East Sussex County Council

East Sussex Shared Lives Scheme

Inspection report

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Ratings

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

Summary of findings

Overall summary

In shared lives, a shared lives carer (SLC) shares their home and family life with an adult who needs care or support to help them live well. Support can include long term or short term accommodation and respite care.

East Sussex Shared Lives Scheme recruits, checks and approves paid SLCs to provide care and support to people with learning disabilities and mental health problems in the carers own home. The provider is responsible for ensuring SLCs are provided with the appropriate knowledge, skills and support to undertake this role. The provider employs Shared Lives Officers (SLOs) to carry out this role. The service operates throughout East Sussex and at the time of inspection provided care and or support to 138 clients from 79 households.

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

This comprehensive announced inspection was carried out on 20 and 24 January 2017.

People were supported by SLCs and SLOs who knew them exceptionally well. They were continually encouraged and empowered to develop confidence and skills both in meeting their personal care needs and in developing the skills to gain independence. SLCs and SLOs worked closely with health professionals to maximise people's health and well-being.

People were always treated as individuals and their care was personalised and tailored to their specific needs and wishes. They told us they were treated extremely well and their privacy was consistently respected. People told us that they were involved in all decisions that affected them. They said that the SLOs regularly asked them if they were happy with the care and support they received.

We received numerous examples of how the ethos of the service had a particularly positive impact on people's lives. Through family life, people had been given real self-esteem and were supported to increase independence. For some this was in relation to achievements such as learning to shower independently and for others this included travelling for the first time or having the courage and confidence to see if they could live independently.

People were fully involved in decisions about their care and support. SLOs and SLCs understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. SLOs had gone to great lengths, through the use of role play, to enable informed decision making. Where people were assessed as unable to make decisions for themselves, they had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to

arrange meetings to make a decision within their best interests. Where appropriate applications had been made for Deprivation of Liberty Safeguards (DoLS) and the reasons were clearly recorded.

Everyone told us they felt safe in their individual homes and they were aware of some of the measures taken by the SLCs to ensure their safety. There were systems in place that ensured medicines were well managed and people received their medicines when they needed them. There were robust procedures to ensure that risks to people's safety were identified, assessed and managed. When incidents occurred they were reviewed promptly to ensure the risk of a reoccurrence was minimised.

There was a thorough recruitment procedure to ensure safety in the recruitment of SLOs. All SLOs had a clear understanding of what constituted abuse and told us what actions they would take if they believed someone was at risk. New SLCs underwent rigorous assessment and checks before being 'matched' with people who needed support. Care and support was then reviewed at regular intervals to ensure people were happy with the care and support they received. Periodic checks were also undertaken on the SLCs to ensure they remained able to meet people's needs. When the need arose, support for the SLCs was increased and decreased in line with their needs.

SLOs spoke very positively of the training they received to fulfil their role. SLCs had access to all the same training and we saw evidence that when people needed support to meet complex needs, the joint training gave a shared understanding of the problems encountered and this made it easier to find solutions that met people's needs.

We received extremely positive comments about the registered manager from people, the SLOs and SLCs. They told us they were approachable, knowledgeable and cared about their role and the people who received a service. There was a strong emphasis on developing the service and a system of continual improvement to provide the best service possible. The service shared best practice with other shared lives schemes and met regularly to collectively share ideas and issues.

Feedback from professionals who supported people was unanimously positive. This included: 'Working with Shared Lives is always a pleasure, they are very organised and know their clients / carers well.' Another professional wrote, 'Reviews have always been well structured and timely and where I have had the opportunity to attend they are always carried out very professionally and made accessible to the client.' A third professional wrote, 'I have always found the scheme manager and team members to be very committed and conscientious in their respective roles. I also find senior workers within the scheme to be open to suggestions regarding improvement and change where necessary.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

East Sussex Shared Lives Scheme was safe.

People told us they felt safe.

There were thorough procedures in place to ensure that SLOs and SLCs were thoroughly vetted to ensure that they could provide safe and effective care to people.

There was a robust system for dealing with risks and documentation was person centred to ensure people's individual needs were assessed and risks mitigated.

Is the service effective?

East Sussex Shared Lives Scheme was very effective

Staff were trained in the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were extremely knowledgeable about the requirements of the legislation. The service was proactive in supporting people to make decisions about their lives and the support they received.

SLOs and SLCs had exceptional skills, knowledge and empathy to provide effective support to meet people's needs.

When people's health needs changed they scheme ensured that appropriate professionals were involved to provide advice and support. Professionals confirmed the positive joint working to achieve the best outcomes for people.

Is the service caring?

East Sussex Shared Lives Scheme was exceptionally caring.

People told us they always made their own decisions and the SLCs would help them if they had difficulty making a decision. They told us their dignity was respected without question.

Staff consistently supported people to learn new skills to become as independent as possible.

People told us they were very happy and that their SLCs looked after them very well.

Is the service responsive?

East Sussex Shared Lives Scheme was responsive.

