

Independent Options (North West) Shared Lives Scheme – Independent Options (Northwest)

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 31 October 2016 and was announced. We told the provider two days before our visit that we would be inspecting their service. This was to ensure that someone would be available at the office to provide us with the necessary information we needed to carry out an inspection. The service was last inspected in October 2013 when it was found to be compliant with the outcomes inspected.

Shared Lives Scheme – Independent Options (formally known as Stockport Adult Placement Scheme) recruits and supports paid carers to provide placements for people in a family environment. People have the opportunity to live an ordinary life as part of the carer's family. The service currently provides support to people with learning disabilities. Placements can be long-term with the adult living with the carer as part of their family, or as a respite care arrangement to enable regular carers to have a short break. At the time of our inspection there were 54 people using the service. The service had 100 approved shared lives carers who were supported by six office based shared lives placement staff.

There was no registered manager for the service, due to them retiring from this post two weeks prior to our inspection. An application to be formally deregistered from this position had been received by the Care Quality Commission (CQC). A replacement manager for the service had been appointed and was due to commence their employment in November 2016; however an application had not yet been received by the CQC to enable their skills and competencies to be formally assessed. 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 using the service told us they felt safe and the shared lives carers treated them well. Shared lives carers had received training in safeguarding adults and there were robust procedures in place to ensure people were protected from avoidable harm and abuse.

Robust recruitment processes were followed including in depth assessments of potential carers suitability for carrying out their role. Enhanced Disclosure and Barring Service checks were completed for Shared lives carers and staff, which were renewed every three years to ensure they were safe to work with vulnerable adults.

The individual needs of people who used the service were assessed with risk assessments completed to ensure they were protected from harm. Where people required support with their medicines this was managed safely, regular audits took place at monthly placement monitoring visits from Shared lives staff.

Shared lives carers and staff completed a range of training that equipped them with the skills needed to perform their roles. We found this included training in the requirements of the Mental Capacity Act 2005 (MCA.) Assessments of people's capacity and best interest decisions were carried out where this was

needed. Shared lives carers were positive about the support and training they received.

People's care records contained details of their preferences and needs, including those concerning their nutritional requirements. Health action plans and hospital passports were available for people to ensure their medical needs were appropriately met.

People who used the service and shared lives carers had positive reciprocal relationships with each other. People were supported to be as independent as possible and encouraged to maintain links with their families and friends and follow their wishes and aspirations.

An accessible complaints policy was available to help people understand their rights and have their concerns listened to and addressed.

A range of systems were in place to enable the quality of the service to be monitored. The service had an inclusive ethos and valued feedback from people to help it to learn and develop, however services without a registered manager cannot be rated higher than requires improvement in the well led domain.

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.

Shared lives carers and staff went through a rigorous recruitment process to ensure they were suitable to provide support to people who used the service.

People told us they felt safe and liked using the scheme.

Shared lives carers and staff received safeguarding training to ensure they knew how to recognise potential abuse, which was regularly updated.

Shared lives placement staff made regular checks to ensure people were regularly monitored. People told us their carers treated them well.

The registered provider had robust policies and procedures which were followed to ensure people were protected from avoidable harm.

Is the service effective?

Good ●

The service was effective.

Shared lives carers and staff received training and support to ensure they had the required skills to perform their roles.

People had access to healthcare services to ensure their medical needs were appropriately met.

Shared lives carers and staff had had received training on the Mental Capacity Act 2005 and had good understanding of the principles of the Act.

People were supported to maintain a balanced, varied diet of their liking

Is the service caring?

Good ●

The service was caring.

People and their shared lives carers had developed positive reciprocal relationships with each other.

People were supported to make choices about their lives and were involved in decisions about their support.

Shared lives carers supported people to maximise their independence and respected their wishes and feelings.

Is the service responsive?

Good ●

The service was responsive.

People received support that was personalised to ensure individual preferences and needs were promoted.

People and shared lives carers knew how to complain about the service.

People were invited to provide feedback about their experience of the service to help it improve.

Is the service well-led?

Requires Improvement ●

Some elements of the service were not always well-led.

There was not a registered manager in place and whilst a new manager had been appointed for this post, an application had not been received by the CQC to have their competencies and skills formally assessed for this position.

People and shared lives carers told us that staff were approachable and supportive.

