London Borough of Croydon

Croydon Shared Lives

Inspection report

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Ratings

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

Overall summary

Croydon Shared Lives scheme supports adults with learning disabilities, mental health problems, or other support needs. The scheme matches an adult who has care needswith an approved shared lives carer. Shared Lives carers accept people into their own homes and provide care, support and mentorship to people. Croydon Shared Lives carers are self-employed and have a contract to work with Croydon Shared Lives (CSL). This was the first inspection of the service.

This inspection took place over 10,11,14,17 December 2015. The inspection was announced because we wanted to make sure the registered manager and coordinating staff were available. The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CSL service provided an exceptional model of personalised care. People who may otherwise be isolated

Summary of findings

or with needs that make it harder for them to live on their own were enabled to lead a meaningful life. People were not excluded from the service unnecessarily. For example, those with a history of challenging backgrounds or placement breakdowns were accepted in the scheme and staff worked tirelessly with them and their carers to achieve successful outcomes. People were supported and empowered to be as independent as possible in all aspects of their lives. Carers focused on the person and helped them achieve their goals and promoted their wellbeing; positive outcomes including minor steps in progress personal to each person were celebrated.

People, those who matter to them, health and social care professionals all described this service as an excellent model of care, providing a safe and caring home environment. People were able to lead the lives they wanted, and encouraged and supported to develop and build confidence, this opened the doors to new opportunities. Carers and staff were interested in people they cared for; they spoke positively of their roles and were highly motivated. Carers showed a real commitment to welcoming the person into the family home and individual's success and achievements were acknowledged and celebrated.

People valued their relationships with carers and felt very well cared for. The relationships developed between carers and people using the service were excellent and based on trust and reliability; carers were fully committed in their roles. This resulted in people experiencing excellent outcomes, it helped people put down strong roots in their local community and develop the necessary supportive networks before moving into a place of their own.

The scheme demonstrated it was fully committed to delivering a service that was responsive to the diverse needs of people in the borough. Equality and diversity was embedded in the recruitment processes, carers reflected the values required for the role and responded appropriately to meet needs of the diverse community. The management team monitored provision closely and made sure the service was meeting their equality and diversity objectives. The service operated thorough vetting and approval processes to make sure people were suitable for this work and people received safe care.

There was a progressive approach to developing the service. The management were innovative and worked creatively to develop various models of care according to the person's need. The progress in service development was reflected in how they cared successfully for people with highly complex needs. Carers worked closely with local health professionals to enable them achieve the desired health outcomes.

The service embraced positive risk taking, with people informed of risks in a way they understood. Health and social care professionals reported the positive risk taking as one of the many key strengths of this scheme. Health professionals reported the service was of a consistently high standard, carers supported people through periods of instability or poor health by joint working with the community team. Mental health professionals shared some of the many examples of excellent achievements, a reduction in individuals relapsing and hospital admissions, and a marked improvement generally in the abilities of people using this service. This success they attributed to "the exemplary support from individual carers." Staff and carers used support networks to engage proactively with other agencies, they worked together with housing and the homeless unit for planning moving on arrangements.

The service had an experienced manager in charge of the scheme who provided outstanding leadership. The registered manager showed passion and commitment to providing the best possible service for people, there was an open and empowering ethos evident throughout CSL. A "We can achieve" attitude was promoted and people felt positively inspired by this approach. People's views were important and these included "Have your say" regular group meetings for those using the service. There was a robust quality assurance system in place, the registered manager understood the service's strengths, where improvements were needed, plans were in place to achieve these with timescales in place.

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?

Good 

The service was safe.

The needs of people were assessed prior to a service being offered identifying needs and risks. People had individual outcome-focussed support and risk management plans that were kept up to date.

Risk management plans included control measures to eliminate, minimise and respond to identified risks. The service had robust safeguarding procedures in place which staff understood well.

Recruitment procedures were thorough. There were suitable numbers of fully vetted placement carers available to enable the service to accept referrals and provide continuity in the case of emergency. Additional carers were available to undertake roles and provide additional support in the event of an emergency or crisis.

Is the service effective?

Good 

The service was very effective.

CSL carers were highly motivated with an open and empowering ethos that they promoted within the service. Staff and carers were clear about their expectations, achieving best outcomes for people, and how the service should be provided.

Staff who ran the service and shared lives carers were suitably trained and supported to provide effective care. Service delivery was monitored through announced and unannounced visits.

Shared lives carers were aware of any specific dietary or cultural needs of the people they looked after and the importance of good nutrition.

Carers helped people with understanding about their healthcare and treatment options by explaining things in a simple way.

Is the service caring?