People's support plans were wholly person centred. They had up to date information about people, their healthcare, support needs, like and dislikes. People told us they were involved in reviewing their support plans if they wanted to be.

People were encouraged to increase their skills to become independent and where this presented with risks the risks were mitigated. The support provided increased confidence and empowered people to achieve their goals.

Complaint procedures were in place and were available in a variety of formats to enable people with varying needs to share their views. People knew how to raise concerns.

Is the service well-led?

East Sussex Shared Lives Scheme was exceptionally well led.

The vision and values of the service were consistently demonstrated by the registered manager and SLOs in their interactions with people, the SLCs and with each other. Staff felt supported by the registered manager and their colleagues and SLCs felt very much supported in their role.

The inclusive approach empowered staff to develop their skills and as a team they shared a strong commitment to ensuring a well-run service. The registered manager worked at both local and national level to support and drive improvements in shared lives and the scheme benefitted from the joint working.

There was a robust system of quality assurance. Audits were analysed to identify where improvements could be made. Action was taken to implement improvements.

Care Quality Commission

East Sussex 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.

East Sussex Shared Lives Scheme is registered to provide personal care. Before our inspection we reviewed the information we held about the service, including previous inspection reports. We considered information that had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and this helps to inform some of the areas we look at during the inspection. This was provided before our inspection.

This inspection took place on 20 and 24 January 2017 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. An inspector carried out the inspection at the office and an expert by experience gathered feedback from the SLCs by speaking with them over the telephone. Experts by experience are people who have direct experience of using health and social care services. A second inspector joined the inspection for a few hours on the second day of inspection.

At the office we met with the registered manager and deputy manager and with three shared lives workers.

We also met with a member of the independent panel who approves the SLCs. The expert by experience spoke by telephone with eight SLCs. We also spoke with four SLCs and five people and received feedback from three professionals.

During the inspection we reviewed the records of the service. This included staff recruitment, training and supervision records, compliments records, accidents and incidents, quality audits and policies and procedures. We also looked documentation related to ten people which included support plans, risk assessments, reviews and other relevant documentation.

Good

Is the service safe?

Our findings

People told us they felt safe. A number of people told us they felt safe because doors were locked at night. One person said, "We have risk assessments to safeguard us and (SLC) is careful with visitors, they vet them first so they are not a danger to anyone." Another person told us, "I don't answer the door if I don't know who it is." People told us they read their risk assessment documentation and if they agreed with them they signed them. One person told us, "They write them and I edit and approve them."

Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in a SLC's home. We were told the expectation would be that all medicines were stored in a lockable environment. SLCs told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. Shared Lives Officers (SLOs) carried out regular checks of the administration of medicines as part of the review process. Records showed what people had been prescribed and what this was for. Where possible people were supported to manage their own medicines through a risk management process. Some people told us they managed their own medicines, some needed prompts and others were supported by their SLCs. One person told us, "I know what I'm taking, I have a safe thing for storing my meds and I hold the key. He checks sometimes that it's all ok." People said they held the key to their storage facilities and they knew what medicines they had and what they had been prescribed for.

SLOs' recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work for the scheme. Files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System (police) check had been carried out to ensure staff were safe to work in the care sector.

There were thorough recruitment and assessment processes for new SLCs that could take up to six months to complete. The vetting process involved several meetings with the prospective SLC, checking of references, medical checks and environmental assessments of their house. A SLC told us that they understood why the approval system was so intense. They said, "It needs to be, they need to find out what you are really like. If I had a family member who needed support I would want to know they had carried out thorough checks on the carers."

The scheme listened to what people had to say about prospective SLCs. A report from one person provided very detailed information about the questions they asked, the responses received and their overall opinion of the prospective SLCs suitability for the role.

When the SLO was satisfied with all the checks in place this was then passed to the registered manager for approval at this stage. All documentation was then handed over to an independent panel to consider. Feedback from panel members included, "Reports for panel are always thorough, received in good time and of a very high standard. Moreover, administration for panels and paperwork is second to none." We were told that one application was put on hold as there were unanswered questions. As a result of this, the scheme reviewed their procedures and from then on prospective SLCs were invited to attend all panel

meetings and this had helped to speed up the process.

There were systems to ensure that SLCs had support systems. Most of the SLCs had either family members or close friends who had been approved to provide support. A SLC told us, "It's a big commitment and we need breaks every so often to recharge our batteries and to make sure we can continue to do a good job." For these support carers, although the approval process was less intensive, thorough checks were still carried out and a mini panel was held to agree the match.
In addition to annual reviews, every three years each SLC had a review of the original panel decision so new references would be checked, DBS checks would be reviewed and the SLOs completed an assessment which was then taken to a mini panel for approval. The mini panel included the registered manager and/or deputy and the chair of the independent panel. These additional checks ensured that the scheme remained satisfied that people were cared for by SLCs who were safe and appropriately qualified to care for them.

