Royal Mencap Society

Surrey Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 10 January 2017 and was announced.

Surrey Shared Lives Scheme arranges accommodation and personal care placements for adults with learning disabilities. The scheme is responsible for supporting and monitoring Shared Lives placements and recruiting Shared Lives carers.

A Shared Lives carer is a person who provides personal care together with accommodation in their own home. They work within the carer's agreement and Shared Lives agreement to meet the needs of the people they support. They are recruited, trained, approved and monitored by Shared Lives schemes but are self-employed. No more than three people normally live with a Shared Lives carer at any one time. There were 18 people receiving support at the time of our inspection.

There was a registered manager in place at the time of our inspection. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider's Area Operations Manager held the role of registered manager at the time of our inspection. The Area Operations Manager told us they had registered for the role as the scheme had been without a permanent manager in the past and it was a condition of the scheme's registration that a registered manager was in place. The Area Operations Manager said the scheme manager would apply for registration in the near future.

People were protected by the provider's procedures for the recruitment and approval of Shared Lives carers. Following the completion of recruitment checks, a home visit and interview was carried out by the scheme manager to assess the applicant's suitability for the role. Once a Shared Lives carer had been confirmed as suitable by the scheme manager, they were subject to an assessment by a panel comprised of people with relevant experience but who were independent of the scheme.

People were kept safe because Shared Lives carers knew how to recognise and report abuse. Shared Lives carers had attended training in safeguarding and were clear about their responsibilities to report any concerns they had about abuse or people's safety.

Shared Lives carers recorded any accidents and incidents and informed the scheme manager of these. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to be taken to prevent a recurrence. Where people's care involved support with medicines, this was managed safely.

Risk assessments had been carried out to ensure that the environment in which people lived was safe. The scheme manager had also carried out individual risk assessments relevant to each person to support them

to stay safe. The provider had developed a business continuity plan for the service, which meant people would continue to receive support in the event of an emergency.

Each placement was regularly reviewed to ensure it continued to meet the needs of the person receiving support. Shared Lives carers were subject to a process of re-approval by a panel every three years and reviewed by the scheme manager annually. The scheme manager was able to request a panel review at any time should this be required. Panels had the ability to impose sanctions if Shared Lives carers did not comply with the shared lives agreement and we saw evidence that sanctions had been imposed where appropriate.

Shared Lives carers had access to the training they needed to perform their roles effectively including any specific training required to meet the needs of the people they supported.

People's care and support was provided in accordance with the Mental Capacity Act 2005. Shared Lives carers had received training on the principles of the Act and how these principles applied in their work. Assessments had been carried out where necessary to establish whether people had the capacity to make decisions about their care and support.

Where people lacked the capacity to make decisions for themselves, the scheme manager had arranged meetings to ensure that decisions were made in people's best interests. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided at their placements and were involved in choosing the food they ate. They said they enjoyed eating out and often did this with their Shared Lives carers. Shared Lives carers told us they aimed to provide food people enjoyed whilst promoting a balanced diet.

People's healthcare needs were monitored effectively. Shared Lives carers supported people to make a medical appointment if they felt unwell and accompanied them to all appointments.
Shared Lives carers recorded the outcomes of healthcare appointments and the scheme manager checked these records at regular monitoring visits.

People had developed positive, lasting relationships with their Shared Lives carers and enjoyed their company. They told us they valued the family atmosphere of their placements and were included in the family lives of their Shared Lives carers.

People told us their Shared Lives carers were kind and caring and treated them with respect. They said could spend time on their own whenever they wished and that their privacy was respected. Shared Lives carers spoke with genuine affection about the people that shared their home. All the Shared Lives carers we spoke with were committed to creating an environment in which the person receiving support felt part of their family.

People were supported in a way that promoted their independence. They were encouraged to do things for themselves where possible and given support to develop new skills.

People had access to information about their care and support. There was a written agreement in place for each placement which set out the rights and responsibilities of all parties. People's private and confidential information was managed appropriately.

People received support that was responsive to their individual needs. Each person's needs had been

assessed before they moved in with a Shared Lives carer to ensure the placement could provide the support they needed.

Each person had an individual care plan drawn up from their initial assessment. People told us they had been encouraged to contribute to this process and confirmed their care plans reflected their preferences about the support they received.

