

South Tyneside MBC

South Tyneside Shared Lives Scheme

Inspection report

Level 1, South Shields Town Hall & Civic Offices
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Tyne And Wear
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12 July 2018
14 July 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10, 12 and 14 July 2018 and was announced because we wanted to ensure there would be someone at the service office when we called.

This was the first inspection of the service since it had re-registered after changing its location.

Shared Lives has an office base at South Tyneside town hall in South Tyneside. The service provides long term care, respite care and a befriending service. It recruits and supports families who provide homes and supportive placements, within a family setting, for adults with learning disabilities. The service covers South Tyneside. At the time of the inspection the registered manager told us they supported 57 people within Shared Lives carers' homes. There were 91 carers available to support people.

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

A registered manager was 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 said they were safe living with their Shared Lives carers. Carers had received training with regard to safeguarding adults and said they would report any concerns to the service or people's care manager. The service had dealt with any safeguarding concerns appropriately.

Recruitment and vetting procedures were robust to keep people safe. Checks were carried out to ensure carers and staff were suitable. Shared Lives carers went through an extensive assessment process, looking at a range of areas including their backgrounds, health and experience. All carers were approved by a formal assessment panel before being matched with a person to support.

Arrangements were in place to provide support with urgent situations. Carers could contact staff any time during the week or could contact the office for support. Out-of-hours support was provided by the local authority's Emergency Duty Team. Carers said they were well supported and they always received a response to any concerns or queries.

Carers and staff received a range of training. People received appropriate support with their medicines and carers confirmed they had received training in the safe handling of medicines.

People were treated well. They told us that carers spoke kindly and listened to them and they felt happy and

comfortable in their homes. People were supported to lead fulfilled lives and to be part of the community. They had access to a range of activities, holidays and leisure pursuits.

People were helped to make choices about their care and the views and decisions they had made about their care were listened to and acted upon. They were supported to have maximum choice and control of their lives and carers supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

Information was made available in a format that helped people to understand if they did not read. This included a complaints procedure. People said they knew how to complain.

People were involved in the assessment, planning and review of their care and support. They had access to health care professionals to make sure they received appropriate care and treatment. People's nutritional needs were met and they enjoyed a varied diet.

The registered manager provided strong leadership. All people maintained the manager was approachable and committed to providing an effective service. The checks that were completed focused on people's experience of care. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse as staff and Shared Lives carers had received training with regard to safeguarding. Robust vetting procedures were in place.

Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff and Shared Lives carers had access to a range of training. Staff confirmed they received regular supervision and annual appraisals.

People had detailed assessments of their needs. They were asked to give their consent to care being delivered. They had access to a range of meals and drinks and could have foods that they liked.

Appropriate care was provided and people had access to health care professionals to ensure their health needs were met.

Is the service caring?

Good ●

The service was caring.

People told us they were well-cared for by their Shared Lives carers. Relationships between carers and people living with them were warm and friendly. Carers told us that they considered people they supported to be part of their family.

Comprehensive documents were available which detailed people's backgrounds, likes and dislikes and care requirements.

People were offered choice and they were encouraged to be involved in decision making whatever the level of support required.

People were supported to access an advocate if the person had no family involvement.

Is the service responsive?

Good ●

The service was responsive.

Detailed information was available to provide guidance to carers about people's support requirements. Care reviews were regularly undertaken.

People were supported to participate in a range of activities, work placements, holidays and social events. People also participated in carers' family events and activities.

People and carers had information to help them complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff, carers and people who used the service. They had introduced several initiatives including the formation of a social events committee to arrange social occasions for people and carers to get together and to discuss the running of the service.

Communication was effective and carers and people were listened to. Staff and carers said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager and provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

South Tyneside Shared Lives Scheme

Detailed findings

Background to this inspection

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

This inspection took place on the 10, 12 and 14 July 2018 and was announced. The inspection team consisted of one adult social care inspector.

We gave the service 24 hours' notice of the inspection visit because the registered manager is often out of the office supporting carers and staff. We needed to be sure that they would be in.

As part of the inspection we visited the main office and spoke with the registered manager and two link workers, employed by the scheme. We reviewed a range of records about people's care and how the service was managed. We looked at care records for five people, recruitment, training and induction records for three staff, staff meeting minutes, carers' meeting minutes, meeting minutes for people who used the service and quality assurance audits the registered manager had completed. On day two of the inspection we visited two placements and the office to interview and speak with six people who used the service and four Shared Lives carers. On day three of the inspection we telephoned three carers.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. After the inspection we contacted professionals who could comment about people's care.