A health and safety check was carried out on the SLC's house at the point of approval and annually thereafter. We were told that a fire plan was drawn up and an evacuation process agreed. If there were any concerns a fire officer would be asked to visit. Records confirmed that when reviews were carried out a check was made of any changes that had been made to the house since the last review and if the changes made had any impact for the people living there. These checks ensured people were living in a safe and maintained environment.

Procedures were in place for SLOs to respond to emergencies. SLCs had guidance to follow in their handbooks and were aware of the procedures to follow. They told us they would report any concerns to the office straight away. SLCs had access to the scheme or the emergency out of hours team 24hrs a day. The scheme responded to people's needs as they changed and ensured that people received safe care. One person's needs changed and they needed regular support at night. The SLO supported the SLC to seek additional funding for carer support in an attempt to enable the person to stay in their own home for as long as possible. 21 hours support was provided which meant that the person received the care they needed and the SLC had regular breaks to ensure they had enough sleep to provide the care needed through the day.

People were protected against the risks of harm and abuse because SLOs and SLCs had an understanding of different types of abuse and knew what action they should take if they believed people were at risk. As part of the assessment process, where potential risks were highlighted, risk assessments were carried out to minimise the risk of accidents and incidents and to protect people from harm. Risk assessment documentation in support plans had been updated at regular intervals, when new activities were introduced, and always following an incident. SLCs told us that when an incident occurred they had 24 hours to report incidents to the SLO who then raised it with the registered manager. If appropriate this was then referred to the local safeguarding team.

There was a system for logging all accidents and incidents and records showed that incident reports were signed by the SLC, the SLO and the Senior Practitioner. Where there were new risks, risk assessments had been carried out. Although the registered manager and deputy manager monitored all accidents and incidents in terms of patterns and trends there was no formal system in place to do this and to document findings. However, by the second day of our inspection a new tool had been devised for this purpose and it was confirmed that this would be implemented straight away. Records showed that all risk assessment documentation was monitored and reviewed annually and as people's needs changed. All support plans were reviewed annually and support plans were also randomly reviewed by the registered manager or deputy manager.

SLCs recognised the importance of risk assessment documentation. One SLC told us, "I know the people I

support well and I know how to keep them safe but when new risks are presented it is good to have another opinion and to work together to reduce the risks and keep people safe." A SLC told us that they supported someone whose mental health needs had changed so rapidly that their placement had been placed in jeopardy. They said this presented them with dilemmas of treating the person as an adult but at the same time trying to instil some boundaries to protect family life. They said that they SLO had been very supportive and professional advice had been sought to assist the person. Whilst waiting on this support they had created their own boundaries of, "What was ok and what was not." They said that risk assessments often changed daily and the SLO was very supportive in this. They told us the person had, "Blossomed. People say they are a different person now. They go to lots of activities. There is still a lot for them to learn but it has been very rewarding."

The service monitored the use of restrictive interventions. One person had a positive behaviour support plan that provided a detailed description of the types of behaviour they sometimes displayed. Potential triggers were recorded along with strategies to minimise behaviours occurring and advice on how to manage a situation before, during and after an incident. The plan had been written by the SLC and SLO and included very detailed advice and support. Where restrictive interventions had been used these were reported to the scheme and the registered manager reviewed the documentation to ensure safe procedures had been followed and the restrictions had been necessary to keep people safe from harm.

We were given numerous examples of where people had been enabled to take informed risks in order to lead a more independent life. For example, one person had experienced a number of falls and consideration had been given to the possibility of them moving to residential accommodation. However, the person, who had capacity to make this decision, chose to accept the risks and to stay in their home. Extensive work was carried out find appropriate equipment to support them. The person's family and SLC accepted their decision and with detailed risk assessment documentation, incident reviewing and service reviews this had been made possible.

Outstanding ☆

Is the service effective?

Our findings

People were supported by SLCs and SLOs who were committed and dedicated to their role. People told us that their SLCs knew them and knew how to meet their needs. One said, "We have a varied menu, we choose what we want. I adore fish and she cooks it and we tart it up." A SLO told us, "The job is excellent, I love it. Since starting here I've not looked back. We are helping people and it's amazing what the SLCs do, it's a huge commitment for them and it gives the absolute best outcomes for clients."

People told us that where appropriate, the SLCs supported them with their healthcare needs. One said, "She takes me to appointments and I ring her when I am finished but when I need help she comes with me as she knows the right questions to ask the doctor." A health professional told us, "Referrals we have received have always been clear and well written with good rationale as to what the referral need is for." We received numerous examples of how people's complex health needs were met through the care and support of dedicated SLCs. These included supporting people with operations, rehabilitation, securing equipment to enable independence and decisions regarding health issues.

A review for one person whose needs had changed significantly showed a holistic approach had been taken that ensured continued care and support. A referral had been made to a speech and language therapist as the person had difficulty swallowing. An occupational therapist (OT) had been involved in securing equipment to meet the person's changed needs. This included a specialist bed, a new hoist and adaptations to the shower. The person's medicines had been reviewed and a request had been made for a dental home visit. As the person's needs changed, the frequency of meetings and support provided to the SLC also increased. When the SLC advised that the person's needs had changed to such an extent that this was having an impact on another person they supported, a best interests meeting that included the person's GP was promptly arranged to consider options for alternative care. A comment from the SLO on one of their regular visits was that the SLC, 'Goes over and above the call of duty. I have witnessed the compassion she shows (person) and feel they have a very special relationship that is rarely seen in the role of formal care work.'