Outstanding 

Carers adopted a very caring and compassionate approach. Staff supported people to build up their confidence, people felt reassured by their encouragement. Carers were exceptional in the role of enabling people to feel valued and very much part of the family. Carers went above and beyond what was expected of them.

The service ensured equality and diversity policies were promoted and reflected continually in staff practice. People experienced a high level of satisfaction with the values and culture of the service.

People were empowered and encouraged to try new experiences and carers understood what was important to the people they supported.

Summary of findings

People liked where they were living and felt at ease as it was their home too. People's views were encouraged, and this helped them gain the confidence to express their opinions and make decisions about their care.

Is the service responsive?

Good 

The service was responsive. Staff worked very hard to ensure people's lives were as fulfilling as possible. People's views were listened to and acted upon by staff. People's needs were assessed and appropriate plans were in place for people to receive care that was personalised and individual to them.

People were supported to integrate into the community, and take part in a range of hobbies and interests they enjoyed. We saw that there were arrangements in place for dealing with concerns and complaints. People told us that they felt able to speak with someone if they were not happy.

Is the service well-led?

Outstanding 

The service was consistently well-led by an experienced manager who people described as "inspirational" and who led by example. The culture of the service was person centred and forward thinking, people were included in the decision making process. People felt inspired by this approach.

The leadership was clear about their expectations about what a high quality service should provide. A range of professionals, and people using the service felt this was an excellent enabling service that maintained consistently high standards.

Management monitored closely they were meeting their equality and diversity objectives to ensure fair access for all. There was a strong emphasis on continual improvement and working creatively by trailing pilot projects and developing various models of care to meet the needs of people who may otherwise be excluded from this type of service.

Croydon Shared Lives

Detailed findings

Background to this inspection

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

This inspection took place on 10, 11, 14 and 17 December 2015 and was announced. The provider was given 48 hours' notice because this is a Shared Lives service for people. The registered manager and staff are often out in the community during the day; we needed to be sure that someone would be in.

The inspection team comprised of two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we had received about the service which included notifications and safeguarding information. During the inspection we looked at a range of records, these included staff and placement carer's recruitment and training records, and supervision information, documents relating to the provision of the service and policies and procedures. We looked at care records provided and used by shared lives carers and the monitoring records maintained by staff.

We contacted people and their placement carers to arrange home visits. During home visits we talked with eight people using the service, their carers, and two relatives. We also contacted another 10 people by telephone to ask them of their experiences. We received feedback from team managers of mental health and learning disabilities teams, and from the chair of the CSL panel, we also spoke with the independent chair of the (user group) "Have your say" meetings. We spoke with the service manager, the registered manager and all eight coordinating staff. We examined recruitment records for five staff and for 10 placement carers. We reviewed care records and support agreements for 12 people, and feedback surveys people had completed for the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with their carers in their homes. One person who moved to a new household in recent months told us, "It is a lovely safe place to live; I am comfortable and get on well with my carer." During a home visit we observed the person approached the carer for reassurance about an issue that caused them concern. The carer patiently explained clearly how they could support them to overcome the obstacle causing the concern.

Staff and shared lives carers had completed training in safeguarding adults. A carer told us they were given a handbook with advice and telephone numbers which they could refer to if they suspected any form of abuse. There was a whistle blowing policy, which is a policy that allows staff to raise a safeguarding issue without any recriminations from their employer. Shared lives carers had full confidence in their management team, they could contact staff if they had any worries or needed support. At weekends and out of office hours the local authority had an duty social worker available if there was an emergency. Carers signed an agreement to keep people safe and follow the rules provided by the service. There were robust policies and procedures for safeguarding and protecting adults and children which addressed both adults and children and complied with good practice.

There were information sharing protocols in place and the staff proactively engaged with the local safeguarding team if there were any issues. Individual risk assessments addressed the potential for abuse from others and issues that could lead to self-harm or neglect. Carers demonstrated a sound knowledge of adult safeguarding and child protection issues and told of good communication with staff. One carer said, "Most of us have much experience of supporting people that may be more vulnerable in society. We get the training needed, can recognise and respond to issues, and we can share our concerns with the coordinator."

The service had robust arrangements in place to help promote the safety of people. The health and safety procedures were covered during induction. Staff were able to explain the concept of "appropriate risk taking" and how this impacted on their work. Environmental health and safety checks were completed initially and then annually of the carer's home to ensure they were safe for people using the service.

The risk assessment procedures encouraged positive risk taking by people. Copies of risk assessments were supplied to the carer as well as the control measures in place included in personal support plans. The promotion of positive risk taking was seen as one of the many strengths of this scheme. A member of staff told of the perseverance of a carer in supporting a person who presented challenges in the first six weeks of the placement. The carer understood the person's behaviour was linked to autism, and they responded sensitively to get their cooperation. They worked through the issues with the person with additional support from mental health specialists. As a result there was a good outcome achieved by the person who felt valued and settle in the household. A carer told us of situations that arose but they respected the person's decision to stay out late but continued to encourage them to use taxis to get home to minimise the risk to their safety.