The service was inclusive and valued the participation of people to help it develop. Systems were in place to ensure the quality of the service could be monitored.

Shared Lives Scheme – Independent Options (Northwest)

Detailed findings

Background to this inspection

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

This inspection was conducted by one adult social care inspector and took place on 31 October 2016 and was announced. We gave the registered provider 48 hours' notice of the inspection to ensure there would be members of staff available to answer our questions during the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service. Prior to our inspection, we looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local Healthwatch and local authorities that commission the service and they told us they had no concerns.

We received completed questionnaires we sent out to people who used the service, their carers and their relatives. We also received completed questionnaires from community professionals and staff who were involved with the service.

During the inspection we spoke with an acting manager and four shared lives office based placement staff who provided management support to the service's approved carers and people who used the service. Three of the people who used the service, together with three of their shared lives approved carers were

spoken with during our inspection visit. We subsequently spoke with a further three shared lives carers by telephone. We spoke with two people who were part of the panel responsible for approving new shared lives carers and received written feedback about this from three other members of professional staff.

We looked at the recruitment and monitoring records for three shared lives carers and two members of placement staff employed by the service. We also looked at the care records of four people who used the service. We reviewed policies and procedures and other documents relevant to the management and oversight of the scheme.

Is the service safe?

Our findings

People who used the service told us they felt safe and enjoyed using the service. One person told us, "I previously lived alone and couldn't cope. People attacked me, took advantage of me with my money. I now feel very safe with my carers and they help me to budget. We all live together as a family and I now feel a lot better." Another person told us, "I am well looked after by the carers who made sure I am.". One person told us they had been assessed to make sure they were safe with taking their own medicines. They told us "[Shared lives carers name] keeps my medicines locked up to ensure they are not mixed." People said their shared lives placement staff maintained good contact and saw them regularly and that they would tell them if anything was making them feel unsafe. One told us, "[Placement staff name] comes out to see me every four to six weeks, I only have to phone and she comes out, if I had any problems they would come sooner."

Comments in the 16 questionnaires returned by people who used the service were all very positive and indicated they felt safe. People's comments included, "I feel safe and well looked after, If I lived on my own I would be scared and lonely." "I get more attention. I can have holidays and I don't drink anymore. I don't get beaten up anymore, I am happy now." "Living with my carer helps me live a good life and enables me to be safe at all times." "I am more confident, feel safer and happier, I am not homeless anymore, and I get the support I need."

Questionnaires from the 12 shared lives carers who completed our survey and all of those who we spoke with confirmed they believed the service kept people safe. Shared lives carers had no issues concerning the safety of the people they cared for and confirmed they went through a series of checks prior to commencing their role, including in depth assessments of them and their home together with regular monitoring visits by shared lives placement staff.

The service had safeguarding policies and procedures in place and placement staff and shared lives carers told us they understood their duty to 'blow the whistle' about any concerns or issues of poor practice they were aware of. We saw both placement staff and shared lives carers undertook regular safeguarding training to enable them to recognise and report incidents of potential abuse. We found that people who wished to be approved as potential carers completed this as part of their pre-approval training and that this formed part of their contract as a shared lives carer. The director of human resources for the service was a member of the local safeguarding adult's board and we found that where concerns about people's safety were raised, the service responded appropriately and raised alerts about these with the local authority.

We saw that action was taken by the service to ensure lessons were learnt following the conclusion of safeguarding investigations to ensure similar occurrences were minimised. The inspection was prompted in part by notification of an incident following which a service user died. This incident is currently subject to an investigation by the local authority safeguarding team which has not yet fully concluded. However, the local authority advised the coroner confirmed the cause of this death was due to natural causes. We are looking into this matter and will report on this when this issue is completed.