A SLO told us that the availability of joint training for SLOs and SLCs was a positive way of working together and strengthening their relationship. It helped them to identify with what a SLC had to cope with on a daily basis, to look at things from the same angle and to identify solutions. When one person was assessed as having dementia, the SLC and the SLO attended training on dementia and learning disabilities. This person's needs changed very quickly and the training helped them to adapt the approach used to provide appropriate support. SLOs told us that when people's needs changed, training was always available to help in their support role. One SLO told us that some people they supported had difficulties with their mental health so they had completed a course on supporting people with mental health problems. They found this course had been particularly beneficial in helping them to plan meetings with people and to think about how they phrased questions to ensure the person felt safe and able to respond to them. The ability to work together through training and problem solving enabled SLOs and SLCs provide the best possible outcomes for people.

As a staff team SLOs had completed training on developing resilience. One SLO told us that as they had enjoyed this so much they had recently signed up to do a mindfulness and resilience course and been encouraged to join a global corporate challenge about resilience and managing health and wellbeing. They said that as a result of this training, "I'm less stressed and a calmer person and this has a knock on affect when I support SLCs and this in turn has an impact for people. For example, one person had not taken their prescribed medicines and had a history of self-harming. This had an impact on their mental health and they had lost their college placement. The SLC said that it was very difficult to provide support when, "Technicalities and systems often go against a person gaining employment. Their hopes are built up only to be dashed." They told us, "On my own I couldn't do this, the SLOs are very supportive." The SLO told us that additional time had been set aside to meet with the person to build their relationship with them and to encourage trust. Having done this they were then in a position to work with the person and the SLC to collectively plan strategies that would work for them. They told us a calm and measured approach had been the key to supporting the person to get back on track. Since moving to shared lives and with regular and consistent support this person had, "Turned their life around, their health has improved and they are now looking for supported employment." The SLO said, "It's so rewarding to have the satisfaction of seeing the positive difference that can be made to people's lives." The impact of the resilience training for the SLO was that they were able to take the emotion out of situations and able to use a more focused person centred approach. The training enabled them to review, reflect and develop solutions and to have the confidence to continually find new ideas when previous ideas had not worked.

There was a thorough matching process that ensured people were matched with SLCs who had shared interests and the right skills and experience to meet people's needs. We noted that one person who used Makaton and symbols to support their communication was supported by a SLC who had particular skills in this area. (Makaton is a language programme which uses signs and symbols to help people to communicate.) People told us they chose where they wanted to live and with whom. One person told us they were given profiles for three SLCs. When they visited one of the SLCs for the first time they felt, "A real connection with (carer)." They said the house was not in an area they had considered living before. They had also visited two other SLCs in the area they had hoped to live but they preferred the atmosphere and got on so well with the first SLC that they chose to move there and told us they had, "No regrets."

A SLC told us, "When you support someone twenty-four hours a day you get to know them really well." Although they had worked previously with people with dementia, when the person they supported was diagnosed with dementia further training was also given and the SLC told us that this built on and enhanced their knowledge so they could provide person centred care. When they had moving and handling training they saw equipment that they thought would be very beneficial for the person. They discussed this with the OT and explained why they thought the equipment would work for the person and this was supplied.

All SLOs demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). There were clear policies in place. 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 and confirmed that SLOs and SLCs worked within the principles of the MCA. SLOs and SLCs had completed training and had a detailed understanding of consent and the procedures to follow if people lacked the capacity to make decisions about their care and welfare. A SLC told us that when one person's needs changed and they needed regular checking at night an audio/visual monitor was used for them to check if they were ok or if they needed to provide support. As the person did not have capacity to

consent to this a best interests meeting had been held.

In shared lives any applications for DoLS are initially sent to the person's social worker for processing, and if assessed as appropriate, sent to the Court of Protection for approval. The service had assessed where there might be restrictions and had followed their process. Support plans documented the reasons why restrictions were needed and risk assessment and capacity assessments had been completed. Records demonstrated the extensive lengths SLOs and SLC had taken to ensure people were involved in the decision making process when it was assessed that restrictions might on occasions be necessary. For example, in relation to one person, role modelling was used to explain the use of a 'one person escort' which would be used if appropriate, to remove them away from a situation that could cause them or others harm.