Care records showed that risk assessments balanced the promotion of the person's independence through effective risk management. People confirmed they were supported to access a range of services to meet their diverse needs – both those provided by the local authority and those available through other providers. A carer told us of the progress made by a person living in their home. Initially they lacked the confidence to go out but they had travel training and were now able to access the community independently. Another carer told of a situation where the person placed themselves at risk in the community due to alcohol misuse. The person was supported to attend counselling to help them manage this issue.

There was evidence of services being well coordinated to ensure people were safe. Needs and risk assessments took into account the views of staff from other services as appropriate. Important information was shared by other professionals; the input of care coordinators and the psychiatry department was shared with carers who were invited to the reviews. This ensured carers and coordinators had access to information they needed to appropriately manage potential risks, identify early on relapse indicators and keep people safe. In addition to an allocated dedicated Shared Lives coordinator, carers were supported by the scheme's daily duty officer which provided the

Good

Is the service safe?

support of a Shared Lives coordinator and Shared Lives Assistant, on a rota basis. Duty responded to day to day issues, organising carer training and responding to emergencies in the absence of the dedicated Shared Lives coordinator.

Risk assessments included guidance for carers regarding supporting people in taking their medication, and looking after their financial affairs. In one family home the carer told us that a social service department acted as appointee for the person who was unable to manage their finances safely. The registered manager also informed us of a number of people who had appointeeships in place to help them manage their money.

The service ensured carers were trained and appropriate measures were in place to help people manage their medicine safely. We saw that safe medicine storage procedures were in place in the person's home. Carers established links with the GP as necessary, and the carer supported the person with ordering and managing medicines appropriately. A number of people we met were managing to take their medicines with prompting by the carer, in accordance with their individual support agreement. Some people used notebooks or calendars as prompts to help them. One person we spoke with said, "I now take my own medicine, but the carer reminds every day and checks I have taken it." Placement carers used a book to record the person took their medicines. People able to do so kept their own medicines safely locked in their rooms. Where more support was needed with medicine administration carers received the training for this. We found that two of the people we met had their prescribed medicines administered by the carer; this was acknowledged in medicine administration records, records were checked by the coordinator during their monitoring visits.

The CSL scheme had suitable numbers of skilled and experienced staff to coordinate and manage the service. It employed a registered manager, eight coordinators, and a finance officer. All other support was provided by Shared Lives carers who were self-employed but contracted with the Shared Lives scheme. The registered manager told us there were 50 placement carers providing the service with up to 20 approved additional carers available to assist the main placement carer, 69 people were using the service. There was an on-going recruitment programme for Shared Lives Carers. Some of the approved carers provided respite and short breaks for people. The manager told us there were plans to develop this scheme further, for example early hospital discharges were proposed where suitable for the project. This alternative may help prevent an elderly person from experiencing an unnecessary long stay in hospital.

Recruitment records showed that the service carried out robust checks to ensure that staff were suitable to work in care. We saw that Disclosure Baring Service (DBS) checks and two written references, proof of identity were obtained before they started employment. Recruitment records for eight of the self-employed placement carers showed the same robust checks were undertaken. We saw that the service renewed DBS checks every three years. Prospective carers were invited to attend the Shared Lives panel meeting for interview. The panel included the registered manager, operations managers and social work team managers and a person who uses the service. The registered manager said, "We speak with the fostering and the leaving care team and invite them to panel meeting when appropriate." This was important as it ensured carers with suitable skills, knowledge and values were selected.

Good

Is the service effective?

Our findings

People spoke positively of the benefits and experience of receiving care and support in a loving family home. One person made the following comment, “Living with a carer gives us so many more choices, we have activities and social gatherings for people to get involved with, and it gives us the chance to get back into the community.” The relative of a person using the service said, “This is a vital scheme for people like my mother, without it she would have been heading in a downward spiral of depression and needing residential care. I cannot say enough how the scheme and the carer has helped my mother.Without it my mother and our family would not be able to cope.” A person who had previously experienced a long stay in a psychiatric hospital described the strengths of this service. They said, “I have lived here here nine years with this carer, having the confidence to look at and speak with you was not something I had been brave enough to do before coming here, but feeling included in this family has changed my life so much.”