People who used the service and their shared lives carers confirmed they were involved and consulted about the service that was provided. One person told us they had a care plan and a funeral plan, whilst another said they had a health action plan which helped ensure their carer knew how to support them safely. We saw evidence in people's care records of a range of both individual and service level risk assessments that were completed to ensure people were protected from potential harm and that carers knew how to manage risks safely. We found people's risk assessments covered a range of areas of support, such as accessing the community, management strategies for risky or challenging behaviours and medication issues. One shared lives carer told us how they supported a person who transitioned with them from a previous foster placement. They told us about this person's need for consistency and structure and how they used strategies to help them to recognise behavioural triggers, in order to help them be as independent as possible, whilst keeping them safe from harm. We were told people's risk assessments were reviewed at least annually by shared lives placement staff and discussed at monitoring visits, which were conducted on a quarterly basis or more regularly if this was required. We saw evidence of regular write ups of conversations between shared lives carers and placement staff regarding the management of potential issues of risk. Accidents and incidents were monitored by the service and this enabled action to be taken to minimise and prevent them from reoccurring. A person who used the service confirmed this and stated, "We did an incident and accident form recently, when I was hit by a fence and we sent a photograph in about this."

There was evidence robust recruitment and selection processes were in place for shared lives staff and carers. The registered provider told us "The carer assessment process and carers agreement includes key personal qualities such as promoting dignity, compassion and respect. We also look for kindness and compassion, applying the 'Mums' test throughout recruitment." We reviewed the recruitment records of two shared lives staff and three shared lives carers and found evidence that safe recruitment procedures had been followed. We saw Disclosure and Barring Services (DBS) checks had been obtained, which we were told were repeated every three years, together with uptake of personal, employment and medical references. We found the service operated an approval panel to formally assess the suitability of potential shared lives carers. This consisted of the chief executive/nominated individual for the service, the director of human resources, representatives from local authorities who commissioned the service, staff from other shared lives schemes and relatives of people who used the service. Part of the role of the panel was to ensure that required criminal and background checks had been completed for potential shared lives carers. Shared lives carers confirmed their assessment process for becoming approved took place over a series of home visits, with placement staff completing a range of in-depth risk assessments for both them and their home environment and they also had to undertake pre approval training.

Approval panel members we spoke with were positive about the service. One told us, "I have no concerns; I wouldn't sit on the panel if not." Another commented, "Issues are discussed thoroughly and people's opinions are taken on board." Three professional approval panel members we contacted were equally positive about the service. They indicated however panel reports about prospective shared lives carers were sometimes of a variable quality and had to ask for more details on occasion. Professional panel members comments included, "The panel is a good mixture of backgrounds and experience" and "The panels are always professional and thorough, with opportunities to clarify issues with the authors of the panel reports."

Shared lives carers told us they completed annual training on the safe handling and administration of medicines. Where people were able, the self-administration of their medicines was encouraged and facilitated by the service. One person told us, "My carer gets my medication, but I take them myself." We saw evidence shared lives carers documented the administration of medicines on medicines administration records (MAR) which we were told were checked during quarterly support and monitoring visits. Where shared lives carers were not recording people's medicines administration appropriately, we found that this

was addressed during the visit, with additional support and training provided. We were told that placement staff and carers had access to an on call service run by the registered provider, to enable them to obtain emergency support out of normal working office hours.

Is the service effective?

Our findings

People who used the service spoke positively about both their shared lives carers and their placement staff and told us they enjoyed using the scheme which helped to promote their quality of life. One person told us, "My carers are great. They give me choices and help me decide what I'm going to do. I'm going out today for lunch and I chose where to go. I go shopping and go out and have holidays to my favourite places; we've been to Blackpool, Llandudno, Paris and Spain. All of the people who used the service told us they felt their carer knew how to give them the care and support they need. People told they enjoyed the ability to experience and be part of a family and had more freedom and choices than previously.

Shared lives carers told us the scheme placement staff were approachable and generally easy to get hold of when this was required. One told us, [Shared lives placement staff name] "Is easy to talk to. We are happy with the level of support we receive."

Shared lives carers were positive about the service with 92% of them responding to a key question about the training they received. One however commented, "Local training is not provided. I have to travel to Stockport to attend training which is for me really inconvenient." All of the carers told us they were consulted about their preferences for providing support to people to ensure they were compatible and happy with whom they had been matched with. One shared lives carer told us, "We have four men who stay for regular short breaks. The matching process has been very good and has been done very well. Nothing is taken for granted." Describing this matching process, another carer confirmed this process involved a series of visits and introductions, including gradual overnight stays and longer visits.

We found the matching assessment process ensured prospective carers had the right background, experience, knowledge and skills to meet their needs, preferences, choices of people who used the service. We were told the matching process considered people's background, culture, language and communication needs.

