Leicestershire County Council

Leicestershire 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 9 and 10 May 2016 and the visit was announced. We gave notice of our visit because we needed to be sure somebody would be available at the office.

The Leicestershire Shared Lives Scheme arranges accommodation and support to people to live independent lives. The support is provided by individuals in the community, known as shared lives carers (carers) who use their own homes as a base. Shared lives support can include long term accommodation and / or a short breaks service. At the time of our inspection 102 people were receiving care and support. Shared lives workers (staff) are employed by the provider to provide support and guidance to carers.

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

People felt safe and they were being protected from harm and abuse by staff and carers who knew their responsibilities. For example, people's homes and equipment were being checked by the provider to protect them from harm. Risks to people's health and well-being had been assessed to support them to remain safe.

People's individual needs had been considered to keep them safe during an emergency and the provider had a plan in place to make sure that the service would continue in the event of a significant event.

The provider sought to keep people safe by analysing accidents and incidents. They had looked to reduce the number of these whenever possible. For example, where a person's level of support needed to increase due to their mental health, guidance from a social worker had been requested.

People were being supported by staff who had been checked before they had started to work for the provider. This had helped the provider to make safer recruitment decisions. When a member of the public had applied to become a carer, we found that there was a thorough process in place to check their suitability.

People received the support they required with their medicines. Staff and carers had received training to support them to handle medicines safely and there was written guidance available to them to provide safe support to people.

People received support from carers and staff who had undertaken training. However, for some staff and carers there were gaps in the required training. For example, some needed training in safeguarding people from abuse. The registered manager told us that they were addressing this.

Staff and carers received support and guidance in order to understand their responsibilities. For example, carers had regular visits from staff members. The registered manager provided staff with regular meetings to support them to carry out their roles effectively.

People's consent to care and treatment had not always been recorded. The provider had not always undertaken assessments where people may have lacked the capacity to make decisions. This meant that the provider was not always following the principles of the Mental Capacity Act (MCA) 2005. People were being supported by staff and carers who understood the requirements of the MCA. They were able to describe how they would seek additional support if they had concerns about people's ability to make decisions for themselves.

People chose the food they wanted. Their eating and drinking preferences and needs were known by carers. People were also being supported to remain healthy. Staff and carers knew how to do this and information about people's health needs was available in their support plans. Where there was concern about people's health, staff and carers knew what to do and took the appropriate action.

People were supported by carers who showed kindness and compassion. Their dignity and privacy was being respected and their confidential and sensitive care records were being stored safely.

Carers and staff knew about people's preferences and what was important to them. People were being supported to be as independent as they wanted. For example, we saw that one person was learning how to make their own bed. This meant that people received care and support based on their preferences and abilities.

People or their representatives had been involved and had contributed to the planning and reviewing of their care and support although this had not always been recorded in their care records. The registered manager told us that they would change their procedures to make sure that this happened. Where people needed support to be involved, information and access to advocacy services had been made available to them.

People had support plans that were focused on things that were important to them and known by carers. They received care and support based on this. People were undertaking hobbies and interests that they enjoyed. For example, we saw that some people were regularly going swimming and shopping.

People knew how to complain if they had needed to. The provider took action where necessary when they had received a complaint. The registered manager was looking at how they could learn from people's feedback to improve the service. They had issued questionnaires to some people to gain their views and experiences of the care and support offered.

Carers and staff told us that the service was well-led. There were opportunities available to them to give ideas for improvement to the provider.

Carers and staff told us, and we saw, that they were supported and were clear about their roles and responsibilities. They received regular feedback on their work in order to improve the quality of the care and support offered to people.

There was a registered manager in place who understood the requirements of their role. They had worked with the provider to regularly assess the quality of the service, although this checking was not always recorded to show what actions or learning had occurred. The registered manager had plans in place to

improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were being protected from abuse and avoidable harm by carers and staff that knew about their responsibilities.

The provider had a thorough recruitment process to check the suitability of prospective carers.

People received safe support with their medicines when this was needed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received care and support from staff and carers who had received training and guidance. However, some required training had not taken place.

People's consent to their care and support had not always been recorded. Where there were concerns about people's ability to make decisions, this had not always been assessed in line with the Mental Capacity Act 2005.

People's nutrition and health was being supported by carers and staff who knew how to report and act on any changes to their well-being.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff and carers and their dignity and privacy was being respected.

Carers and staff knew about people's preferences and how to support them to stay as independent as they had wanted.