Is the service safe?

Our findings

People told us they felt safe living with their carers. One person said, "I feel safe living here." Another person commented, "I feel one hundred percent safe living with [Name]." A third person told us, "I do feel safe here and the neighbours are kind." Other comments included, "I feel safe and I am happy." Carers confirmed they had received training in relation to safeguarding vulnerable adults as part of their training and on-going support. The registered manager told us carers and staff received adult and children's safeguarding training as it was relevant because young people moved into adult services.

Staff and Shared Lives carers had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. One carer told us, "I've done safeguarding training. I'd report any concerns straight away to my link worker or the registered manager." A record of safeguarding events were logged by the registered manager, they showed they were appropriately reported and investigated.

Robust procedures were followed to safeguard against financial abuse. Each person who had money held for safekeeping had a ledger to record their transactions. Receipts were obtained for all purchases. Regular checks of the records were carried out by link workers of the scheme. One carer told us, "If a person wants to make a big purchase we apply to the scheme for their funds and get it authorised." They also said, "If a person wants to go on a particular holiday we have to apply to the scheme and justify the reason and cost to get approval."

Assessments were undertaken to assess any risks to the person using the service. These included environmental risks and any risks due to the health and support needs of the person such as choking, moving and assisting, epilepsy and travelling. One person told us, "I travel independently on the bus and go to the supermarket." Risk assessments were also in place that documented if a person could be left safely alone in the house and if so for how long. A health and safety risk assessment was undertaken of the property, including checks that electrical and gas appliances were safe and regularly serviced, that the homes had smoke detectors in place and items such as tools were stored appropriately. Reviews of risk and safety were part of the monthly checks carried out during visits by the link workers.

A personal emergency evacuation plan (PEEP) giving guidance if the house needed to be evacuated in an emergency was available for each person. They considered people's mobility needs.

The service was provided by the registered manager and three full time and two part-time link workers. There were 57 people currently supported in long term placements and 91 carers were available in the Shared Lives scheme which also provided short breaks and an enablement service. The registered manager and staff told us there was enough capacity to provide support at the current level.

A system was in place to manage any urgent situations. Shared Lives carers told us that they could contact a

link worker or a person's care manager for advice and support. For any issues out of office hours, when the Shared Lives service or a care manager were not available then the local authority emergency duty team could be contacted. One person told us, "If I need urgent advice I sometimes contact another carer in the scheme."

People did not have concerns about how their medicines were managed. Carers who administered medicines said they had received training and support to do this safely. Records of medicines administered and the carers knowledge were checked by the shared lives link workers to ensure people received their medicines as required. One carer told us, "We are checked with safe medicines handling every six months."

Carers were aware of the need to keep the Shared Lives service informed of any accidents or incidents and note these in people's records. The registered manager told us there had been no serious accidents or incidents involving people supported by the service in the last 12 months.

When prospective carers were applying to the Shared Lives scheme to become carers a range of checks and assessments were carried out. These included checks on an individual's background and an assessment of their current health. Carers went through an intensive interview and assessments process, which included background checks, health checks and discussion of the motives for taking on the role. Before a person was accepted as a carer their application and assessment report was considered by a panel of appropriate professionals and lay people that met three monthly.

Is the service effective?

Our findings

People's needs were assessed when they applied to the service. This ensured that they could be matched and placed with appropriate carers who could meet their needs. The registered manager described a process that took place to check that people wanted to be placed with the carer and that they were compatible with the carer and in some cases with people who already lived in the household. People had the option of visiting more than one carer to see where they wished to live. People's induction included home visits, getting to know the carer and was carried out at the pace of the person. One person commented, "I think my placement's working."

Records showed pre-admission information had been provided by relatives, care managers and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements, hobbies, interests and their daily lives.

Carers told us that they had received training and support to allow them to carry out their roles. They told us they had received mandatory training, mandatory training is training the provider requires staff to undertake on a regular basis. They also received other training to meet people's needs. One carer told us, "I've done dysphagia training, [problems with swallowing], as [Name] has been assessed by the speech and language therapy team." Another carer said, "Training is ongoing." The registered manager told us carers received training particular to the needs of people they were supporting. Training included about epilepsy, dementia awareness, autism, mental capacity, record keeping and equality and diversity. Both staff and carers were able to access and participate in appropriate and regular training events. The registered manager said, "We sometimes arrange training for during the carer support group meetings."

