carers were provided with medicines administration record sheets (MARs) and medicines were managed through 'normal household arrangements' as outlined in the scheme's medicines policy.

Is the service effective?

Our findings

People told us the support provided by the service met their needs. One person told us, “It’s terrific, they really look after you well.” Another person said, “[My SL carer] noticed I have a curve in my back and took me to the clinic and the hospital. She got it all sorted out for me.”

Scheme staff and SL carers were appropriately trained for their roles. One SL carer told us, “The training is brilliant, really good. The trainers really understand Shared Lives and how this is different to working in a care home. Plus we have a good laugh.” Once approved, SL carers underwent a 12-month probationary period during which they attended ‘core courses’ including emergency first aid, medicines administration, safeguarding adults, health and safety and food hygiene, and diversity and equal opportunities. These ‘core courses’ were commissioned specifically by the scheme to ensure they were relevant to the work of SL carers who support people in the SL carer’s home and in the community. SL carers were required to attend these courses every three years to ensure their knowledge was kept up to date.

The registered manager informed us that the scheme now required all newly approved SL carers to undertake the Care Certificate if they did not already hold a recognised qualification in social care.

Each year, the registered manager commissioned five additional training courses on various topics relevant to the work of SL carers and scheme staff. In 2015-16 these were nutrition and hydration, enabling and promoting independence, dignity and respect in care, handling information and, for scheme staff, effective recruitment and assessment of new SL carers. SL carers were also able to access the Council’s e-learning programme and were required to attend some courses specific to the needs of the people they supported, such as epilepsy awareness and understanding challenging behaviour.

Scheme placement officers effectively monitored and supported SL carers through six monitoring visits per year including an annual review. The monitoring visits were structured so that there was one visit per year on a specific aspect of service delivery, namely health and safety, health and well-being of the person receiving support within the placement, financial management support and record-keeping, the SL carer’s health and well-being,

‘principles of good care’ to check the SL carer’s adherence to standards and then the SL carer annual review which resulted in objectives for the coming year and a development plan. One placement officer told us, “I use scenarios in monitoring visits to help the SL carers to understand the issues involved, and support their learning.”

Scheme staff told us they felt well-supported by the registered manager through regular supervision of their work. One placement officer told us, “I feel very valued as an employee. [The registered manager] gives guidance but supports my decisions.” Another said, “[The registered manager] really empowers you.” Each placement officer also had an annual appraisal of their work, resulting in a professional development plan with objectives for the coming year, in line with the Council’s performance development and review system.

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. Consent to care and support was sought in line with the requirements of the MCA. The scheme arranged for assessments of people’s capacity to make decisions about their support, and documented ‘best interests’ decisions for people assessed as not being able to make such decisions.

The registered manager and scheme staff were aware of the requirements of the MCA. SL carers were supported by scheme staff when they needed to make decisions that might result in a person being deprived of their liberty for their own safety, and the registered manager correctly told us about the process they needed to follow to seek authorisation for a deprivation of liberty by the Court of Protection. Additionally, the registered manager had run a project in 2014 to check each person’s capacity and identified a number of people who use the service who

Is the service effective?

were not able to leave their SL carer's home without support, and made appropriate arrangements for them to be supported while ensuring they were not unlawfully deprived of their liberty.

People were supported by their SL carers to eat appropriate nutritious foods. People told us they were supported to buy and cook the food of their choice, and had a say in menu planning. One person said, "[My SL carer] cooks all the food I like. She knows my favourites by now." People who needed specific diets were supported with these, such as for diabetes and for soft foods. SL carers were supported by scheme staff to seek guidance from a dietitian when this was necessary for people's health.

People who used the service were encouraged to develop and maintain healthy eating and exercise habits. Records showed that healthy eating was a focus of one of the 'Shared Lives forums' run for people who use the service, and regular scheme newsletters included lots of information on local facilities to encourage an active

lifestyle and regular exercise. Additionally, minutes of SL carers' quarterly meetings showed that they had speakers present on topics such as healthy eating, obesity, and choking risks to increase SL carers' awareness and knowledge of these topics to enable them to provide more effective support.