People were involved in planning their own care and support where they could. People had received information about advocacy services.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the review of their care needs where they could. They received support based on their preferences.

People knew how to make a complaint and they had opportunities to offer feedback to the provider.

Is the service well-led?

Good

The service was well led.

Carers and staff were supported by the registered manager and knew about their responsibilities. Opportunities to give suggestions about the service to improve were available to them.

The registered manager was aware of their responsibilities and had made arrangements for the quality of the service to be checked.

Leicestershire 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.

The inspection took place on 9 and 10 May 2016 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that someone would be available when we visited. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has had personal experience of either using services or caring for someone in this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This 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. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also asked the local authority for feedback on the care and support that had been provided as they commission and monitor services.

During our visit to the provider's office we spoke with the registered manager, a senior manager within the service and seven shared lives workers. After our visit we visited three people in their homes who were receiving support. We also made telephone calls to three people who used the service and to the relatives of seven others. We attended a drop-in on 10 May where shared lives carers had been invited by the provider to share their experiences of the service. At this event we spoke with one person who used the service and three shared lives carers.

We looked at the care records of nine people who used the service and three staff files. We also looked at

other records about the running of the service. These included health and safety and quality checks that the registered manager had undertaken.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the plan the service had for dealing with emergencies. The registered manager submitted this in the timescale agreed.

Good

Is the service safe?

Our findings

People told us that they felt safe with the carers who had offered them support. Comments included, "She keeps me safe" and, "Yes I feel very safe". Relatives also felt that their family members were receiving safe care and support. One told us, "Yes, I feel absolutely safe leaving my husband (with them)". Another said, "Yes, I never had respite before as I didn't feel safe leaving my son but I know this lady (carer) and she is very good and I feel happy for [person's name] to go there now". Staff described how they had kept people safe. One told us, "We do spot checks and also planned visits to make sure that the support is being provided in a safe way".

People received support from staff members who knew how to protect people from abuse and avoidable harm. They told us about the provider's safeguarding policy and described different types of abuse. Staff knew their responsibilities to report any concerns. One staff member told us, "If we are made aware we alert to the social work team. The carers also alert, they're signed up to safeguarding people. They have a duty to submit any concerns to us". Staff told us that they had received training in the safeguarding of adults in the last 12 months. We found that there were some carers who had not received safeguarding training. The registered manager told us that there were difficulties delivering the training due to the geographical spread of the carers. They described how they were considering a booklet to test the carers' knowledge on safeguarding to make sure that they were aware of their responsibilities. This meant that the provider knew their responsibilities to make sure people were supported to keep safe.

People's health and well-being was being assessed where there were identified risks. Carers told us about risks to people and how they had assessments in place that they followed. We saw that staff had completed risk assessments and these had been reviewed every three months. They had been completed in the areas of, for example, the home environment, choking, road safety and falls. These had detailed measures that carers were to take to reduce the likelihood of an accident or incident occurring. We also saw that risk assessments had focused on things that people could do for themselves and had documented how people could be supported to retain their skills. For example, we saw that a person was managing their own medicines and a staff member had made sure that the necessary checks had taken place to support the person to do this safely. In these ways people were being kept safe, and their freedoms protected, by having risk assessments in place that focused on their abilities.

People had received the appropriate support when an accident or incident had occurred. This was because the provider had made available to carers a procedure for dealing with accidents and incidents. We saw that where necessary, medical assistance had been sought. We also saw that accidents and incidents had been recorded by carers and then analysed by the registered manager. The registered manager had documented what action was needed to reduce the likelihood of a similar event occurring. For example, they had sought the assistance of a social worker to reassess a person's needs following an incident. This meant that people could be confident that accidents and incidents would be managed safely to reduce their occurrence where possible.

People were being kept safe from the risk of unsafe equipment. This was because the registered manager

had arranged for three monthly and annual monitoring of all carers providing care and support. Staff had checked, for example, fire extinguishers and smoke alarms as well as the safety of the gas and electricity supplies. Where there were actions needed, staff members had documented these and were then checked at the next monitoring visit. In this way the provider had kept people safe by carrying out checks to reduce the risks that people could have been exposed to.

People would have received the right support to keep safe during an emergency. This was because the provider had considered a fire escape plan for each person. These directed carers on how to assist people out of their homes should they have needed to. Carers knew the arrangements that were in place. We also saw that the provider had a business continuity plan in place. This had detailed the arrangements for the continuation of the service in the event of an emergency. For example, we saw that there were arrangements in place should people have required emergency accommodation due to the illness of their main carer. This meant that people would have been safe and continued to receive support in the event of an unforeseen situation.