Induction procedures for new carers were robust and appropriate for the role. The majority of coordinators had been in post for a number of years. During discussions we observed carers were highly motivated. Carers completed training in mandatory subjects such as infection control, first aid, food safety, moving and handling, safeguarding, health and safety, fire prevention, medicines administration and were encouraged to undertake further care qualifications. In addition staff received specialist training appropriate to the needs of the people using the service on topics such as autism, diabetes and dysphagia (swallowing difficulty). Supervisory staff (coordinators) had a range of skills and experiences valuable for their roles coordinating the service and providing support to carers and people using the service.

Carers told us there was an excellent supportive network and they would not hesitate to call on the manager or coordinators if they needed support outside of office hours. Placement carers were effectively supported by their line managers/coordinators, this was monitored and managers could check electronically that this was completed.

People were placed with carers with the specific skills to care for them. Placement carers were initially screened by CSL staff and then went before a selection panel who not only looked at their experience and knowledge, but also wanted to ensure that the person, and their household, had the essential values, personal qualities and skills. The registered manager told us of some of the qualities required to be a carer, they said “[Carers] needed to show commitment and compassion, and a willingness to open their home up and welcome the person into their community." The applicant had to demonstrate a commitment to self-development and to the recognition and development of potential in others. A carer told us of the importance of the qualities of patience and understanding for the role. They said one person they cared for had experienced instability and presented as challenging initially but they understood how unsettling it was for a person with autism to get to settle and get to know a new family.

The registered manager felt confident in the matching process and people who used the service chose where to live and what carer most suited their needs. We saw documentation referring to difficulties that had arisen between a carer and the person placed with them and how this was resolved satisfactorily. The registered manager told us of appropriate procedures in place to manage appropriately situations such as placement breakdowns.

Staff were trained and showed a good understanding of the diverse needs of clients. The communication needs of people were catered for, and staff were trained to support people with learning disabilities to understand the occupancy agreement and other documents, and to know their rights and responsibilities. Equality and diversity policies and procedures were covered in staff induction and training programmes, and integrated into staff management practices. Staff were able to describe the policies and procedures, the principles behind them and the implications for their work. Staff and placement carers in discussions demonstrated sensitivity to the diverse needs of people receiving the service, in caring and catering for the needs of people from a variety of backgrounds.

There was also a newsletter for carers to keep them updated about any changes to the service and training and development opportunities. The registered manager was well informed on current developments and the specific training needed by Shared Lives carers. They showed us

Good

Is the service effective?

information from Skills for Care induction and confirmed they were enrolling new staff on the Care Certificate tailored specifically for Shared Lives carers. This was developed to keep up to date with best practice guidance.

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. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005 and how this applied to people using the service. The staff team included members who previously held roles as best interest's assessors and of undertaking mental capacity assessments and were confident in their roles. One coordinator spoke of the efforts made to ensure that people with limited capacity to make decisions were given all the help they needed such as explaining things simply and giving information in a format that helped people understand. We saw that where appropriate individual's friends and family were involved in meetings.

The records we saw showed capacity assessments were comprehensive and set out the person's abilities, difficulties and communication methods. There was evidence of best interests meetings held for those who were unable to make particular decisions. People needing assistance with managing their money were supported by carers. One person told of receiving a rebate from the council and her carer had helped them with opening a bank account.

Appropriate policies, such as confidentiality and consent, were in place and up to date. In the care records there was evidence of people's likes and dislikes, preferences. Staff kept the placement under review which considered the placement and matching process.

People received the support they required with their healthcare needs, and carers liaised with healthcare professionals. A manager of a community mental health team reported, "We have seen many examples of exemplary support from individual carers.My colleagues report marked improvement generally in the abilities of clients, their independence and confidence developing well over a period of time with carers." Another health professional said, "The outcomes for people range from becoming independent with self-care, self-medicating following support from the carer also a reduction in relapsing and hospital admissions." Other good outcomes people told us were of people gaining confidence to engage in or resume activitiesin the community which included voluntary work. A health professional reported the reduction in hospital admissions for people showed this service was meeting their needs effectively.

Carers demonstrated a clear understanding of actions they were required to take when concerned about people's health and wellbeing, they supported the person to visit the relevant health professionals. We saw examples of how carers balanced well the rights of the person to refuse to attend health appointment and used methods such as gentle persuasion to encourage attendance at health appointments. One of the carers told us they responded to situations in a person centred way. They said, "One person who was a heavy smoker came to live in my home. They lacked motivation and found it hard to engage in many activities. We got their trust and involved them in a smoking cessation clinic initially. They eventually with encouragement engaged in other activities and now have a structured programme five days a week." One person we visited had experienced back problems and was reluctant to see a specialist. They told us the carer's spouse (also a carer) escorted them to hospital. They had a positive outcome as a health issue was diagnosed and subsequently treated successfully. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet the person's needs in a consistent manner. Links with health services were excellent, with health and social care professionals reporting the service was proactive in taking preventative action to enable people to maintain good health.