People were supported to access health services when required. SL carers supported people to book and attend routine and extraordinary medical appointments and sought the advice of scheme staff when they needed to. Each person had a hospital passport to ensure their health and communication needs were known when they attended hospital, and some people had an individual health profile and action plan developed by the person's GP. Scheme placement officers also supported SL carers to access specific services such as occupational therapists to ensure the SL carers had the equipment they needed to support people safely.

Is the service caring?

Our findings

People told us the service was caring. Some people who used the service had lived with their SL carers for decades and told us they were part of the family. One person said, "It's my home. I choose all of the things in my room and if I don't like something, [my SL carer] listens to me and takes me seriously." A relative of a person using the regular respite service told us, "[My relative] looks forward to respite so much. He's known [the SL carer] for years and it's like a second home for him."

SL carers developed positive, caring relationships with the people they supported. The scheme used a 'matching' process to ensure SL carers and people referred to the scheme were compatible before a placement commenced. The matching process included cultural considerations such as ethnicity, religion and language of the person using the service and the SL carer's household, the general lifestyle and community links of the SL carer, and the skills and experience the SL carer needed to support the person safely and effectively. Particular consideration was given to ensuring that people were matched with SL carers sharing a similar cultural backgrounds and who spoke the same language, with the aim of reducing communication barriers.

Each SL carer had a 'personal profile' including information and photos about their lifestyle and home which was initially shown to people referred to the service to help them decide which SL carers they wished to meet. The matching process was personalised, and the registered manager told us that the length of time it took was dependent on the people involved. He said, "It's not a very formal process and it will be different for everybody based on their needs. Some people need lots of visits to get to know the SL carer and others know it's right after the first visit. The process can be stopped at any time if things aren't going well, and the first six weeks after the placement commences is always a trial, after which we review the placement with the service user and their lead social worker."

As people in long-term placements shared the SL carer's home, particular consideration was given to ensure people were empowered to become full members of the SL carer's

household. People told us they were enabled to make decisions about their care and support, and were encouraged to participate in household decision-making. One person told us, "I always say how I feel and my carer listens to me and takes me seriously. We had a meeting when I first moved in and worked out the house rules and I had my say." One SL carer told us, "[People] really become part of the family and are equal in the household."

People were encouraged to maintain relationships with their friends and family and could have visitors when they wished. One person said, "My family visits and [my SL carer] takes me to visit them when I want to." Relationships between people and their SL carers were maintained when people moved into more independent living arrangements and the placement had ended. One SL carer told us, "[The person] lived with us for 12 years but now he has his own flat. He still rings me a couple of times a week for a chat and we help each other out when we need it."

People were supported to access advocacy services when required. The scheme liaised with people's social workers to ensure they were provided with advocacy support when necessary to make important decisions.

SL carers were mindful of issues of privacy and dignity when they supported people. One SL carer told us, "It's their home and I treat them as I would any other member of the household. Plus, when I am supporting someone with personal care I always think about how I would wish to be supported, or my mum – I always shut the door and ask [the person] before I do anything." A person told us, "[My SL carer] always knocks on my bedroom door before they come in. It's my private space."

As the scheme provided highly personalised support, people's protected characteristics such as needs relating to their disability, sexuality and gender were considered and provided for. One person told us, "I can be myself and [my SL carer] supports me." The service had policies in place to address such issues and scheme placement officers told us how they supported SL carers to navigate such issues. One placement officer told us, "I've had to work very closely with SL carers to understand some issues around sexuality in particular. Shared Lives is such a personalised, one-to-one service and it's so nice to see the opportunities for people."

Is the service responsive?

Our findings

People told us the service responded well to their needs. Some people who used the service planned to move into their own flats and were staying with an SL carer to learn the skills they needed to do so. One person said, “[My SL carer] is helping me to learn the things I need – cooking, washing, ironing, all the basic stuff.” Another person said, “[My SL carer] helps me with my money when I get stuck sometimes.” A third person told us, “[My SL carer] helps me to do anything I want. We always have fun on the weekends, going to different places.” An SL carer told us, “I love the challenges and seeing the [people I support] thrive. One person used to never engage, he was non-verbal and extremely shy. Now he is confident, engaged and talking.”