The provider had safe recruitment processes in place. Where a prospective carer had approached the scheme, a check of their home and a thorough application had been initiated. The applicant was also subject to the consideration of a panel of senior managers from within the organisation to check their suitability before they had become a carer. The registered manager had carried out checks including a criminal records check for each applicant and we saw that these had mainly been renewed every three years in line with the providers' policy. The registered manager had made arrangements to update those checks that required them. The registered manager told us that these checks had been carried out to protect people from unsafe practices or from receiving support from carers not equipped to carry out the care and support. This meant that the provider had thorough arrangements in place to check the suitability of carers.

People often managed their own medicines but when carers offered assistance, it was given as prescribed and handled safely. People confirmed they received their medicines when they had required it. One relative told us, "It is really important that he takes his medication on time. If I wasn't sure he was getting it I wouldn't be able to leave him". A carer described their responsibilities. They told us, "I only prompt the medicines as they can take it but I always stay with them to make sure they have taken it". We saw that there was a medicines policy available to carers. The policy included guidance on the safe administration of medicines as well as the action carers should take if they made a medicine error. Carers told us that where they offered assistance with medicines they had received training and records confirmed this. This meant that people could be sure that carers had the guidance and support available to handle medicines safely.

Requires Improvement

Is the service effective?

Our findings

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. We checked to see if staff were working within the principles of the MCA and found that this was not consistent.

We saw that most people or their representatives had signed their support plan to state that they had consented to the care and support planned. However, where this had not occurred there was no documented reason. We saw that mental capacity assessments had not always taken place where people had been considered to have lacked the capacity to make specific decisions. We saw that there had been some consideration of the MCA. For example, one person had required continual monitoring due to their health condition. It had been decided that the least restrictive way to do this during the night was to place a sound monitor in their room. This was so they could be heard by the carer in other parts of their home. However, we could not see that the person had been consulted about this or if they had the capacity to decide on the plan. The registered manager told us that there were current discussions with social workers to make sure that people's capacity was assessed as these assessments had not always occurred. This meant that the provider had not fully assessed people's capacity and might not have been offering care that was in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. We saw that the provider was following this guidance. For example, a person's care records documented discussions between a staff member and social worker about the need to consider depriving them of their liberties to keep them safe. We saw that the staff member had discussed a Court of Protection application with the social worker.

Staff understood their responsibilities where there was concern about a person's capacity to make decisions. They told us that they would refer the person to a social worker as this was the current guidance from the provider. Carers also understood their responsibilities. One said, "There are no issues with them making a decision. If there was I would speak up about it". In this way those offering support to people knew the action to take if they had concerns about people's capacity. We saw that most staff and carers required training in the MCA. The registered manager had made arrangements for this to happen.

People received care and support from staff and carers who had received training to improve their skills and knowledge. One relative told us, "I think they have the best skills and they have a good attitude, and if there is any problem they always let me know". Staff confirmed that they had received regular training to keep their knowledge up to date. One staff member said, "We have access to all training courses and we attend the training that carers do so that we know what we need to check for when we visit them". Carers were satisfied with the amount of training they had received. One told us, "I really enjoy the training. I thought it

was all beneficial to everyone". We looked at the training records and saw that staff and carers had recently undertaken training relevant to their role including first aid and food safety. We saw that some staff and carers required up to date safeguarding, medicines and specialist health care training. The registered manager showed us how they had made arrangements for this training to be updated. We saw that the registered manager had analysed the future training needs of staff and carers and had taken action to book courses. We also saw that workbooks were being devised for carers to complete in the areas of, for example, health and safety and how to maintain people's privacy. In these ways the registered manager was aware of the training needs of the service and was taking action to make sure that people received effective care and support from carers who were suitably trained.

People were being supported by carers and staff who had received guidance on how to undertake their role effectively. As part of the application process, carers had undertaken training so that they were aware of their responsibilities. One staff member told us, "We have supervisions every six weeks and we talk about things that are going ok and also where extra support might be needed". We saw in staff files that staff had regular individual meetings with the registered manager. These had occurred every three months and covered areas such as the discussion of carers' practice and training needs. We also saw that staff and carers had completed an induction when they had started working for the provider that had given them guidance on what tasks would be required of them. The registered manager told us that they were making arrangements to carry out an annual appraisal to review staff's performance as the last ones completed were now over 12 months ago. In these ways the provider had arrangements in place to support the staff and carers in providing effective support to people.