People lived in the family carer's homes and enjoyed food which met their cultural and religious needs. People told us they were very happy with the food they received when it was prepared by the carer. Some of the people said they prepared their own food and used the kitchen independently. One person said, "She [the carer] makes me a curry sometimes because she knows I like them." A carer said that the person they cared for "doesn't like spicy food" and so they made something special for her. Another person said, "It's a bit spicy the food but on the whole it's

Good

Is the service effective?

OK." People lived as family members and helped choose what they ate and who visited. One carer we visited was busy preparing lunch for a group of local church members who were friends with the person they cared for.

Outstanding ☆

Is the service caring?

Our findings

One person said, “It is more than just my home; the carer includes me in family things that are so important to me.” Two of the people described the service as “exceptional”. They said their placements “felt like and were home” and that they were “happy” living where they lived. People told us this service made a real difference to their lives. Those that choose to said they became active members of their community and lead busy and fulfilling lives. One person said, “I like where I live, the carer tells me about group things and I can take part in these with others of a similar age.” Everyone spoken with complimented and praised the service and staff who supported them.

We spoke with a member of the approval panel who described the process followed. They were not looking only at prospective carer’s experience and knowledge, but they also assessed their capacity for patience, tolerance and empathy; within their family and their community. Applicants were also expected to demonstrate an understanding of the disempowering impact of discrimination; and show a willingness and ability to reflect on and learn from their behaviour and experience. These qualities help make sure the service had carers with the right ethos.

The relationships fostered and developed between carers and people using the service were based on trust and reliability. We saw examples of how this helped people learn the skills they needed to live more independently, and also helped them put down roots in their community before moving into a place of their own. Carers spoke respectfully of individuals they supported, demonstrated they were proud of their achievements and valued their contributions in society. One family carer spoke of the person they supported, and proud of their achievement because they are “one of our own.”

People were supported to form friendships and personal relationships in their homes and in the community. A number of people received support with attending clubs where they met with people of similar ages and who shared similar interests. One person described the emotional support they got from the carer when their relationship broke down; this had helped them to deal better with a major crisis in their life. Two people told us their carers supported them to develop relationships; their boyfriends were welcomed at the family homes and enjoyed sharing family meals. At another person’s home the person told us how much they were looking forward to going abroad for Christmas. The main carer and the additional carer had made all the necessary plans including liaising with a doctor and the insurance company to ensure all their needs were well planned for and taken into account.

Carers had high expectations of what people could achieve and supported people to lead a fulfilled life. One person said, “My carer tells me that I can follow my dreams and make things possible as long as I persevere.” Carers recognised and encouraged the progress people made, and success was acknowledged and celebrated. Carers asked people in their home if they would like to share with us their achievements. One person told us they led a sheltered life in residential care prior to coming to live in the carer’s home. They said, “I am happy with my placement, I got confidence thanks to the carer for their efforts and patience and I now lead a busy life.” A couple who cared for a number of people told us of their pride. They said it was one of the best days when a person who had lived with them for many years returned happy from their first day of doing voluntary work. They said this was such a major achievement for the person.

People said they were encouraged and went out in the community most days. Individuals told us they were treasured, nurtured and were treated as members of the family and involved in all aspects of family life. One carer told us, "I couldn’t imagine them not being here; they are part of our family." Another person told us of personal touches that demonstrated the person centred culture of the service, which included getting a birthday card from the carers and the family members. Relatives too praised the ethos of carers and for the way they supported their relatives. A relative said, “The carers are there for all the family, going above and beyond of what is expected in supporting our family members through our own crisis.” In one family carer’s home we observed that two neighbours were present, they were familiar with and included the person using the service in their conversations.

Communication was good and many examples were seen of how this influenced outcomes. One person went to a day centre but communication was not effective, the carer introduced the use of a daily communication book which overcame this issue. We met with the independent chair for “Have your say” meetings for people who used the service.

Is the service caring?

He was experienced with communicating with people with learning disabilities. He told us how he ensured the communication was appropriate to the needs of the user group by using a simple flip chart and diagrams.

People's self-esteem and rights were promoted irrespective of their backgrounds and individuality because equality and diversity was integral to the scheme and played a major part in the assessment and placement process. The scheme recruited and encouraged applicants from various backgrounds including same sex couples. This helped ensure that people get the appropriate support from people who understood how to meet their specific needs. One person we spoke with said their carer was well informed on the type of community facilities their peers enjoyed.

Carers were informed on techniques that could be used to assist them with establishing a relationship with the person in developing suitable care arrangements. For example, we saw the assessment suggested the use of simple words and tone of voice to use. This showed efforts made by the service to include the person in the process of planning and arranging their care.