People who used the service also accessed some training such as fire safety, first aid and health and safety. Link workers employed by the service also confirmed they had undertaken a range of training. One link worker told us, "We access the same training courses with the carers, which is very useful." Staff training information indicated that all mandatory training was up-to-date. Staff also confirmed that they received regular supervision and appraisals. Records confirmed this and indicated that staff were able to discuss a range of issues related to their work life and personal circumstances.

Carers told us that communication with the service was very effective. Link workers and the registered manager were very good at maintaining contact and communicating with them. One carer told us, "If you leave a message your link worker gets straight back to you." Another carer said, "Communication is excellent." They told us they were kept informed and arrangements were in place when their link worker was on holiday or absent so they still had a point of contact. The carers also said they had a good network of other carers who lived locally to them, which meant they had support and contact with other carers who were in similar situations to themselves. People also told us that link workers were also available for them and spoke with them when they called at their homes, to ensure they were settled.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that one application for a Deprivation of Liberty (DoLS) was in the process of being applied for. For another person, records showed a DoLS was in place as the person only had restricted access to use their mobile telephone. Paperwork showed that this DoLS had expired although the agreement was still in place to restrict the use of the telephone. We discussed this with the registered manager who told us it would be addressed immediately and they would contact the person's care manager to inform them it had expired.

The service worked within the principles of the Mental Capacity Act and trained carers and staff to understand the implications for their practice. Records showed that the least restrictive interventions were applied where people lacked mental capacity. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. People's records contained copies of consent forms and agreements. Records also contained a pictorial, accessible copy of an agreement between the person using the service, the carers and the Shared Lives service. This agreement set out what the expectation was from all parties and was signed by people, carers and a Shared Lives representative to say they would abide by the agreement.

Carers were aware of the need to ensure that care managers were kept informed, or advice sought, for significant issues such as medical treatment, where an assessment of capacity may be required. A capacity assessment had been undertaken for a person where a change of GP practice was required as they no longer lived in their GP's catchment area. Some people had their finances managed and supported under a deputyship order. A deputyship order allows a person's relatives or the local authority to oversee their financial arrangements to ensure they are dealt with properly and people are protected from the risks of financial abuse.

People were supported to access health appointments to help maintain their well-being. Carers described how they supported people to attend medical appointments and hospital appointments. Records showed that people had regular contact with opticians, dentists and other health care professionals. One person told us, "I'm on my way for an appointment for my feet." Another person told us, "I have recently had heart surgery and I've been really well-supported by my carers. They came to visit me in hospital every day."

People told us they were provided with a range of meals and drinks and could make choices about what they ate. One person commented, "There is plenty to eat." Another person said, "If I don't want steak I can always have something else." Some people had specialist needs regarding how they received their nutrition and carers received guidance and support to ensure these needs were met. Records showed the support that people needed including any assistance to maintain a healthy diet. For example, one record stated, 'I need help to cut my food.' For another person, 'I can make scrambled eggs on toast, with prompts.' One person commented, "I have a healthy diet now with reduced salt and fewer cans of diet coke."

Is the service caring?

Our findings

People all said they enjoyed using the service and were well-supported by their carers. One person told us, "I enjoy where I live." Another person commented, "I do feel listened to by my carers." A third person said, "It is a match made in heaven. We all live together and I'm part of the family." Other comments included, "It is perfect as it is." A carer told us, "It is the best thing I have ever done, becoming a carer."

The registered manager promoted amongst carers and link workers an ethos of involvement and empowerment to keep people involved in their daily lives and daily decision making. Staff were respectful of people's opinions and choices. People told us they were able to decide for example when to get up and go to bed, what to wear and what they might like to do. The registered manager, people and carers told us that people could choose where they wanted to live. The registered manager told us matches included from information about people's interests and hobbies, dreams and aspiration.

The registered manager told us they had supported a move to a placement for a person who had expressed an interest in living with younger people and going to a night club. The person had 'progressed' from their previous placement to be with a younger carer and enjoyed similar interests with their carer in their new placement and they both went to night clubs together. For another person who was very interested in cars and motor racing they had been matched with a carer with similar interests. This had allowed the person to fulfil one of their dreams and they had spent time abroad with their carer visiting Italy and Germany visiting car museums and taking part in a Ferrari racing car demonstration on the race track. They told me, "I'm now planning to go to Japan next year with my carer and I am busy saving for this. I want to celebrate my birthday with friends in Japan."