The manager of the Community Learning Disabilities Team told us, “Without a doubt it is a very effective means of supporting people in an entirely normalised, homely environment. It’s not institutional at all. The SL carers are very responsive and flexible and it is an entirely bespoke, personalised service. Individual arrangements are made for individual service users and [SL carers] go beyond the call of duty to meet people’s needs.”

As Shared Lives is based on a model of community and household inclusion for the person using the service, SL carers supported and encouraged people to undertake activities of their choice. Each person had a personal budget and support plan for activities which was developed by a professional independent of the scheme and their SL carer. People who use the service, the registered manager and SL carers told us that fewer people attended traditional day centres now than in the past and SL carers instead supported people to find community activities that were relevant to their interests. Each person we spoke with told us about the activities their SL carer supported them to undertake. One person told us about how they had been supported by their SL carer to find suitable voluntary work. They said, “[My SL carer] helped me to look for a job.” An SL carer told us, “[The three people I support] are all now working. They stopped going to the day centre and now have jobs. They are also much more confident and I am so proud of what they have achieved.”

SL carers supported some people to undertake activities of their choice that met their specific cultural needs. For example, one person was supported to attend a group for

women of their specific ethnicity, in which they spoke their language and ate traditional meals. This was noted as having a positive effect on the person's well-being by the professionals who worked with them. Another person was supported by their SL carers to employ a personal assistant who spoke their first language as they were not very fluent in English, which increased the number of community activities they could access as the personal assistant translated for them when necessary.

People who were supported for short breaks or respite were encouraged to maintain their regular timetable of activities while staying with their SL carer whenever possible. However, some people saw their short break as a holiday and their SL carers supported this. One person told us, “[My SL carer] takes me to the seaside, to the cinema, out shopping and for meals. I love staying here, it’s my little holiday.”

One person told us about how they wished to stay with SL carers in other parts of the UK for holidays. They said, “I’d like a carer outside London I could stay with for respite so I can have a lovely holiday.” The registered manager told us about the scheme’s plans to facilitate this, and we saw records demonstrating the scheme was actively recruiting SL carers outside London for short breaks.

Additionally, SL carers supported people to go on holidays of their choice. For example, one person had recently returned from a trip to Las Vegas where they had always wanted to go but had never been abroad before, and SL carers were supporting two people (who were in a romantic relationship) to plan their first holiday away together.

Scheme staff worked closely with SL carers to support them to negotiate some of the issues that arise when support is provided by paid, professional support staff in their own homes, as SL carers do. One SL carer told us, “[My placement officer] is always talking me through the different issues that come up. Things are changing all the time and you have to change with it.” The registered manager and placement officers told us about how they supported SL carers to navigate such professional and personal boundary issues, for example using scenarios in monitoring support visits and visual resources such as flowcharts they developed to aid SL carers to make decisions while supporting people.

The scheme had a dedicated ‘transition’ placement officer, who sat on the Council’s transition panel and supported

Is the service responsive?

young people with disabilities who were moving into adult services when they turned 18. The scheme started working with people when they were 15 years old and were fully involved throughout the process, to ensure a smooth transition to adult services when the person turned 18. One person who used the service told us, “I’ve lived with [my SL carer] since I was five years old, through fostering first and now Shared Lives.” This also ensured that people continued to be supported in an environment in which they were comfortable and familiar, and with SL carers who understood their cultural background and communication needs.

People were provided with personalised information about the service through a service user handbook developed specifically for each person. This included their service user plan, scheme policies in accessible format when this was necessary, and the scheme’s service user guide. The service user guide included information about what to expect from the Shared Lives placement, how to make a complaint and who to talk to about any issues or concerns. The service user guide also included a helpful glossary of possibly unfamiliar terms and was in a pictorial format to aid understanding. The service had two service user guides, one for people in long-term placements and one for people who use the service for short breaks or respite, with specific relevant information in each.

The service had several mechanisms in place to ensure people were encouraged to have their say about the service they received. The scheme ran two regular, fortnightly forums for people using the service which had a social element but also encouraged feedback from people and encouraged them to participate in decision-making about the operation of the scheme. People who used the service were also asked for their feedback through an annual questionnaire, the results of which were compiled into a report for further analysis and monitoring by the registered manager. Additionally, people who used the respite service were asked for their feedback after each respite visit, using a pictorial feedback form titled ‘How was it for you?’, and a placement officer discussed any issues or concerns identified through the feedback process with the person, their family and the SL carer.