Examples were given by people that demonstrated the service was outstanding and went the extra mile for them in regards to helping them achieve their dreams and aspirations. Two of the people had been supported to go overseas. In the family homes we visited and in discussions with carers the caring and sharing ethos was tangible. There was a strong, visible person centred culture and positive, caring relationships had been developed with people. We witnessed numerous examples of carers providing exceptional support with compassion and kindness. One carer shared with us the impact on a person as result of being victim of crime in the community. They explained why the person was anxious if people unfamiliar to them visited. We observed the carer explained our role and reassured them, we observed the person trusted the carer and accepted their explanation. The carer was careful to continue to reassure the person their arrangements for a holiday abroad were not going to be disrupted because of a small accident they had. In all of the carer's homes we visited there was a good rapport between carers and people they cared for, they spent time chatting and joking with people.

A person shared with us the effort made by their carer in helping them reconnect with their biological family and how this had such "a good impact on their life." They were anxious to re-establish contact with their biological relatives after the death of a parent. The carer went the extra mile and explored further until they made contact with the family siblings. The person said, "My carer has traced my relatives and we made contact, we are now reacquainted and the carer takes me to visit my family members regularly." A relative of another person said, "We have found that the carer is so kind to my ageing parent, they have a personable nature which is a brilliant asset and this has proved effective in caring for her." Another person told of examples of the carer promoting social inclusion, they said, "Where we live neighbours are friendly with us, so we all feel we belong in this community, they look out for us and welcome us to social gatherings at festive periods."

The message from people was that carers were "exceptional. One person said, "The carers are the sort of people you want to live with, they handpick them and so choose the right people, my carer understands me and is very kind." Another person commented, "The carer is like a mother should be, nurturing and looking after us so well, we respect her and the family members." People were happy with the flexibility and their family life. All the people spoken with told us they could come and go as they pleased and had their own key. They said they told their carers if they were going out. One person said, "I would tell my family carer of my plans because it is polite to do so." One health professional we contacted told us, "Some of the carers we hear about are outstanding, they volunteer their time to visit clients in hospital, and support well people through periods of instability or poor health through joint working with the community team."

We observed numerous examples of compassionate high quality care being delivered in people's homes we visited. Shared lives carers clearly enjoyed what they did and during our conversations we observed that they treated people who used the service as a valued family member. One Shared lives carers said, said, "I have a young family, but I have place in my home and in my life for another person who wishes to be part of my family, I enjoy what I get back from working as a shared lives carer." Another carer told us they were one of a family of three generations that had worked in this model of care, and grew up in family units learning about the importance of valuing

Outstanding ☆

Is the service caring?

people, this attracted them to being a carer. Two people spoke of their enjoyment from being involved in decorating the family Christmas tree. They said they felt valued; their carer had praised their work and said it looked “lovely”.

Good

Is the service responsive?

Our findings

People using the service had a needs assessment undertaken by a social worker to determine if this service was appropriate. This involved input from other health and social care professionals who knew the person well. The Shared Lives Agreement included the aim of placement and person's goals and wishes, and support plan. The service ensured diversity and equality was promoted, with the agreement stating the person placed with a carer lived as an equal member of the household. A person told us the initial assessment meetings worked well and found them easy to take part in because they were "service user friendly" and presented in a simple way they understood.

A social worker told us about providing the initial assessment for people and working closely with the learning disability service. Discussions took place about the suitability of the placement carer and their home, and if it was appropriate to respond to the needs of the person being assessed. Initial assessments carried out and referrals were discussed weekly at team meetings. Potential carers met with the person in a place that was comfortable for both. Trial visits were arranged, if appropriate. There was a six week introductory period which could be terminated by the carer, or the person using the service. A coordinator told us, "Everyone's view is important, not just the person, but also the carer and their family. We can demonstrate how we have worked through and managed issues in the first six weeks". Expectations on both sides were explored and discussed, for example, house agreements and rules. A carer told us, "We get a profile of the person and their care needs and support plan, and all the little but important details that matter to the person and they come for a meal and have an overnight stay." There were additional meetings in between to see if the carer could provide the support the person needed and to make sure they were compatible and could accommodate their interests.

A carer told us, "Every quarter the shared lives coordinator comes to visit to check out all is well and to give us any updates like training, check paperwork, so if we have any issues we can raise that at the time." There's also an annual review where all the person's needs are reviewed. We saw records of one person's support plan review which showed that the person, carers, and siblings and staff had attended. The review confirmed that the learning disability social worker familiar with the person had also been involved.