People told us their Shared Lives carers supported them to take part in activities that were important to them. They said they had opportunities to enjoy an active social life and to maintain contact with their friends and families.

The provider had a written complaints procedure, which detailed how complaints would be managed. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if necessary.

The scheme manager provided effective support to Shared Lives carers. Shared Lives carers told us the scheme manager was supportive and had worked closely with them to identify solutions if challenges had occurred. They said the expectations of them in their role were clear and the scheme manager had created an environment in which they felt comfortable raising any difficulties they experienced.

There were effective systems in place to monitor the quality of support people received. The scheme manager visited each placement regularly to meet with people receiving support and Shared Lives carers to seek their views. People and their Shared Lives carers also had opportunities to give their views about the support they received through satisfaction surveys, which the provider distributed and collated annually.

The records we checked in the agency's office were accurate, up to date and stored appropriately. Shared Lives carers maintained comprehensive records for each person, which were audited regularly by the scheme manager. The scheme manager was aware of their responsibilities under the Health and Social Care Act 2008 and had ensured that any notifiable incidents were reported to the CQC.

We last inspected this service on 20 December 2013 when no concerns were identified.

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.

Risk assessments had been carried out to ensure that people who used the service and Shared Lives carers were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Shared Lives carers attended training in safeguarding and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the scheme's recruitment procedures.

Where Shared Lives carers supported people with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good

The service was effective.

People were supported by Shared Lives carers who knew them well and understood their needs.

Shared Lives carers had access to the induction, training and support they needed to carry out their roles.

People enjoyed the food provided at their placements and were involved in choosing the food they ate.

Shared Lives carers worked co-operatively with professionals to ensure people received the treatment they needed.

Is the service caring?

Good

The service was caring.

Shared Lives carers were kind and caring and had developed positive relationships with the people they supported.

Shared Lives carers understood people's needs and how they

liked things to be done.

Shared Lives carers respected people's choices and supported them in a way that maintained their dignity.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed before they moved in with a Shared Lives carer to ensure the placement could provide the support they needed.

Each person had an individual care plan, to which they had been encouraged to contribute.

People were supported them to take part in activities that were important to them.

People had opportunities to enjoy an active social life and to maintain contact with their friends and families.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good

The service was well-led.

The scheme manager provided effective support to Shared Lives carers and worked closely with them if challenges occurred.

People who used the service and Shared Lives carers were encouraged to express their views and these were listened to.

There were effective systems in place to monitor the quality of support people received, which included seeking feedback from people receiving support and Shared Lives carers.

Records relating to people's care were accurate, up to date and stored appropriately.

Surrey 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the scheme manager was available to support the inspection process. Two inspectors carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection one inspector visited the scheme's office and spoke with the scheme manager and the provider's Area Operations Manager. We checked care records for three people, including their assessments, care plans and risk assessments. We checked recruitment, assessment and training records for Shared Lives carers and other records relating to the management of the service, including the scheme manager's quality monitoring audits.

Two inspectors visited Shared Lives placements and spoke with 12 people who used the service and 11 Shared Lives carers to hear their views about the service. We spoke with one Shared Lives carer by telephone to hear their feedback.

Good

Is the service safe?

Our findings

People were safe because there was a robust process for the recruitment and approval of Shared Lives carers. All applicants were required to submit an application form with the names of two referees and to obtain a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective carers have a criminal record or are barred from working with people who use care and support services. The files we checked demonstrated that Shared Lives carers had been recruited according to the scheme's recruitment procedures. There was evidence that each Shared Lives carer had provided a DBS check and that these were renewed every three years. The scheme had obtained references and an employment history from each Shared Lives carer and explored any gaps in employment.

Following the completion of these checks, a home visit and interview was carried out by the scheme manager to assess the applicant's suitability for the role. As part of this assessment, the scheme manager met all members of the prospective Shared Lives carer's family. Once a Shared Lives carer had been confirmed as suitable by the scheme manager, they were subject to an assessment by a panel comprised of people with relevant experience but who were independent of the scheme. Previous panel members had included carers from other Shared Lives schemes, managers of other registered services, the provider's quality assurance team, an independent solicitor and an independent advocate.

People were kept safe because Shared Lives carers knew how to recognise and report abuse. Shared Lives carers had attended training in safeguarding and were clear about their responsibilities to report any concerns they had about abuse or people's safety. The scheme had obtained the local multi-agency safeguarding procedures and Shared Lives carers had been given information about how to raise concerns outside the agency if necessary. One Shared Lives carer told us, "I would call the manager or the police if I had to. I know I could also go to social services or ring CQC."