People told us that they had food and drinks available to them whenever they required them. They chose what they ate and drank based on their preferences. One person told us, "[Carer's name] asks me what I want to eat and gives me a choice and I can have snacks too". Another said, "I can have what I like. I like healthy food and we have it". People's food and drink preferences had been recorded in their support plans and were known by carers. One carer told us, "We go to a Chinese buffet as they really enjoy that, it's their favourite. I try to offer alternatives so that they don't put on weight but it's their choice at the end of the day". We saw in people's care records that specialist support had been arranged by the provider where there were concerns about people's eating and drinking. For example, one person was at risk of choking and a dietician had supplied information for carers to follow that had been documented in the person's support plan. In these ways people received support from carers that knew about and met their eating and drinking requirements.

People were being supported to maintain their health and well-being. People told us that their health needs were being met. One relative told us, "When he goes there to stay they have all of his details and contact numbers for the community psychiatric nurse". Another said, "They know all the details if they needed to contact a doctor or dentist". We saw in people's care records that health professionals who were currently supporting them were listed. We also saw that people's support plan detailed how to support them when they were unwell. For example, in one support plan we saw that a person preferred peace and quiet on their own when they were ill. This meant that people received effective support to maintain their health as carers had information available to them.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion from the carers who offered them care and support. One person said, "They are like my family". Another told us, "I can have a laugh and a joke with her, she is kind". Relatives also felt that the carers showed a caring approach. One said, "They are extremely caring. [Person's name] really looks forward to going overnight. He treats it as a holiday". Another told us, "The staff are very caring. They treat [person's name] as if she is their own daughter. I have no qualms about leaving her in their care". Carers told us about their approach to offering care. One said, "It's a really personal service. People are supported well. It's not structured as such, people can make choices for themselves and we respect that".

People felt that their privacy and dignity was being maintained. One person told us, "They always treat me nice and I have privacy if I want it". Relatives were satisfied that their family members were being treated with respect. One said, "[Person's name] likes her own company a lot so they respect that, but if she wants to do something then they will do it". We saw that carers spoke with the people they were supporting in a kind way, listened to them and responded to their questions or concerns. This meant that people were shown respect when receiving care and support.

People's support plans had detailed people's preferences and personal histories and were known by the carers. We saw that routines for people based on their preferences had been recorded and carers were able to describe why these were important to them. Carers told us that initially they looked at people's support plans to find out about the people they offered support to, but over time they got to know their preferences well. On the day of our visit a carer told us that they were planning an afternoon of cooking. The person they were supporting told us they were looking forward to it as it was a hobby of theirs. This meant that carers cared about things that were important to people.

Where people were able to, it had not always been documented how they had been involved in making decisions and planning their own care. The registered manager told us that people had been involved where they could and that they would review their processes to make sure that this was recorded. Where we did see care records of people's involvement, we saw that people were receiving the support they had required. For example, in one person's support plan we read, 'I sometimes need support to understand questions and / or information so I have an advocate to help me'. Relatives told us that they had been asked for information about their family members' support plan. One said, "We were involved in the care plan and they keep it updated making sure it is fit for purpose". People had been given information on advocacy services available to them. An advocate is a trained professional who can support people to speak up for themselves. This meant that where people could, they had opportunities to be involved in the planning of their care and support.

Carers knew how to give people information in the ways that they had required it because staff documented this in people's support plans. We saw that people's communication needs and preferences had been detailed in their support plans. For example, we saw that some people used a signing system called Makaton whilst others used pictures or gestures to communicate with carers. We observed carers using

these communication methods with people they were supporting and they were able to give information to them in ways that were useful. For example, we saw a carer taking time to repeat information to one person so that they had the time to understand what was being said to them. The registered manager told us that they were currently writing a guide about the shared lives scheme and they were looking to make this easier to read for people with learning disabilities by using pictures. In these ways people received information in ways that met their individual requirements.

People described that they were encouraged to be independent so that they kept or learnt new skills. One person told us, "I do things for myself". Another said, "I help with washing up and cooking". Carers described how they had supported people to learn new skills and to be as independent as they had wanted to be. One told us, "There is learning every day, a new skill or embedding what they already know. We always try and do this". A staff member said, "We support people to become more independent if this is possible. The aim is to move people on to greater independence away from the service if people want that". We saw that people's support plans had documented the skills that people had to remain independent. For example, in one person's support plan we read, 'I am able to make a hot drink for myself'. In another support plan we saw that a person had wanted to learn how to make their own bed and there were actions set to help the person to achieve this. In these ways the provider had considered how to support people to remain independent and staff and carers understood the importance of this.