People told us the CSL arrangement delivered a unique service that they felt was the right choice for them. They told us it combined good housing together with the feeling of being valued and worthwhile in a family. The feedback from all the people using the service included the comments from "exceptional" to "excellent", "nothing can compare to this great service." One person said, "I like the sense of belonging within a family now, but before this I lived at a long stay hospital." The relative of another person said, "My relative has been able to come out of her shell and be herself which is rare for her. Things like personal hygiene has improved; I believe this is because she is in a family orientated environment." Two of the people we spoke with told us the service got it "right" and they were now able to do things they once struggled with. For example, one person said they were good at cooking, and they kindly offered us hot drinks which they prepared themselves. All the family members told of enjoying the person's cooking as the meals they prepared were "delicious".

We saw many examples of the responsiveness of the service. Staff referred back to care management/care coordinator/referring team for reassessment/partial assessment, when there were significant changes of circumstances in people's needs. A person we met told us of deteriorating mobility that limited their opportunities to go in the community. The carer reported this to the physical disability team who involved the occupational therapy department to identify suitable aids to support the person's mobility. We saw the person walking independently using their new walking aid. They told us of their pleasure and said, "I am grateful for the carer seeking help from the right department and helping me get this walking aid."

Care records detailed people's likes and dislikes and also highlighted what they wanted to do and achieve through the placement. For example, one person had highlighted that they needed support with getting a job in a shop; the carer helped them with getting a job in the local charity shop. Care records reflected areas such as people's religious beliefs and how they celebrated these. One

Good

Is the service responsive?

person's care plan noted that they belonged to a particular church and liked to attend Sunday service. Another person stated they were not religious but celebrated Christmas, they said, "The carer takes me to the Christmas service."

Croydon is a multicultural borough and Croydon Shared Lives scheme was committed to providing a service that reflected the diversity of the borough, and enabled this model of care embrace diversity and successfully support Croydon residents. Family carers were representative of all cultural and ethnic backgrounds, with some who were younger and same sex couples. One person told us they liked living with younger carers in their homes as they were more up to date in music styles. Another person told us, "My carer's spouse also a carer shares some of my cultural heritage; I love that we on occasions speak in my mother tongue." People confirmed that information at the service was made available to the carer that met their cultural, religious and/or lifestyle needs. One person told us the carer supported him to attend a weekly church service at his preferred place of worship which was some miles away.

There were clear links between assessments of the person's needs and associated support and management plans. We saw that support plans incorporated individual outcomes which had been negotiated with the person and, if appropriate, carers, relatives or other advocates. The support plans included objectives that were clearly understood by individuals, as milestones towards achieving their goals and outcomes.

Support plans showed that staff and people using the service had discussed any wishes or goals, for example employment, training, education, social and leisure activities. People told us that they had lots to do, for example, one said that they attended evening discos and met with friends they had known for many years. One person made the following comment, "Living with a carer gives so many more choices, with activities and social gatherings for people who get the chance to get back into the community and meet with people." A carer said, "The people we care for in my family lead busy lives, one person has employment five days a week, another person goes to a day centre three days a week, and the third person attends college. The carer said, "In their free days all three people do their own laundry and look after their rooms, they have things they do in their free days.

There was a complaints policy and procedures in place, and complaints were recorded, together with the outcomes. People told us that complaints were investigated and dealt with in a timely and sensitive fashion, and records we saw confirmed this. For example, one coordinator said they might "meet individuals at an agreed venue talk through situations outside the home if this worked best for the person." There was evidence of a great deal of effort by the Shared Lives worker to ensure people who used the service were able to express their opinions and wishes, they had information in suitable formats which they understood. We saw examples of complaints received, these recorded that investigations took place and mutually acceptable resolutions were reached. A carer told us, "We get lots of support and if there are difficulties we have a coordinator who we can contact, they come and visit and check how things are going regularly. We have the telephone number for people if they need it at any time too". There was also contact details supplied of advocacy services available for people.

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives spoke positively about the service provided and the leadership of the registered manager. They said CSL delivered a unique service of exceptional quality combining good quality housing as well as a feeling of being valued and feeling worthwhile in a family home. One person told us, "I like living with and belonging within a real family who really care about me." The relative of a person said, "My family member has come out of her shell and can be herself. I believe this is because she is part of such a caring family orientated environment." Another person told us the service got it "just right", the service was "nurturing but empowering" as well.

The ethos communicated throughout the service was to support people to lead ordinary lives within a caring and inclusive family environment. CSL had an experienced registered manager who was knowledgeable and passionate about the service provided and had a clear vision of what the service aimed to achieve. The service actively engaged and listened to the people, relatives or and external professionals to find out what worked well, and what could be done better. The service had experienced, well trained, long standing staff who worked well as a team and provided valuable and vital management support to carers and people using the service. Some carers focused on providing respite stays for people that enabled relatives/main carer to have a short break.