There was evidence shared lives carers completed a range of training to ensure they were able to carry out their role effectively, before they commenced working with people who used the service. We found this training was regularly renewed to enable shared lives carers to have their skills updated and refreshed and was based on the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) We found that the service had not yet signed up to the Social Care Commitment, however a senior member of staff told us they had made enquiries about this and confirmed that discussions were currently on going about this. (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.) One shared lives carer told us, "They keep me up to date with my training and I can have any training I want. It is specially tailored to people's specific needs, for example; autism and epilepsy. I have done my NVQ two."

People who used the service said shared lives carers communicated with them well and involved them in

making decisions about their support. People told us carers explained things to help them understand and make informed choices about their support. We saw that both shared lives placement staff and carers had received training on The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Shared lives staff and carers confirmed they understood the principles and requirements of the MCA and worked to ensure people's legal and human rights were promoted, whilst recognising the importance of gaining consent and agreement from people before carrying out personal care interventions. We found where people lacked capacity to make specific decisions; records showed the best interest's process had been followed.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found people's liberty was not being restricted and that the shared lives staff and carers understood their responsibilities in relation to the MCA. A professional in the community told us, "I found the member of staff I dealt with to have the client's best interests in mind and went out of their way to help [person's name] in other areas which were not necessarily part of her role."

People who used the service confirmed their medical needs were appropriately supported. One person told us, "My carer takes me to the doctor every couple of weeks. They have to monitor my blood pressure to make sure it's all right." Another person said "I have a health action plan and [shared lives carers name] takes me to the doctor when I need it, my mum takes me to see the dentist." There was evidence in people's care records of information about their required support to ensure their health and medical conditions were appropriately met. We found health action plans were available which recorded details of people's medical conditions, together with plans of care about these and information about regular health appointments. 'Hospital passports' were also available to ensure medical professionals were provided with important details if a hospital admission was required. We found people's health needs were regularly monitored by the shared lives placement staff.

People who used the service told us they were supported to eat food of their liking and make healthy choices about this. One person told us, "I get enough to eat and my carer makes sure I enjoy it." Details of people's dietary needs and preferences were recorded in their care records. Where people required their food to be prepared in a specific way for medical reasons, such as a swallowing difficulty, appropriate referrals to health professionals were made and shared lives carers received training and support to ensure people's eating and drinking needs were met.

Shared lives carers all told us they received regular monitoring visits from placement staff to ensure arrangements continued to be appropriate and enable paperwork and documentation to be checked. Each of the shared lives carers we spoke with confirmed their placement staff maintained positive relationships with them and that they felt well supported. One told us "[Placement staff name] is very good and proactive; they always email and follow up any issues promptly by phone or come out to visit."

Is the service caring?

Our findings

People who used the service commented positively about the kind and friendly approach that was shown by their shared lives carers, many of whom they had known and been with for a number of years. All of the people who completed our survey provided affirmative answers to the questions we asked about caring. People told us their shared lives carers were considerate of their needs and they felt part of their family. People told us they were involved in the matching process and were able to get to know their carers before they agreed to their shared lives placement. We found people had strong reciprocal relationships with their shared lives carers. One person said, "[Shared lives carers name] is like a second mum to me, I call her mum two."

People told us their carers supported them to maintain links with their own families where this was possible. One person said, "I am very happy with the scheme and since starting have renewed links with my family and visit my mum once a month and see my brother for lunch." Another person said, "I see my mum twice a week and she keeps regular contact with my carer."

All of the relatives who responded to our survey indicated they would recommend the scheme and felt the care and support provided to their member of family helped them be as independent as they can be. One told us, "It has made them [person's name] independent and will prepare them for the next stage in their life which is living away from home permanently."

People told us they attended college or did voluntary work. One person said, "I help with washing my clothes and love taking our pet dog for walks. I do voluntary work at the market and a recycling scheme at the local hospital." This person told us they had been given a uniform to wear at work which made them feel very proud. They told us, "I am happy I am able to give something back to the community." We found the service used innovative methods to enable people's independence and health care arrangements to be promoted, one person told us how they used their mobile phone to remind them to take their medication.

Shared lives carers told us they encouraged and supported people to feel they were members of the family they lived with. They said they celebrated things such as birthdays and went on holidays and meals out together. Where people practiced a religious faith, this was considered as part of the matching process with shared lives carers supporting people to practice their spiritual beliefs.