People were being supported to maintain relationships that were important to them. One person told us, "My relatives can come when they want and I can go to my friend's house". Another said, "Yes they can visit (family) and we go to [name of carer] relatives as well". A relative confirmed the caring approach of a carer and told us, "We can pop in at any time and we are always made to feel welcome". We saw that people had developed friendships from within the service. We saw that people were smiling when talking with their friends and carers. We also saw that people's care records had documented significant others that were important to them. This meant that the provider had offered a service that was enabling of friendships and relationships that were important to people.

People could be sure that information about them was treated in a safe way. This was because the provider had made available to staff and carers a confidentiality policy. This had detailed how to keep information secure and how and when to share information. Staff and carers were able to describe how they kept people's sensitive information secure and we saw that it was when we visited a person in their own home. This meant that only those authorised to do so had access to people's private information and staff and carers understood their responsibilities to maintain the safety of their care records.

Good

Is the service responsive?

Our findings

People or their representatives had contributed to the assessments and planning of their care and support. One person said, "It's my plan and I tell them what I want to do". A relative told us, "I have meetings with my husband's team to ensure everything is ok". People confirmed that the carers knew about their needs and offered their support accordingly. One person told us, "They know what I like and don't like. They ask me all the time how things are for me". A relative described how the provider was responsive to people's choices. They said, "He is able to decide what he wants to do. They will bend over backwards to do things he wants".

People's individual needs had been considered and assessed by the provider when they had been offered a shared lives placement. We saw that a matching exercise was undertaken by the provider to make sure that any potential carer had the right mix of skills and experience to be suitable to the people they may have been supporting. A carer told us how the registered manager made sure that carers had continued to be able to meet the needs of people. They said, "I couldn't give [person's name] the support he required anymore. He had interests that I couldn't help him with. The service looked for another carer and they are much better suited". In these ways people received care and support that was responsive to their individual and changing needs.

People had support plans that were focused on them as individuals. They contained information on things that were important to people and were written in such a way that carers would have been able to offer individualised care and support in ways that people had wanted it. For example, one person's support plan had detailed information on how they liked to be supported into bed at night. This contained information about the person's routine and bedding preferences. For another person we saw that their morning routine had been documented and gave carers information on what they enjoyed eating for breakfast. We also saw that people's personal histories had been documented and carers were able to describe people's backgrounds and important life events. One carer told us, "Holidays are important to him and we make sure there is one every year". In this way people received personalised care and support from staff who knew their requirements and could respond accordingly.

People were taking part in hobbies and interests that were important to them. One person told us, "We do swimming and shopping". Another said, "I go shopping, to the cinema and I do painting". A relative told us, "He is able to say if he wants to do something and she (carer) always does things if he wants to do them". We also saw that people had timetables of activities in their support plans so that carers knew the activities that people undertook. These contained details about where the person went each day as well as information on how they got there. This meant that the provider had made sure that people received personalised care and support based on their interests.

People's needs were being regularly reviewed. The registered manager told us that reviews had occurred every 12 months or when a person's needs changed. Care records confirmed this and reviews had included the consideration of any changes to people's needs or concerns about their health and well-being. This meant that carers had up to date information on the people they offered care and support to. However, although we saw that staff and carers had been involved in the reviewing of people's needs, it was not

recorded how people or their representative had contributed to this process. The registered manager told us that they would update their processes to show where people or their representative had contributed to reviewing their needs where they were able to.

People knew how to complain to the provider should they have needed to and they felt confident talking to their carer about any problems that they experienced. One person told us, "I have a phone number I can call". Another said, "I would speak to the carers, family or social services depending on what it was". Relatives were also confident that they knew how to raise a concern or complaint. One told us, "I would contact [name of healthcare professional] who would help us to take things forward with them". We were told by people and relatives that they were confident that any concern or complaint made would be handled well. One relative said, "I've raised a couple of confidential issues but they got involved quickly and effectively". We saw that people had been made aware of the provider's complaints policy through being given this when they had started to use the service. The provider had received one complaint in the last 12 months and we saw that this had been responded to in a timely way and their response showed the actions the registered manager had taken. This meant that should the provider receive a complaint, people and their relatives could be sure that it would be responded to and any necessary action taken.