SL carers had quarterly meetings as well as the ‘Carers’ Focus Group’, for support, information sharing and decision-making about the scheme. The Carers’ Focus Group was developed as an independent group by the SL

carers, supported by the scheme, and provided a forum for the SL carers to lobby for important issues and for the scheme to consult in relation to changes and further development. These meetings were minuted and SL carers told us they were very valuable. One SL carer said, “The meetings are great, I get a lot out of them.” SL carers also provided feedback about their experiences of working with the scheme through their annual SL carer review. The service also encouraged compliments and complaints and records showed these were recorded and responded to appropriately.

Each person who was referred to the service had an ‘overview assessment’ undertaken by their local authority social worker and an additional assessment undertaken by a scheme placement officer to determine if the service could meet their needs. The assessments looked at the person’s history and background, their capacity to make decisions, health and medical needs, cultural considerations and the support they needed.

Each person had a service user plan which identified their support needs and preferences and was updated annually or when their needs changed. People told us they were involved with the development of their plan and could make changes when they wished to. Service user plans included information about the person’s communication needs, health needs, finances and the activities with which they needed support from their SL carer and others. Reviews were focussed on outcomes for the person using the service and the registered manager told us they were currently reviewing the format of the SL carers’ annual review to better link this to outcomes achieved for the person and to ensure the scheme provided SL carers with the right resources to support people to achieve their goals. The registered manager told us, “We are now focussing on tying the SL carer review process to outcomes for the service user by measuring SL carer achievement against outcomes. This will ensure everyone is working together for better experiences for the service users.”

Service user plans were written on the computer using the council’s electronic case management system. Scheme staff and people who use the service told us about a project underway, co-produced with people who use the service, to make service user plans available in different formats and to ensure they included all of the information people wished to be included. A person who used the service told us, “We are looking at how we can make the

Is the service responsive?

support plans better for everyone. I want mine as a video and [a placement officer] is looking at how we can make that happen. It's my support plan and I can have it how I like."

Is the service well-led?

Our findings

People told us they felt the scheme staff were approachable. One person said, "I tell [my placement officer] everything. Any issues I have she always listens and helps me." Another person told us, "[My placement officer] comes to the house and talks to me. There's been one or two issues over the years but she helps [my SL carer and I] to sort things out." We saw a recent email to the scheme from a person who used the service which said, "Thanks for being my [placement officer] u did a great job maybe I was in a bad mood but u was always there when I needed u thanks."

People who use the service were actively encouraged to take an active role within the scheme. Five people had been trained to assess people who had applied to become SL carers and their involvement was an integral part of the assessment. They determined whether an applicant was suitable to be presented to the approval panel for consideration, and presented them to the panel through a video. Each of the five had individual, personalised materials to assist their assessment of the applicant based on what was important to them as a person living in a Shared Lives placement as well as their own communication needs and styles, and developed with the scheme placement officers. The registered manager told us, "Having service users taking part in the assessment of new SL carers really gives insight into the prospective SL carers and how they communicate with people who use the service. As such the service users are encouraged to talk about how the prospective SL carer made them feel as part of the assessment." Additionally, the service was also developing a programme to support people to act as quality checkers and provide peer support, to talk to other people who use the service and SL carers about their experiences and feed back to the scheme staff and registered manager.

The scheme supported some people who had not done well in more traditional support settings. One person told us, "I used to get into trouble all the time, fighting mostly. I was very angry and I got kicked out of two places. Now [my SL carer] has helped me to learn to cook, go to the doctor and go to college myself. It's good, they give me the support I need, and I'm not so angry any more. I can look after myself now."

The service had an open and transparent culture. The SL carers' Focus Group and service user forums contributed to decision-making about the scheme, and scheme staff told us they had regular team meetings in which they felt valued and their contributions were listened to by the registered manager. One placement officer told us, "I always feel free to express my ideas and challenge others". Another said, "[The registered manager] is very open to questions and ideas." A third told us, "It's a really nice team to work in, lots of opportunities for development work, always open to ideas – everyone is very enthusiastic and very positive."