People told us they felt their wishes for privacy were respected by their shared lives carers and were supported to make their own choices and decisions about their lives. One person told us, "I am able to do what I want and get up and go to bed when I choose" whilst a carer commented, "The whole scheme reflects an attitude of respect and care for the scheme users."

We found the service involved independent advocates when people required information to help them make difficult decisions. A professional told us, "As an advocate, my experience of the scheme has been very positive. The manager was very hands on and responsive to any queries, requests, or information I needed."

The shared lives carers that I have supported speak very highly of the scheme."

There was evidence shared lives staff and carers respected the need to maintain people's confidentiality and did not disclose information to those who did not need to know details about them. We saw that information about people was securely maintained and was communicated or passed in private.

We found the scheme had an inclusive ethos and valued the involvement of people who used the service in decisions about its service development. We were told annual 'Have Your Say' events were held where people were invited to attend with support to help them give feedback about the scheme. A 'Service User Quality Group' was in place to discuss how to make things better for people who used the service. We found one of the members of this group was on the board of trustees and gave feedback to them. One person told us, "I sit on the board to give a perspective from people who use the service. I know it's all about confidentiality."

The registered provider told us whilst the majority of people who used the service had funeral plans in place, they were planning to improve this aspect of provision. They said they were intending to use 'Living well before you die and planning for the end of life' guidance which has been issued by The Learning Community for Person Centred Practices.

Is the service responsive?

Our findings

People who used the service confirmed they were happy with the service they received which was personalised to meeting their individual needs. People told us they were able to make choices and follow their interests. They told us about a variety of social activities they participated in including going to college and undertaking voluntary work opportunities. One person said, "I go to a social club once a week and I am learning to crochet." Another told us, "I like animals and sport, and I enjoy trampolining and do voluntary work on a local farm. I have been to speedway and Silverstone and went on holiday to Florida with [Shared lives carers name]."

Talking about the service and impact it had on people, one relative told us, "It provides a home away from home, giving a degree of space and a change of scenery, with the chance to do different activities and mix with new people. I have noticed it promotes independence and confidence."

Most of the people who answered our questionnaire indicated they were fully consulted and able to participate in decisions concerning their wishes and preferences. One person told us, "It means I can go on holiday with my friends, I can manage to look after myself."

We found people's needs were comprehensively assessed before they began using the service to ensure they could be matched with a suitable carer who could meet these in a supportive way. Referrals to the service generally came from local authority staff, some of whom sat on the scheme's panel for approving placement agreements and matching people with prospective carers. Prior to placement agreements being agreed, an extensive matching process took place to ensure carers skills, knowledge and experience of carers were compatible with the person who was referred to the service. We found that many of the people who used the scheme had transitioned into the service from the local authority fostering and adoption department. People and their carers told us this transition had been smooth and effectively arranged to ensure their needs were not disrupted. It was clear people's individual wishes and feelings were thoroughly considered and were at the heart of this process.

We saw in people care records that support plans had been developed and contained a range of in depth information and risk assessment for them to help carers meet their needs in a person centred way. We found details about people's health and medical needs, emotional, psychological and support requirements and lifestyle choices were recorded in their care records.

People's care records included an individual personal profile of them, containing a photograph of them, details about what was important to them, what people admired about them and how best to support their needs. People's likes and preferences were detailed in their care records as well as future plans and aspirations. We found review documentation detailed short and longer term goals for people together with information about how these would be achieved. People told us they were aware of their support plans and had a chance to have input into these.

The registered provider told us, "An accurate assessment and support plan is vital to ensuring we provide the correct support and achieve the required outcome for the person and we incorporate their views and individual strengths concerning the level of support required." They went on to tell us they were planning to improve people's care records in the future. Commenting on this they told us, "As the organisation has become more person centred, we have realised we need to improve the focus and recording of outcomes for our service users. We have been looking at various methods of doing this."

People told us shared lives staff met with them and their carers on a regular basis to make sure they remained comfortable with their agreement and received appropriate support. People and their carers told us placement staff monitored and reviewed their needs at least every three months or more frequently if they felt they required extra support. One carer told us, "The scheme is excellent, if ever there is a problem our placement staff come out and the support is always there." Speaking about a sensitive experience encountered during a placement another carer told us, "We have lots of support from our placement staff worker and they involved external social work professionals the next day when it was required."