People were also actively encouraged and supported to maintain and build relationships with their friends and family. People were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch. One person's record of likes and dislikes included, 'I like talking to my sister.' The registered manager told us of some situations where people may have become estranged from their relatives but had been supported by their carer to establish contact with them again and in some cases renew a relationship.

Carers understood about the need to maintain confidentiality. They told us the matter had been covered in training, as part of their ongoing support or within their induction. They recognised that although people were seen as family members that special consideration always needed to be made for the people living with them.

People's right to privacy was supported and respected. They told us that they had their own rooms which they could access at any time and were able to personalise to suit their own tastes. One person said, "My bedroom is my own space." Another person told us, I have my television and computers in my bedroom." People had computers, music centres and televisions in their room, meaning they could spend time in private, away from other family members if they wished. They told us that carers and their family members respected their rooms as being their personal space. People also had other areas of the carer's home to use.

People were encouraged to maintain and develop their independence whatever the level of need. Records showed some people travelled independently, were assisted to do some of their own cooking and maintaining their own bedroom. One care record for travelling stated, 'I have a mobile telephone for my own personal safety. I can contact carers for support and advice and inform them of any changes to my planned activities.'

People who may need support with decision making were encouraged to make choices about their day-to-day lives and carers used pictures for some people to help them make choices and express their views. Communication methods such as Makaton and other bespoke methods of communication were also used. Guidance was available in people's support plans which documented how people communicated and their level of comprehension. One person's care plan stated, 'I speak but I am not easily understood. I use my own makaton. You need to listen to me carefully.'

People told us they were involved and they said they were listened to. They received information when they started to use the service that told them what they could expect from the service and that described the type of care and support provided. People were involved in regular individual meetings to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

Carers informally advocated on behalf of people they supported where necessary, bringing to the attention of the link workers or registered manager any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us some people were being supported by an advocacy group to work with them as they prepared for learning disability awareness week in 2019. Some people had attended a civic reception in 2018 and represented the views of people with learning impairment and they wanted to present a more formal presentation the following year. An advocacy group were also involved in consultations with people to gather their feedback about service provision.

Is the service responsive?

Our findings

People accessed the community and tried out new activities as well as continued with previous interests. Some people also went to college and voluntary work placements. One person told us, "I go to a disco on Wednesday night." Another person told us, "I'm going to the swimming baths on Friday." Other people's comments included, "I do voluntary work every week", "I have Japanese lessons", "I enjoy going out for meals", "I like going for a walk", "I go to college", "We've been to see the Tall Ships" and "I flew to Oslo to meet the ship and was a crew member on one of the Tall Ships training boats." People were supported by carers and were introduced to different activities, some of the activities the carer and person took part in together so they became shared interests. Activities included horse riding, bowling, swimming, competing in dart matches, kayaking, personal fitness, archery, football and sports, personal trainer sessions, tap and ballet dancing, roller skating and surfing.

All people told us they enjoyed holidays in this country and abroad with their carers. One person commented, "I'm going to Majorca soon. I'm going to Lapland in December." Another person said, "I've been to Haggerston Castle and stayed in a caravan." A third person said "I've been to Italy and I'm going to Japan." People also had the opportunity to go on day trips and to socialise with other people and carers at the social events that were organised by the carers' participation group.

People's care records were individualised and personal to them. Care delivery was supported through the development of person-centred records and documents about the person. Link workers told us they spent time getting to know people, chatting with them to find out about their likes, dislikes and background. From these discussions they then worked with the person to develop the person's written profile and personalised records.

Carers had written information to refer to including a copy of the person's profile that was all about the person to help with the matching process, to get to know them and to provide the correct care and support. They told us that living with the person was also how they learnt about them as an individual.

People's care records contained a range of information to help support people. There were personal details, including contact details for family members, care managers and other key contacts. Documents contained information about how the person's financial matters were supported and any health issues that they may require help with. Personal likes and choices were highlighted, such as places they liked to visit or go on holiday to. People also included things they would like to achieve.

Records showed that people had regular reviews which looked at different aspects of their care and that they were happy with their placement. Reviews of people's individual care were carried out by their care managers, but Shared Lives representatives were part of the review with the person and carers. Link workers from the service made monthly visits to carers and spent time reviewing daily records, monthly reports prepared by the carer, medicines records and financial records to ensure the support delivered matched that required by people living with the carers.

People were supported to learn new skills and become more independent. They were encouraged to be involved in household tasks such as cleaning and laundry and becoming more independent in aspects of daily living. One person told us, "On Friday I tidy up and Hoover." People were involved in preparing some meals or drinks with the support and supervision of carers. Support plans provided guidance to carers to help people learn skills and become more independent in aspects of daily living whatever their need. For example, one support plan stated, 'I am mobile and access the community independently. I plan my outings with friends.' A person told us, "I help bake scones."