SLCs completed a thorough induction just before approval to ensure they had the knowledge and skills to provide care and support to people about to be placed with them. Induction training had recently been completely reviewed to incorporate the requirements of the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. As part of this process SLOs met with SLCs to discuss shared lives and what it entailed. This was an extremely thorough session that covered a wide range of material from understanding the organisations' values and vision to how to set boundaries when someone moves into your home. Training sessions were provided on mental capacity, equality and diversity, infection control and medicines. The local authority provided training on safeguarding. The revised programme gave opportunities for SLOs to assess and report on SLCs interactions with people throughout the assessment phase through to their placement. As part of their induction, prospective SLCs were given opportunities to meet with existing SLCs for a question and answer session about the positive and negative aspects of being a SLC. SLCs told us that this section had been invaluable. One SLC told us, "They are all about helping you," and "They are absolutely brilliant." The comprehensive induction system ensured that as far as was reasonably possible SLCs were prepared for their new role. They were aware of the support systems in place and knew who to call upon if they had any concerns.

A new feedback tool had recently been devised to check how relevant the training had been and if it met the SLCs' needs. The tool was just about to be implemented. Staff told us that verbal feedback had been very positive and this was echoed by the SLCs. One SLC said, "There is any amount of training available. We are always receiving emails and offered courses." Another said, "Courses are set at different levels to suit different SLCs and their particular circumstances. I try to identify courses that will challenge me and will be useful to meeting the needs of people I support."

SLOs described a very detailed and thorough induction that ensured they had support and knowledge to carry out their role. They told us there was a gradual introduction to SLCs and people. They had opportunities to go through the policies and procedures and had carried out required training similar to the courses described above. They shadowed more experienced SLOs until they felt competent in the role. They told us, "I had monthly supervision and probationary review meetings at 16, 32 and 42 weeks before being made permanent in my position. I had the opportunity to feedback and to request additional support if I needed it. I felt very supported. My manager listened to me and regularly checked to see how I was feeling about my role. The team are brilliant, although we work on our own I know I can call anyone at any time."

Staff received the support they needed to fulfil their role. SLOs told us they had supervision monthly and that they also attended a reflective practice meeting every four weeks. The reflective practice meetings were opportunities to meet as a team without management to share their experiences. These meetings were not documented as it was about staff having time to say what they wanted and to offload if they felt stressed. A

staff member told us that often issues that came out of these meetings would then be discussed at the team meetings or in individual supervision. All staff said that they loved their job and felt very supported. One SLO said, "I feel very supported, I have regular supervision and in between I can email and phone my manager or any one of the staff team if I need support. Everyone goes out of their way to help you." Another said, "We are encouraged to say if we are not managing so that they can support us to manage our workload better and provide support if needed. There's not one who isn't supportive."

Outstanding ☆

Is the service caring?

Our findings

Shared Lives offered people the opportunity to become part of a family and to live in a safe and caring environment. People came from a variety of backgrounds and for some, their previous experiences of the care system had not been so good. Through family life, people had been given self-esteem and support to increased independence. People were able to tell us how shared lives had made such a positive change to their lives.

Everyone we spoke with said that their SLCs were extremely supportive. "One person told us their SLCs were, "Complete stars and I'm not exaggerating, they look after me very well indeed." We were given extensive examples of how people had been supported through difficult times. One example included a person who had required major surgery and spent three weeks in hospital. The SLC provided 24 hour support throughout this time and without this support, the operation would not have gone ahead. The operation was successful and the person was back to leading a full and active life.

Another example was in relation to a person with complex needs who fulfilled their dream to take part in a church led project abroad. This involved collaboration of support from the SLC, the SLO and the social work team to ensure capacity assessments were undertaken and risk assessments had been carried out. As the person had not flown on a long flight before, a shorter flight was taken as a practice run. The SLCs and the service had gone to great lengths to ensure that the person's aspirations were met. The whole trip had been successful and the records demonstrated that the person had wholeheartedly benefitted from the opportunity which would not have been possible without the input of Shared Lives.

There were extensive examples of how people were supported to gain independence and how support was given in line with their individual needs. We asked one person what they needed support with. They said, "(SLC) prompts me to have a shower." The SLC told us, "Before moving in (person) often neglected their personal care. We have a better routine now and we negotiate if they want to skip a shower or if they can fit it in." We asked how they had reached the new routine and were told, "A lot of time was spent building self-esteem, for example, I told her she was a beautiful lady and her hair was lovely and it is good to look and smell your best and take pride in yourself. She responded positively to this." She went on to say that as self-esteem improved this had a knock on effect in other areas and this person now had friends where before they had felt isolated. The impact to this person's life was significant.

The importance of recognising when a placement needs to end so that a person's needs can be met more appropriately elsewhere was handled in a way that gave dignity and respect to the person. One person's health needs changed and they were assessed as needing nursing care. Although the SLC no longer supported this person, as they had been part of their family, their friendship continued beyond the placement and this demonstrated the extent of the commitment the SLC made to the person. The SLC was involved in securing appropriate alternative accommodation for the person. When the person moved, they initially visited the person daily and then weekly. They made sure staff in the new placement were aware of the person's needs. They arranged for them to have pink curtains as this was the person's favourite colour. They told us that they continued to visit and to take the person's friends to visit regularly and they had

explained the bus route to one friend so they could visit independently.