A complaints procedure was in place to ensure people's concerns were listened to and acted on appropriately. Information packs containing details about the service and how to make a complaint, were given to people and their carers before their shared lives placement agreements were finalised. We saw this was produced in an easy read format, using pictures and words to help people understand about their rights. All of people we spoke with and 81% of those who completed our survey said they knew what to do if they were unhappy with the service. One person told us, "We only have to phone and we get the support we need." This person went on to tell us "I have never needed to complain, but if I did I would talk to [Shared lives placement staff name] or [Chief executive officers or name]".

Shared lives staff indicated that by maintaining regular contact with people and their carers, they could respond to people's concerns and often pre-empt any concerns, before they resulted in a formal complaint being made. There had been five complaints raised about the service over the past 12 months, four of which had been investigated and resolved satisfactorily, three of these within 28 days of them being made. Two of the complaints we saw concerned a similar theme which highlighted the importance of good communication and responding quickly to queries that were made. We were told all complaints were now logged centrally and reported weekly to the chief executive officer and discussed at weekly briefings and team meetings, so that staff could learn from any mistakes.

All of the people and their carers we spoke with were very positive about the service. We found nine written compliments had been received in the 12 month period prior to our inspection. The registered provider told us these were mostly from carers, thanking individual placement staff for their support and response to different situations. Two had been from relatives giving thanks for the support provided to their family members to move into long term placements and the good match with their carers. Social services staff we spoke with were complimentary about the service and we were told that one local authority service manager had provided thanks for the speedy response in setting up an emergency placement when it was required.

Is the service well-led?

Our findings

People we spoke with talked highly of the shared lives scheme and told us they felt it was well led. An independent member of staff who sat on the panel for approving placements and the appointment of new carers told us, "I have always found the scheme to be well led and meticulous in their monitoring of carers. The scheme presents issues for advice. In my experience, free and open debate is facilitated and the scheme will act as advised by panel."

One of the shared lives carers we spoke with told us, "I feel the service is well led, the staff are friendly and approachable and more like a family. I have had more input and training than I did when I worked for social services."

There was evidence the registered provider was aware of their responsibilities to notify us about significant events. However this location has a condition of registration that it must have a registered manager in place. The previous registered manager had retired two weeks prior to this inspection and an acting manager was temporarily covering this post until a permanent replacement manager took up this post later in the month. This domain cannot currently be rated higher than Requires Improvement, as the rules for rating this as good require there to be registered manager in post who is responsible for management of the service.

We were told the service and all carers were members of 'Shared Lives Plus', which is an organisation that supports the running of similar schemes and sets national standards of good practice issues, in conjunction with government agencies. Shared Lives Plus sends out regular newsletters to carers and schemes, highlighting any changes or developments to help keep them informed of developments and up to date.

Administrative systems were in place to support the effective running of the service. The registered provider used information collected from key performance indicators, placement monitoring visits and reviews of people who used the service to enable the quality of the service to be monitored. We were told weekly internal reports on a range of issues such as incidents and accidents, training and complaints were submitted to the chief executive officer and a health and safety committee, chaired by the director of human resources who held a national occupational health and safety qualification. Feedback from local authority staff confirmed the service liaised with them well and cooperated with them when people's needs changed.

There was evidence the service had an ethos of empowerment, independence and inclusion. We were told the chief executive officer and staff had an open approach and welcomed feedback as a means of improving the service. We found the scheme operated a subcommittee for people who used the service and that one of them was on the board of Trustees.

Surveys were issued to people who used the service, their carers, relatives and stakeholders to enable their feedback to be provided about service. We were told the service also used additional methods such as a 'question of the month' and events such as 'Have Your Say' days and saw that results from these were

generally very positive.

Shared lives staff and carers told us about regular meetings and forums they attended to ensure they were kept informed of developments and good practice issues. Carers told us they found these meetings were useful and gave them opportunities to meet with other carers and talk about their roles.

Commenting on the service a member of local authority commissioning staff said, "I have recently attended one of their shared lives carers' meetings and nothing discussed there raised any concerns. I feel that they are a collaborative provider that is open to developing their service to improve outcomes to service users."