The provider had made arrangements to learn from people's experiences. People had been sent a questionnaire from the provider when they had received a short break. We saw that these had been received by the service and the responses were positive about the service offered to people. One person had highlighted that they did not know how to make a complaint. We saw that the provider was reinforcing the information given to people by including the complaints procedure in the guide that they were devising about the service that would be given to them. The registered manager told us about plans they had to gain feedback from people who were in long term placements with carers. They recognised that this was important so that they could also learn from their experiences. In this way the provider was seeking to hear people's experiences of their care and support with a view to learning from any concerns.

Good

Is the service well-led?

Our findings

Carers told us that they thought the service was well-led. One said, "They are available if I need them (staff). They are all approachable including the manager". People's relatives also spoke highly of the service. One told us, "I have nothing bad to say at all, I can only sing their praises. They are very good". Staff members described the registered manager positively. One said, "The manager is very hands on. She is approachable and accessible".

The registered manager, carers and staff members had a shared vision about the service's aims and objectives and could describe them. The provider had a statement of purpose that had been made available to everyone involved in the service and outlined what people could expect to receive. We read that high quality care, independence and choice were key values that the service hoped to provide. We heard these objectives to be the focus of carers and staff when we spoke with them. This meant that carers and staff worked together to an agreed vision to support people to receive care based on these principles.

Carers and staff felt supported by the registered manager. A carer told us, "I have three monthly support visits that always happen. I get a call twice a week as well. If there are issues they phone all the time to support me. I'm supported well by the service". Staff members felt that they could give suggestions on how the service could improve and agreed that the registered manager would look at changing things if this had meant better outcomes for people who used the service. We saw that staff meetings had regularly occurred and records showed that staff had been asked for suggestions on how the service could improve. Staff members spoke positively about the individual meetings they had regularly with the registered manager. They told us that these were useful to reflect on their work with the registered manager and to consider their training needs. This meant that the provider offered carers and staff support and valued their ideas and opinions on how the service could be improved.

The provider had made arrangements to review the delivery of care and support it had offered to people and carers. We saw that in the last 12 months they had asked an independent consultant to review the service. There were areas highlighted for improvement including training and the provider offering more carers meetings. During the drop-in event attended by carers, we heard the provider giving feedback to them about this review and the plans they were making to make improvements. We also heard carers giving their feedback to the scheme. One carer said, "It would be nice to have more carer groups. They were really beneficial to discuss changes and share information". Their views were listened to and acknowledged. The registered manager told us that they would look to arrange more events to bring carers together. In these ways the provider was open to ideas for how to improve the service and showed effective leadership.

The provider had carried out quality checks of the service to make sure that the care and support offered to people was to a high standard. For example, there were three monthly and annual carer visits conducted by staff. These covered areas such as the consideration of any comments or complaints received, learning from the previous review and asking about changes to the support levels of people being supported. A carer commented on these checks. They told us, "Expectations of me are always made clear". The registered manager told us that they checked people's support plans to make sure that they were complete and

contained all of the information that carers would need. We were also told that spot checks on carers had occurred to make sure that they were delivering high quality care and support to people. However, records could not confirm this. The registered manager told us that they would look at recording the checks with any actions identified where they were needed to improve the quality of the service.

Staff and carers knew their responsibilities to raise concerns about a colleagues' practice should they have needed to. They told us that they were confident to do should they need to. This was because the provider had made available to them a whistleblowing policy which they knew about. Staff and carers told us that they would approach the registered manager in the first instance. They were also aware of other organisations that they could approach should the need have arisen. This meant that staff and carers could respond appropriately if they had concerns about the practice of their colleagues.

The registered manager was proud of what the service had achieved and how it had grown to support more people in the last two years. We saw that the registered manager had joined the national 'Shared Lives Plus' online community which had enabled them to gain ideas and to update their knowledge to improve the service. The registered manager also acknowledged and gave examples of things they were doing to improve the service. This included looking at different ways of providing training so that carers had equal access to it and how they needed to improve involving people in the design and delivery of the service. This showed that the provider was seeking to improve the service to offer a higher standard of care and support to people.

The registered manager was able to describe the support needs of people as well as the different types of services available to them. This showed good leadership. They also understood the requirements of their role. We saw that they had submitted the required notifications to the local authority and CQC for significant incidents. For example, where the registered manager had been made aware of allegations of abuse, they had notified the appropriate authorities and assisted with the investigations. The registered manager had also made sure that carers had access to out of office hours advice and support available so that support and guidance could be obtained if needed. This meant that the registered manager understood the expectations of their role.