Support was provided only where it had been assessed as necessary and people were encouraged to develop their skills. Within one person's support plan review it stated that although they had been assessed as independent with personal care the SLC had noted that toiletries had not been used, so with the person's permission, the level of support had increased again to encourage the person to take responsibility in this area. Their review showed that prompting was also given to ensure that clothes were changed as without this the person would neglect to do so and this could lead to a loss of their dignity. Although another person required a high level of support with personal care they were able to participate in many aspects such as choosing which t-shirts they wore and they were able to choose their hair style if they were shown a range of pictures.

People's views were always listened to. One SLC told us their shared lives family were moving to alternative accommodation. They said, "We sat down and talked about all our needs and decided what was important to all of us. For example we wanted to be near the town and a bus route and the day centre." One person confirmed this and said, "The new house is fantastic, it's all sorted. I've helped to pack everything and I can't wait to move."

People were treated with utmost respect. When we contacted one SLC and asked to speak with a person they supported, the SLC immediately explained to the person who we were and why we wanted to speak with them. The person appeared anxious but we heard the SLC give encouragement and told them they would stay close so that if they were asked anything they could not answer they would be there to help. Throughout the conversation the person occasionally clarified their response with the SLC who gave them the reassurance they needed to respond independently. This gentle reassurance was provided in a professional and dignified manner.

SLCs had support carers to assist them either in emergencies or with planned support. As part of the process for approving support carers the SLO would check with the people concerned that they were happy with the support carer before the go ahead was given. Often the support carer was someone who was known to them. For example in records for one, it was evident that the support carer and the SLC were friends. When the SLO asked the person if they would be happy for the support carer to provide support for an hour the person had replied, 'Yes I like (carer). She is my friend, when is she coming.' Once approved, the onus was then on the main SLC to provide an induction to the support carer and the completed induction pack had to be returned to the office before approval was given. We were told that confidential information would not be read by them until approval had been given. Support carers had access to the same training opportunities as the main carers and this meant they had a shared understanding of people's needs. This along with comprehensive support plan documentation meant they could offer a consistent approach that gave people security and trust.

Good

Is the service responsive?

Our findings

People told us they would speak with their SLC if they had any worries or concerns. One person told us, "We have a sheet by the phone with telephone numbers so we can call for help if we are worried." A visiting professional told us, "Overall, I would see this as a very professional service, committed in achieving valuable outcomes for carers and service users, whilst promoting independence and good practice. A health professional told us, "Reviews have always been well structured and timely and where I have had the opportunity to attend, they are always carried out very professionally and made accessible to the client."

People and SLCs had received information about the process for responding to and investigating complaints. There had been no formal complaints received. People told us they knew how to complain but everyone told us they had no concerns or worries. There were easy read versions of the complaint procedure, people had the opportunities to share concerns at their annual review and for those who attended day centres, the SLOs arranged six monthly meetings to hear people's views and experiences. The registered manager told us that minor issues were picked up at six monthly SLCs' meetings but generally the issues raised were not within the control of the service. For example, there had been issues related to invoicing that were beyond the control of the scheme. Records showed that when issues of this nature were raised, the SLC had been given advice about how to address the matter. This issue was also raised in the minutes of a provider meeting as a precaution so that all SLCs were aware of what to do if there had problems with invoicing.

There were over 40 compliments demonstrating the good work carried out by the SLCs and SLOs. One relative had written that the move for their relative had been, 'Transformational. They are involved in family life and everyone who sees (person) comments on their new confidence and happiness. (Carer) is very experienced and has given (person) opportunities to develop new skills.' A SLC had complimented the carers meeting they had attended. They said it had been very useful and they had found the training really good and enjoyed the experience of doing training alongside other new SLCs.

Referrals to the scheme came from a variety of sources. Generally the Adult Social Care team carried out comprehensive assessments of people's needs. People were given profiles of SLCs and were able to choose if they wanted to take this to the next step. When people were matched to a new SLC, visits were arranged in line with person's needs. If these were successful on both sides, a tea visit was arranged and visits progressed in length and frequency and to overnight stays. Before any agreement was signed the SLOs ensured that SLCs had the skills, knowledge and experience to meet the person's needs. Everyone told us that it was so important to get this stage right as this helped the success of the placement. If agreed, support plan and risk assessment documentation was drawn up and the person moved in to their new home. The SLO continued to support the SLC to ensure they could meet the person's needs. Support plans and risk assessment documentation provided very detailed information about people's abilities and the areas that they required support.

A SLO told us that when a match was made they initially visited the home weekly to ensure the person and the SLC were happy with the placement. If the placement was working well this was gradually moved to

monthly visits and the placement was then reviewed at six weeks, six months and annually. However, as and when people's needs changed the contact with the person and the SLC could be increased. Records confirmed that this was the case and showed that through difficult times the numbers of visits and telephone calls increased. All SLCs told us they felt supported and knew that they could contact their SLO or the scheme generally for advice. All said that a SLO would get back to them the same day.