Shared Lives carers were expected to record any accidents and incidents, such as a fall or a medicines error, appropriately. Shared Lives carers told us they had been shown how to complete accident/incident forms correctly and said they were required to send these to the scheme manager. Records showed that, where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to be taken to prevent a recurrence.

Shared Lives carers told us that the scheme manager had provided support when incidents or challenges had occurred. One Shared Lives carer said, "I had a situation where I had to call them and they came and supported me." Another Shared Lives carer told us that one person they supported had experienced a period of instability, which had led to a number of incidents occurring. The Shared Lives carer reported that the scheme manager visited them and the person they supported after each incident to ensure people were safe and had access to any emotional support they needed.

Shared Lives carers were required to complete a health and safety report every six months and submit this report to the scheme. The scheme manager checked these reports and carried out their own health and safety checks at regular monitoring visits. Shared Lives carers were required to carry out a fire risk

assessment and draw up an emergency plan for use in the event of a fire. Shared Lives carers also had to carry out a fire drill every six months and arrange regular testing of all fire-fighting equipment.

Risk assessments had been carried out to ensure that the environment in which people lived was safe. We saw evidence that a risk assessment had been carried out on each property by the Shared Lives carer with support from the scheme manager. Environmental risk assessments considered any hazards related to security, gas, electricity, water and recorded control measures to reduce any risks identified. The provider had developed a business continuity plan for the service, which meant that people would continue to receive support in the event of an emergency.

The scheme manager had also carried out individual risk assessments relevant to each person to support them to stay safe. The areas in which risk assessments had been carried out included health, medicines, personal care, mobility, accessing the community, managing money and personal safety. We saw evidence that these risk assessments had been reviewed with the input of the person to whom they related. People's spending and financial transactions were recorded by Shared Lives carers. The scheme manager checked people's financial records regularly to ensure they were accurate.

Where people's care involved support with medicines, this was managed safely. People told us their Shared Lives carers provided the support they needed to take their medicines as prescribed.
Shared Lives carers had been trained in the safe management of medicines, which they told us was updated annually. Each person had an individual medicines profile which recorded the medicines they took and the dose, time and route by which they took their medicines.

People whose care involved support with medicines had an individual medicines administration record in their home, which was maintained by the Shared Lives carer. We saw evidence that medication administration records were audited regularly by the scheme manager to ensure that people were receiving their medicines safely.

Good

Is the service effective?

Our findings

There were procedures in place to ensure each placement continued to meet the needs of the person receiving support. Each placement had an annual review, chaired by the person's local authority care manager and involving the person receiving support, the Shared Lives carer(s), the scheme manager and any relatives, friends or advocates the person wished to attend.

In addition to the placement review, each Shared Lives carer was subject to a formal process of re-approval by a panel every three years. The panel considered the standard of care provided, whether the placement continued to meet the person's needs, whether the person received the care outlined in their individual support plan and whether the person was supported to make choices and decisions. The scheme manager told us the assessment could be brought forward if there were any concerns about the effectiveness of the placement. They said panels had the ability to impose sanctions if Shared Lives carers did not comply with the shared lives agreement, for example not attending training as required. We saw evidence that sanctions had been imposed where appropriate. For example, one Shared Lives carer had been required to identify more suitable activities for a person. The panel also had the ability to de-approve a Shared Lives carer if necessary. We saw evidence that this action was taken if necessary. For example, two Shared Lives carers had been de-approved by the panel because they had consistently failed to engage with professionals and failed to provide support that met the person's identified needs.

Shared Lives carers had access to the training they needed to perform their roles effectively. One Shared Lives carer told us, "We have all the training we need. The training is really good." Another Shared Lives carer said, "We do a lot of training and they are good trainers. The medicines training was very good. I really benefited from that."

All Shared Lives carers attended core training in areas including first aid, moving and handling, health and safety, fire safety and food safety. Shared Lives carers told us core training was updated regularly through refresher sessions and that they had access to additional training if necessary to meet the individual needs of the people they supported. One shared lives carer said, "We can always ask if we need more specific training. They gave us special training for dementia as well as autism." Another person receiving support had epilepsy and their Shared Lives carer told us the training provided had been valuable in developing their understanding of the person's condition. The Shared Lives carer said, "[Person] has a certain type of seizure I hadn't heard about. I didn't know much about it and the training they arranged really helped me understand."