SL carers and people who used the service told us that communication from the scheme was open and honest. The scheme operated a duty rota system whereby a placement officer was always available during office hours for questions and support, and also an on-call system for support outside of office hours. One SL carer told us, "They are really helpful, any issues I email and get an answer right away. I'm glad to be with Greenwich." Another told us, "I've never had to pull my hair out. There have been times when so much is going on but they have talked me through the issues. There's no secrets in Shared Lives, we're all here to help people."

SL carers told us they were provided with enough information from the scheme to ensure they supported people well. The scheme provided all policies and documents needed by SL carers on a CD or USB memory stick so they could be updated easily when necessary, and on paper when SL carers requested this or if they did not have regular access to a computer. Scheme policies were reviewed and updated annually, and completely rewritten in April 2015 to ensure they reflected current legislation and the Care Quality Commission's fundamental standards.

When incidents occurred or things otherwise went wrong within a specific placement or within the scheme, SL carers and people who use the service told us they felt well-supported by scheme staff and the registered manager. One SL carer said, "I do not hesitate to inform the placement officer of any issues as I know they will support me and work with me to make things right again." A placement officer told us, "Developing a good relationship with the SL carers is the most important part of my job." The registered manager told us about how the scheme had changed some of its processes as a result of incidents that had occurred or issues that had arisen within placements, for example instituting the 12 month probationary period

Is the service well-led?

for newly-approved SL carers. SL carers were also strongly encouraged by the service to join Shared Lives Plus, the national organisation for Shared Lives schemes, to ensure they had access to independent advice and support in case of conflict with the scheme.

The service demonstrated good management and leadership. The registered manager had appropriate qualifications and experience for their role and supported scheme staff to undertake appropriate qualifications. Each of the three placement officers we spoke with told us they were enrolled in the level 5 Diploma in Health and Social Care and how this was developing their skills for managing the relationships with the SL carers. They also told us about how they were encouraged to develop their skills and knowledge further through attendance at events such as the annual conference for Shared Lives Plus, the national organisation for Shared Lives schemes.

Shortly after our inspection, the scheme had an away day planned for staff to look at recruitment of SL carers and the relationship between SL carers and placement officers. The registered manager told us, "Placement officers and SL carers develop very strong relationships and it's important to maintain a healthy balance. We will be looking at specific issues around co-dependency and boundaries to make sure SL carers are supported in the best way."

The registered manager fulfilled all of the scheme's requirements for their registration with the Care Quality Commission, including submitting notifications of events that affect the service as required.

It was evident through speaking with the registered manager, scheme staff and the service manager for learning disability services within the Council, who had line management responsibility for the scheme, that all staff were highly passionate about Shared Lives and positive about the impact for people supported within the scheme. A placement officer said, "I am really passionate about

what I do and it's great coming into an equally passionate and motivated team." The registered manager told us, "Shared Lives enables people to grow. Their quality of life improves and you can see the changes when they are engaging with the community and supported to live a great life." The service manager for learning disabilities told us "it's a wonderful service" and was highly complimentary about the work of the registered manager. The manager of the Community Learning Disabilities Team told us, "Overall it is a highly cost-effective, responsive, effective, well-managed service. I just want it to grow so more people can be supported in this way."

The registered manager and service manager had plans to develop the service in line with the Council's transformation agenda for services for people with learning disabilities. The registered manager told us about plans to provide day support for people and how the scheme was investigating providing services to people with other primary support needs, such as people with dementia or those who need support to maintain their mental health.

The quality of the service was regularly checked by the registered manager and the service manager, through looking at outcomes for people who use the service and reviewing the work of the placement officers when they undertook SL carer reviews and updated people's service user plans. This enabled the registered manager and service manager to ensure that targets were met, that placement officers were supported with their key tasks and that the processes used to ensure quality outcomes for people and SL carers were undertaken consistently and effectively in accordance with the scheme's policies and procedures. The computer-based case management system used by the Council facilitated this as all records for people who used the service and SL carers were kept on this system, which also ensured access was restricted to scheme staff.