People were encouraged to learn new skills and to become more independent. One person told us they really wanted to live independently. They said the SLC had helped them develop new skills and had shown them the things they would need to do if they were independent. They said their SLC had been "So supportive. There were lots of things I hadn't even thought of. She taught me house skills and talked to me if I made unwise decisions and helped me to think through situations." With the support of the SLC and SLO the person had rented alternative accommodation for two weeks as a trial to see how they would cope living independently. The person told us that as part of this process they had all looked at potential risks and had, "Covered all bases to make it successful." They said that it would be daunting and they loved living with the carer but felt they were ready and needed to try this so they could move on and be more independent.

We were given numerous examples of how the extensive and compassionate support provided had made a difference to people's lives. In one person's review it was noted that the person had been very anxious when they attended a particular health review and that this had had a negative effect on their well-being. As a result, the SLC had arranged for the health professional to visit them at their house and this had significantly relieved their anxiety. Before moving to their new house, the person had required significant support with their mental health. They now attended a regular therapy session to help them deal with their emotions. At this person's review a relative said, 'Shared lives has been the making of (person). You've given me my sister back.' This person had recently started a painting class and this was seen as a huge achievement for them. As part of their questionnaire the person had stated, 'I like living with others and I know (carer) keeps us all safe. This home is a place of safety for me.'

Incident report records showed that one person with complex epilepsy had experienced continuous seizures. The recorded actions demonstrated the SLC had a detailed knowledge of epilepsy and of the person they supported. They provided exemplary compassionate care that effectively met the person's needs. The person's GP had been called but it had been, 'Inadvisable to have (person) admitted to hospital.' The SLC worked closely with the GP to stabilise the person's epilepsy and this had eliminated the need for a hospital admission. The report from the SLO demonstrated that those who supported the person had significant skills and knowledge to do so safely and would be in a position to do so again should a similar incident occur.

Support plans contained detailed information about the person, their abilities and the areas they needed support. There was information about people's health needs, medical history, emotional and support needs and lifestyle choices. People's likes and dislikes were detailed as well as future plans and aspirations. If people's needs changed, risk assessment documentation would be reviewed and amended. People were aware of their support plans and told us they had a chance to input into them which was reflected within the documentation we reviewed. As a rule when annual visits were carried out SLOs looked at people's support plans and risk assessment documentation. They discussed any changes to the house and health and safety documentation. If people were prescribed medicines they looked at records related to these and storage facilities.

Outstanding ☆

Is the service well-led?

Our findings

The overwhelming response from everyone we spoke with about the scheme was that it was an exceptionally well run service. People spoke extremely positively of the SLOs and fully understood and appreciated their role in supporting them and their SLC. The SLOs were passionate and enthusiastic about their role and the support and training provided. SLCs told us they would highly recommend the scheme to anyone considering the role. Comments included, "I can't recommend it enough" and, "It should be rolled out everywhere." A professional told us, "I have always found the scheme manager and team members to be very committed and conscientious in their respective roles. I also find senior workers within the scheme to be open to suggestions regarding improvement and change where necessary."

The leadership team was totally dedicated to building upon and improving the service they provided. The registered manager was a joint chair of the South East Region Shared Lives Network who met every quarter. These meetings provided all schemes from the region an opportunity to meet up with other schemes, SLCs and managers to collectively share ideas and issues. The meetings also served as a route to Shared Lives Plus (SLP) which is a national organisation set up to support shared lives schemes. The registered manger told us they had worked closely with five other schemes to develop a set of Quality Standards for Shared Lives Schemes. They said the standards were being implemented in East Sussex. The scheme had secured government funding to work with SLP to expand the local offer to clients with Mental Health issues. This had been particularly successful with a large increase in the numbers of referrals and placements and a number of assessments that were still ongoing. The scheme hosted a Shared Lives Mental Health workshop in Eastbourne and delivered a workshop at the annual SLP conference that focussed on dual diagnosis and NICE guidance. At this conference the registered manager also presented on quality monitoring and how this could be managed. Attending the conference had enabled the team to network and attendance at the various workshops assisted in making improvements to the scheme. As a result of their involvement with SLP a number of representatives from shared lives schemes around the country had visited their scheme to look at the model used in East Sussex. One representative who visited wrote 'Really impressed with the way you run your scheme, I thought I had it all covered but you've blown me out the water.' Another said, 'It was a very interesting and enjoyable visit. Thank you for answering my questions and increasing my knowledge of how Schemes are run.' A delegate from the Netherlands were also due to visit to examine the model and check if a similar model would work for them.

The registered manager was at the forefront of development and had been innovative in creating a new induction tool to help them meet the requirements of the Care Certificate. As part of this process they used guidance from Skills for Care and met with regional teams to share ideas on how this could be implemented in a shared lives setting and how the assessment of competencies could be achieved. The resulting tool was shared with SLP and it was agreed this was something other services wished to adopt or use parts of. This was rolled out initially for four services and then a generic tool was also made available.