Shared Lives carers also attended training provided by Mencap specifically for those supporting people in Shared Lives schemes. 'The professional carer' training helped Shared Lives carers develop their knowledge in values, equality and diversity, managing 'shared lives friendships and relationships', carrying out risk assessments and effective record keeping. The scheme manager signposted Shared Lives carers to training delivered by other organisations where this could be beneficial, for example training provided by local care associations. Shared Lives carers were also encouraged to register with 'Shared Lives Plus', a national network of Shared Lives carers, which provided members with resources, training, information, advice and

one-to-one support.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the scheme was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care and support was provided in accordance with the MCA. Shared Lives carers had received training on the principles of the Act and how these principles applied in their work. In addition, the scheme manager had supported Shared Lives carers to understand their role in relation to the MCA and DoLS. Shared Lives carers told us the training they received and the support from the scheme manager had been valuable in understanding their responsibilities regarding the MCA and DoLS. One Shared Lives carer said, "The training was very helpful. We know we can advise but we can't stop him making his own decisions. He makes his own choices."

We saw evidence that assessments had been carried out where necessary to establish whether people had the capacity to make decisions about their care and support, for example in relation to financial decisions, medicines, medical treatment and their choice of placement. Where people lacked the capacity to make informed decisions for themselves, we saw evidence that the scheme manager had arranged meetings involving all relevant people to ensure that decisions were made in people's best interests.

The scheme manager told us that any applications for DoLS authorisations were submitted by people's care managers. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe, such as lap belts on wheelchairs or being unable to leave their home independently and therefore subject to constant supervision. People were asked to record their consent to their care and we saw signed consent forms in people's care records. People told us their Shared Lives carers always asked for their consent before providing their care.

People told us they enjoyed the food provided and that they were involved in choosing the food they ate. They said their Shared Lives carers encouraged them to participate in grocery shopping where they could choose foods they liked. One person told us, "We have a meeting every week where we talk about the menu. I tell them what I want and they'll do it for me. We all eat together if I'm here." People said they enjoyed eating out and often did this with their Shared Lives carers. Shared Lives carers told us they had got to know people's favourite foods because they had supported them for a long time. They said they encouraged people to eat a balanced diet whilst enabling them to enjoy their favourite foods.

People's healthcare needs were monitored effectively. People told us their Shared Lives carers supported them to make a medical appointment if they felt unwell and accompanied them to all appointments. Shared Lives carers said supporting people to maintain good health was an important part of their role. One Shared Lives carer told us, "It's important that we monitor their health. We always escort them to appointments." Another Shared Lives carer said, "We do all the healthcare appointments. We phone the GP, we take them to their appointments, we record it all."

Shared Lives carers were expected to record the outcomes of healthcare appointments and the scheme manager checked these records were kept appropriately at monitoring visits. We saw evidence in care records that people were supported to access healthcare professionals including their GP, dentist, chiropodist, physiotherapist and the community team for people with learning disabilities. A heath action plan and hospital passport had been developed for each person. Heath action plans were reviewed regularly by the scheme manager and any actions identified from previous visits were checked for completion.

Good

Is the service caring?

Our findings

People told us they had developed good relationships with their Shared Lives carers and enjoyed their company. They said their Shared Lives carers were kind and caring and treated them with respect. One person told us, "I am happy here. It's very good. We are all friends together." Another person said, "I like it here. They are very kind to us. I get on very well with them." A third person told us, "They do a lot for me. If there's anything I need, they'll get it for me. If I have to go somewhere, [Shared Lives carer] will drive me."

People told us they valued the family atmosphere of their placements. They said they were included in the family lives of their Shared Lives carers. One person told us, "We are like a family, we all participate. We go out together and do the cooking together. We all do the housework." Another person said, "We go out together a lot and I like spending time with [Shared Lives carer]. We've been on holidays together."

The Shared Lives carers we spoke with said their placements had been established for some years and they had developed lasting friendships with the people they supported. They told us they enjoyed spending time with the people they supported and spoke with affection about them. One Shared Lives carer said, "We get on very well. It is 'shared lives' so we live as a family. We try and do as much as we can together. We go out to dinner or the cinema. They were recently invited to my friend's birthday party." Another Shared Lives carer told us, "We support people to live a family life. If we are invited to dinner, we invite them along; they are welcome to join us."