Carers recorded the person's routine and progress in order to monitor their health and well-being. This information was then transferred into a carer's monthly report of the person's well-being and progress. This was necessary to make sure people's care was monitored and so they could be supported in the way they wanted and needed.

People, carers and link workers did not express any concerns or complaints to us. Everyone felt listened to and said the registered manager was receptive and responsive to any comments or concerns. People were given information about how to complain if they were unhappy about any aspect of care provision. This was available in a format suitable for people who used the service. We were told by the registered manager that no complaints had been received.

Is the service well-led?

Our findings

A registered manager was in place who had re-registered with the Care Quality Commission in July 2016 when the scheme was re-registered after changing its location. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to tell us about the provider's ethos and share their priorities for the future of the service. They were also open to working with us in a co-operative and transparent way.

People and carers told us they knew who the registered manager was and found them to be approachable and responsive to their requests. Link workers told us that the registered manager was very approachable. The registered manager promoted within the scheme an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Carers and workers were made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The culture promoted person-centred care, for each individual to receive care in the way they wanted. There was evidence from observation and talking with people that they were encouraged to retain control in their life and be involved in daily decision making. They were also supported to realise their dreams and aspirations whenever possible.

The registered manager talked of the work placement scheme that they had established with the local council parks department. The first stream of volunteers would have the opportunity for a voluntary work placement and after they had developed their skills they would hopefully become paid employees and cascade and train new volunteers when they joined the scheme.

The atmosphere in the service was open, relaxed and friendly. The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff, carers and people we spoke with were very positive about their management and had respect for them.

People and carers told us they were involved and they said they were listened to. The registered manager worked with people, carers and link workers to make sure communication was effective. The registered manager described the various meetings that took place to keep people involved and informed. Meeting minutes were available from the various meetings.

A carers' participation group met regularly and looked at social events and activities. Carers told us they were well-supported and there were a variety of activities, holidays and outings that carers and people went to together. There had been trips abroad over the years including day trips to York and Edinburgh enjoyed by several people. They described the carers' meetings that took place and the organised social events at a local hotel which were well-attended. Race nights, karaoke events, ten pin bowling, coffee mornings and

cake sales, a recent Triathlon event for people who used the service and seasonal parties were held regularly and they told us it was a good way to meet people and their carers. Most people and carers we spoke with complimented the social events and thought they were a good idea.

Monthly support group meetings also took place with carers and service staff. The expectation was for carers to attend as many as possible over the year, with a minimum number of six attended. There were incentives for the most attendances. One carer commented, "I try to attend all the carers' meetings. Meeting minutes are available if you don't attend."

Meetings took place with people who used the service and their group representatives to consult with them about the running of the service and to collect suggestions and comments. We noted action that was taken from their suggestions for example representation at learning disability awareness week.

Staff and records confirmed that there were regular team meetings. These covered a range of business issues, any updates on policies and procedures along with discussion of any significant issues affecting carers or people who used the service. Staff also said that because the team was quite small it was easy to discuss any issues outside of these formal meetings.

The registered manager said three monthly branch meetings also took place with other schemes and the registered manager also attended registered managers meetings quarterly to keep up-to-date with developments in the local authority.

The registered manager carried out regular checks to ensure the service was meeting its business plan and was responsive to people's needs. Link workers visiting carers checked on medicine, finance and daily records to ensure they were up-to-date and correct. They also reviewed the safety of the environments on a regular basis. Themed visits also took place with carers about eight times a year. The commissioning team carried out an internal annual audit to check aspects of care delivery. The registered manager told us peer audits took place with representatives from other local Shared Lives schemes. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out regularly to carers and people who used the service. The results were analysed and we were told any action would be taken as required to improve the quality of the service. Results from a consultation event in November 2017 for people who used the service were available and were very positive. 99% of people that responded said they were happy in their placement and got on well with their carer. Comments included, "They are a nice family, they are like a Mam and Dad", "A million's happy" and "If it wasn't for [Name] and [Name] I wouldn't be where I am today." Carers were consulted and asked for their feedback about service provision. Results from January 2018 showed that from an 82% response over 83% were satisfied with their role as a carer. Responses included, "I love my role as a carer, it is one of the most satisfying and rewarding aspects of my life" and "Knowing that you have made a huge difference to someone's life is the best feeling."