The registered manager consulted with SLCs on how the service could be developed for the benefit of all. Within the PIR we were told that one of the projects for the coming year was to increase the respite provision so that new support SLCs could either offer a service in their own house or come to a SLCs house to give the

SLC an opportunity to spend time away. Within the October newsletter SLCs were advised of the intention to increase this provision and were asked for their views or suggestions on how this could be done. The issue was also discussed at a SLCs' meeting held in November 2016. One SLC had commented, 'This would be amazing for (SLCs) who have no close family in the area.' A SLC told us the person they supported treated these events as a holiday so it worked well for them.

The provider listened to what people had to say about the service they received. Feedback forms were sent out with the annual review documentation to enable people to have a say about the care and support they received. Regular meetings were also held at day centres within East Sussex where people were encouraged to provide feedback about what they liked and didn't like about shared lives. Different formats were used which took account of people's abilities and needs. For example, some were easy read with pictures and some easy read without pictures. A centralised spreadsheet was kept for the overall results. If issues had been identified that there was a section to the rear of the document where the SLO documented what actions had been taken. For example in response to a question, 'Do you ever get distressed or worried,' a person said that they had lost family members. Records confirmed this had been discussed with the person and with their permission; SLO had raised this with the SLC as something to be aware of. This confirmed that the scheme listened and took action on the views expressed by people.

The registered manager had recently spent a team day discussing values and what they meant to the staff team. They had produced a statement of their conclusions. There were five statements and alongside each was a list of how each statement would be achieved. Statements included, 'We deliver on quality and strive for excellence' and 'People's right to choice is paramount.' The implementation of these values was evident throughout our inspection as staff worked as a team and used each other's skills, knowledge and experience to deliver an outstanding service to the people they supported. People were enabled to make complex decisions and when decisions had to be made through a lack of understanding, SLOs and SLCs took time to consult with others to get the best outcomes for people. Values also featured strongly as part of the service's induction for SLCs and we were told that they would be explored further at the next six monthly meeting to make sure that SLCs who had been around a long time also had the opportunity to be part of the process.

There was an open and inclusive way of working that created an extremely positive culture for staff. SLOs told us that they met as a team every two weeks. The first meeting was a team meeting that focussed on rolling agenda items and the second was for operational meetings which focussed on specific areas for development and reflection. SLOs told us that they valued the opportunities to spend time with colleagues to share experiences and to explore solutions to areas of complex work. Each of the SLOs had particular areas of expertise. For example, one took a lead on training and development, one had skills in dealing with housing benefits and another had a lead in dealing with the commissioning and client involvement groups. A SLO told us, "We utilise each other's skills and expertise and this benefits us all." Another SLO told us they felt, "Listened to at team meetings, everyone is good at sharing their views and we are all confident putting our points of view across." Records of staff meetings demonstrated that staff had been encouraged to share their views on a range of new developments. They were also invited to share their successes and the compliments that had been received.

Each SLC was given a handbook which contained a provider agreement, policies and procedures, information leaflets, client guide, provider guide, and client accommodation and support agreement. There was detailed information on a range of matters including, emergency contacts, information about CQC, whistleblowing, safeguarding, insurance and tax guidance, how to make a complaint and fire safety. This ensured that as far as possible SLCs had the information they needed to support them in their new role.

A SLCs newsletter was produced six monthly and a copy of this was sent with the minutes of the six monthly

providers' meeting so that those who could not attend could be updated on discussions and developments within the scheme. As part of the process SLCs were given feedback on the results of the annual surveys. Minutes of the providers' meeting demonstrated that providers were encouraged to share their views and comment on the running of the scheme. Although turnout at the meetings was often low, SLCs told us they felt they had regular opportunities to share their views with the SLOs and the minutes of meetings kept them up to date on any planned changes.

Some of the people supported had been in foster care and when they became an adult the care was then transferred to the shared lives scheme so for them the transition had been seamless. All referrals to the scheme were received via the council's service placement team who sources placements for all adult social care teams across the county. We were told that whilst adverts had been placed in local papers the majority of SLCs had been recruited through word of mouth.

There were robust quality assurance systems that looked at all aspects of the scheme and identified areas where improvements could be made. A compliance officer from the council's quality assurance team visited twice annually to carry out an audit of the service in relation to the five domains (safe, effective, caring, responsive and well led). An additional visit had been carried out to look at the PIR that was sent to the Commission in advance of this inspection. A service development plan was written in May 2016 that included an action plan following the compliance visits. Records showed that all risk assessment documentation was monitored and reviewed annually and as people's needs changed. All support plans were reviewed annually and support plans were also randomly reviewed by the registered manager or deputy manager. Staff had been encouraged to read other inspection reports that had been rated as good and outstanding and to compare how they rated in relation to these. The systems in place demonstrated that the organisation had a commitment to ensuring that the service provision was of a high standard.

The registered manager attended monthly supervision and two weekly meetings with their practice manager. They told us they found these meetings very supportive. Along with the opportunity to keep the practice manager up to date with the scheme they were an opportunity to share ideas for future development. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow. The registered manager was aware of their responsibilities under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. Information about duty of candour had also been sent to all SLCs to make sure they were aware of this regulation.