People were supported to be independent. Two people were in the process of developing their cooking skills with the support of their Shared Lives carers. One person had completed a cookery course and told us they practiced what they had learned at home with their Shared Lives carers. The person told us, "I have learned how to cook for myself and I go to work now." People were supported by their Shared Lives carers to do their own shopping, banking, housework and laundry. One Shared Lives carer told us, "We try and support their independence. We encourage them to do what they can for themselves."

People told us they could spend time on their own whenever they wished and that their privacy was respected. One person said, "I have my own key and I like to have quiet time on my own. [Shared Lives carer] knows I like my private time." Another person said, "I have my own room and I can spend time on my own whenever I like. It works out very well."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. There was a written agreement in place for each placement which set out the rights and responsibilities of all parties. For example, the person receiving support agreed to treat the property they lived in and the other people in the home with respect, pay their rent and be willing to accept the support of the scheme. Shared Lives carers agreed to provide suitable, safe accommodation, receive quality monitoring visits, comply with any relevant legislation and advise the scheme of any changes in their circumstances. Shared Lives carers also signed their agreement to support people in line with their risk assessments and support plans and to participate in placement reviews.

The placement agreement specified that if Shared Lives carers wished to impose any restrictions or 'house rules', these would have to be discussed with and approved by the scheme manager. Placement agreements had been signed by the person receiving care, their Shared Lives carers and the scheme manager. People's private and confidential information was managed appropriately. Shared Lives carers had attended confidentiality training and were issued with guidance about how sensitive information should be managed.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. Each person's needs had been assessed before they moved in with a Shared Lives carer to ensure the placement could provide the support they needed. Assessments identified any support needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people could do for themselves, what they wanted to achieve from the service and their preferences about their care. People told us they had been involved in their assessments and we saw they had signed to record their agreement. They said the member of staff carrying out the assessment had been thorough and ensured the assessment reflected their needs and preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Once the care plan had been drafted, it was shown to people to check the contents reflected their wishes and preferences. People told us they had been encouraged to contribute to their care plans. They said their care plans reflected their preferences about the support they received. The support plans we checked outlined the areas people had said were important to them, such as maintaining relationships with their friends and families, and set out the support they needed to achieve these.

We saw evidence that support plans were reviewed regularly to ensure they continued to reflect people's needs. Support plans were discussed at the annual review of each placement, which was chaired by the person's care manager and attended by the person receiving support, their Shared Lives carer(s) and the scheme manager. People were encouraged to contribute to this process and had been supported by their Shared Lives carer(s) to prepare a statement, which they read out at their review. Reviews considered whether the person was receiving the support they needed in areas including personal care, medicines, meal planning and diet, leisure opportunities, health and emotional well-being.

Once a placement had been agreed, people were supported to move in at a pace they found comfortable. The scheme manager told us a transition plan was drawn up for each person to ensure they had the support they needed to make a choice about where they lived and to settle in. People confirmed they had been supported to visit potential placements before deciding to move in. One person told us, "I came to visit first before I lived here." Shared Lives carers reported the transition process had been carefully planned and tailored to meet people's individual needs.
One shared lives carer told us, "They came and did an assessment here and asked the service users what they were looking for. They came for a cup of tea first and a chat. Then we did it in stages with a day visit and overnight stay."

People told us they could choose how they spent their time. They said their Shared Lives carers respected their choices and chosen routines. One person told us their Shared Lives carer supported them to get up early to attend a resource centre from Monday to Friday. They said they preferred to have a lie-in at the weekend and their Shared Lives carer supported this choice.
Some people had specific choices about their routines that were important to them. Where this was the case, Shared Lives carers adapted their routines to meet people's needs. For example, one person chose to

have their meals at specific times. Shared Lives carer said "We have to fit in around him."

People told us their Shared Lives carers supported them to take part in activities that were important to them. One person said, "I really like going into town and looking around the shops, we go there a lot." People told us they were supported to attend resource centres for courses in art, cookery, drama and keep fit. They said they had opportunities to attend social clubs and outings and to see their friends. One person told us they were supported to attend church regularly. Some people had chosen to take holidays with their Shared Lives carers. One person told us about holidays they had enjoyed with their Shared Lives carer to France, Morocco, Egypt and Mauritius.