The service was well organised and the staff team were motivated in their roles. Staff and carers told us they received clear direction from the registered manager who promoted an open and inclusive environment. Staff valued the consistency in management which provided stability within the service. Staff and carers spoke positively about the leadership of the service and knew the lines of responsibility within the organisation.

There were many examples seen of positive outcomes for people as a result of establishing trust and developing confidence from living as a valued family member. A coordinator told us of a person who had lived with a placement carer for many years and as a result of the support received developed their skills at their own pace and was now self-managing. The person recently moved to independent living.

Equality and diversity was embraced and placed at the heart of the service to ensure that each person's equality and diversity needs were fully met. Carers were provided with equalities course tailored to the service provision. The management team monitored and made sure the diverse needs of people were being met and the policy on equality and diversity was followed.

We found one of the strengths of the service was that people were not excluded from the service unnecessarily. For example, those with difficult and challenging backgrounds were accepted in the scheme and staff worked vigorously with them and their carers to achieve successful outcomes. When there was a placement breakdown there was evidence of a great deal of effort by the CSL staff to ensure the person was able to express their opinions and not feel excluded from using the service. One person using the service told us their previous placement became unsuitable staff had listened, and responded positively. A carer told us of the exceptional support network in Croydon Shared Lives team that helped supported carers when placements were not successful. They said, "The service works creatively to improve fair exit and move on outcomes for individuals into the community."

The CSL Management worked closely in partnership with other agencies such as housing and homeless units to get the best outcome for people. There were positive results for people in accessing solutions to housing as a result of the cooperation, communication and joint working with partners.

The open and progressive culture of the service and effective teamwork meant that people received continually improving support. The Shared Lives staff fulfilled their responsibility to support people and their carers effectively. Staff understood how their actions supported the organisation to demonstrate their drive to continually deliver a high quality service. The registered manager and coordinators told us there was an expectation that carers attended group meetings with a group of their fellow peers every three to six months. These meetings were always chaired by the carers' designated coordinator. Most carers felt these meetings and forums to network with their fellow peers were useful as they learned from their shared experiences as carers.

Effective systems were in place to monitor and improve the quality of the service provided. People who used the

Outstanding ☆

Is the service well-led?

service were placed at the centre of planning, delivery and service evaluation at CSL and the service made sure it looked at quality from their perspective. Their views on recruiting suitable carers were valued; and reflected the inclusiveness of the service with people fully involved in approval panels and in interviewing potential carers.

The scheme had an independently facilitated 'Have your say' group, offering space for people to feedback about the scheme, their placement, and join in themed activity sessions about subjects they had requested. The facilitators reported any concerns, positive feedback, ideas for improvement to the registered manager. People were surveyed (privately) for feedback about their placement and the scheme as part of the carer review and where appropriate, family, and other professionals .Care management were also surveyed. Carers completed a survey about the scheme and about the support they received. Completed surveys were looked at to find out if they were happy in their role and for suggestions on ways to improve.

The scheme was reviewed under a Quality Assessment framework (QAF) with an emphasis on maximising service users' independence. This quality assessment had evidence of meeting key performance indicators, regular checks to ensure carers maintained accurate records of the care delivered and of any changes that arose. An audit of care delivery and records was undertaken to help ensure that people and their carer's were being supported effectively. During our inspection we found that documentation was completed thoroughly and kept up to date.

The management team used an electronic management programme so that issues could be monitored and analysed for trends and patterns. The registered manager used findings from analysis as learning points which were addressed with staff at team meetings.

The registered manager demonstrated a commitment to continuous service improvement via their involvement with other Shared Lives services. They had worked together with other organisations to look at differences and similarities in working practices, and to learn from each other in order to provide a more consistent and better service. The registered manager had set up pilots to explore and develop services. She continued to develop her expertise and extend the scope of the service model further. For example, a plan was in development for a model of care that could support the discharge of an older person from a hospital.

Action was taken to address areas where they identified practice could be enhanced, and as a result, changes had been made to help ensure the service moved forward. We saw examples of the service accepting people with more complex support needs. The registered manager introduced the Care Certificate for staff and placement carers in this scheme. This care qualification was specifically designed for carers in shared lives service.

The service was a member of a number of community networks, demonstrating a commitment to providing a high quality service. It was a member of Shared Lives Plus scheme which helps develop methods of working, and researching new areas of potential growth. This was also a network for carer family based services, with Shared Lives carers enrolled as members. One carer told us this project was very helpful as it enabled carers and people who used the service plan holidays and exchange with other shared lives carers nationally. The scheme also produced seasonal newsletters to keep staff aware of changes and to inform them of the latest developments in the service.