Shared Lives carers told us they aimed to provide a range of activities for people and encouraged them to be as active as they wished to be. One Shared Lives carer said, "He loves movies and eating out so we do that regularly. We encouraged him to come shopping and now he comes with us every week. We encourage him as much as we can." Another Shared Lives carer told us, "We plan the week ahead at a weekly meeting. We do day trips to Brighton or Portsmouth because he enjoys the coast. We go shopping, we go for walks, we go to the cinema. We often have a meal out at weekends."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I would complain if I needed to. I'm sure I would be listened to." Another person said, "If I had a problem, I would talk about it with [scheme manager]." The provider had not received any complaints about the service in the last 12 months and no complaints had been made to the CQC.

Good

Is the service well-led?

Our findings

The scheme manager provided effective support to Shared Lives carers. Shared Lives carers told us the scheme manager was approachable and supportive. They said the scheme manager had worked closely with them to identify solutions if challenges or problems had occurred. One Shared Lives carer told us, "I find it really well run and I am happy [scheme manager] comes here regularly. The consistency is really good." Another Shared Lives carer said, "I think it's well led. If you've got a problem, they will listen to you. When I had problems with a placement, they kept in contact." Where incidents or challenges had occurred, there was evidence that the scheme manager had also liaised closely with people's care managers to resolve them.

Shared Lives carers told us they always had access to the support and advice they needed. One Shared Lives carer reported, "The support is very good. [Scheme manager] is very helpful. We can always contact her when we need to and we have numbers we can call out-of-hours. If we have a problem, they get back to us straightaway." Another Shared Lives carer said, "[Scheme manager] is very responsive. We can always get hold of her if we need to. She is in touch by email or by phone and she visits if we need her to." A third Shared Lives carer told us, "She is a very good manager. The communication is very good. Any problems, I have had big support from her."

There were effective systems in place to monitor the quality of support people received. The scheme manager visited each placement regularly and met with people receiving support and Shared Lives carers to seek their views. The scheme manager also used these visits to check records were being appropriately maintained, including health and safety, medicines and financial records and the recording of healthcare appointments. One Shared Lives carer told us, "[Scheme manager] checks everything when she visits. She is very thorough. She checks health and safety, the MAR sheets, the finances, the risk assessments." Another shared lives carer said, "We have a meeting every six weeks where [scheme manager] spends time with [people receiving support] and discusses how it is going with me. She oversees what we're doing. We have a joint responsibility."

People and their Shared Lives carers also had opportunities to give their views about the support they received through satisfaction surveys, which the provider distributed and collated annually. People were asked whether their placements met their needs and if they received all the support they required. Some people said they found it challenging to record their views in writing and that the scheme manager had sought and recorded their verbal feedback. One person told us, "I got a form, but I don't like forms so [scheme manager] talked to me about how things were going." Shared Lives carers were asked whether the expectations of them in their roles were clear and whether they received the support, training and development opportunities they needed to carry out their roles.

The provider had clear organisational values and expectations in terms of behaviours, to which Shared Lives carers were introduced in their induction. Shared Lives carers reported the expectations of them in their role were clear and that the scheme manager had created an environment in which they felt comfortable raising any difficulties they experienced. Shared Lives carers' values and approach to supporting people were

explored during their recruitment process. Shared Lives carers were also issued with a code of conduct, which set out their roles and responsibilities.

The scheme manager ensured that Shared Lives carers were kept up to date with any information they needed, such as changes to legislation and planned training. The scheme manager had introduced Shared Lives carers meetings, which they told us would take place annually. The minutes of the last meeting demonstrated that Shared Lives carers had been encouraged to share their experiences and to discuss issues that were important to them. A 'reflection' event had been held in March 2016 at which Shared Lives carers and the people they supported were encouraged to reflect on the service provided, what it had achieved, what it did well and how it could be improved.

The records we checked in the agency's office were accurate, up to date and stored appropriately. Shared Lives carers maintained comprehensive records for each person, which provided information about the care they received, any healthcare appointments they attended and the medicines they were given. There was evidence that records kept in people's homes were audited regularly by the scheme manager. The scheme manager was aware of their responsibilities under the Health and Social Care Act 2008 and had ensured that any notifiable incidents were reported to the CQC.