London Borough of Lewisham

Lewisham 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

Lewisham Shared Lives is a local authority operated service that supports adults with a learning disability and/or older people to live in the community, in the family home of their shared lives carer. Shared Lives schemes offer an alternative to both residential and more traditional care at home services for people who need personal care and support with their day to day lives. The Care Quality Commission (CQC) regulates the provision of personal care for people who use the service.

Shared Lives schemes can offer personal care and support which is a day service, an overnight service, temporary or permanent. At the time of the inspection Lewisham Shared Lives was primarily involved in supporting people with a learning disability or autistic spectrum disorder who were settled in long-term placements. The provider is responsible for appointing, training, monitoring and supporting local carers who are self-employed and receive a payment for providing people with personal care, accommodation and other assistance. A total of 18 carers had been appointed and some carers had been approved to care for more than one person.
This was the first inspection of this service since it registered with the Care Quality Commission (CQC) on 15 September 2015. The provider was given two days' notice of our intention to conduct the inspection, as we wished to ensure that key staff were available to contribute to the inspection.

Lewisham Shared Lives is managed by a registered manager who is supported by one full-time coordinator, and an assessor who conducts assessments for new carers as required. 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 Act 2008 and associated Regulations about how the service is run. The registered manager and the coordinator were present on both days of the inspection.

Carers understood how to protect people from the risk of abuse and harm. They had received safeguarding training and were aware of how to report any concerns about people's safety and welfare to the coordinator or registered manager. Carers were provided with guidance about how to support people to safely receive their prescribed medicines.

Systems were in place to assess and monitor any risks to people's safety. Written guidance was in place to advise carers about how to mitigate identified risks whilst supporting people to make choices and maintain their independence, where possible.

Robust recruitment practices were in place to make sure that people who use the service were supported by carers with appropriate knowledge and skills, and a clear commitment to the principles of Shared Lives. Following an assessment process by the provider, the applications from prospective carers were presented for approval to an independent panel. People were placed with carers after the successful completion of a detailed 'matching' process, which included different opportunities to spend time together and reflect on whether both parties wished to proceed with a placement.

Carers were provided with a range of support to assist them to undertake the requirements of their role; this included training sessions, visits at home and telephone advice from the coordinator, and regular group meetings with other carers.

The registered manager and the coordinator understood their responsibilities in relation to the Mental Capacity Act 2005. Assessments of people's capacity to make specific decisions were carried out when necessary and carers recognised the importance of supporting people to make day to day decisions about their lives and receive their care and support in the least restrictive manner achievable. The coordinator monitored that carers acted in people's best interests in line with legislation.

People's care plans showed that they were supported to meet their nutritional needs and individual preferences, and receive food and drinks that reflected their cultural needs, where applicable. Written information was provided for carers about people's health care needs. The documentation recorded by carers demonstrated that people were supported to attend health care appointments and follow guidance issued by health care professionals.

Due to their disability and/or health care needs, people were not able to speak with us in a detailed way when we telephoned. The people we spoke with confirmed they were happy living with their carers, liked the homely environment and mentioned some of the activities they enjoyed with their carers, which included holidays in the UK and abroad, shopping trips, outings to the cinema and theatre, and exercising at the gym. Relatives informed us that their family members now spoke of having two homes and they were pleased to observe how their family members had developed new skills and confidence since moving into their placements.

Each person using the service had a care and support plan, which was reviewed annually or more frequently if necessary. The care and support plans identified people's needs, wishes and aspirations. Relatives and carers told us that the coordinator had established an excellent rapport with people who use the service, which enabled people to feel relaxed during their review meetings and other occasions when they were asked for their opinions about the quality of their care and support.

The provider had given written information to people who use the service, their relatives and the shared lives carers about how to make a complaint. The coordinator ensured that he regularly met with people who use the service in order to identify any possible concerns, particularly as some people might experience initial difficulties with verbally expressing if they had a complaint.

The registered manager and coordinator were experienced in the management and day to day running of shared lives schemes. We received positive comments about their commitment to the service and the cooperative approach of the coordinator, who carers described as always being available to offer helpful advice and support. There were formal systems in place to monitor the quality of the service. For example, people who use the service and their shared lives carers were asked for their views through surveys and questionnaires and their feedback was used to develop 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.

Systems were in place to protect people from the risk of abuse.

Plans had been developed to mitigate identified risks to people's safety.

There were sufficient safely recruited carers and respite carers to ensure that people received a consistent and stable service.

Carers were supported to assist people to safely take their medicines.

Is the service effective?

Good

The service was effective.

Carers were provided with the training and support they needed to carry out their roles.

Systems were in place to support people with their nutritional and health care needs.

Carers upheld people's legal rights and sought their consent before supporting them with personal care.

Is the service caring?

Good

The service was caring.

People were supported by kind carers who provided an extended family network in a homely setting.

People were involved in the planning of their care and support so that it met their choices and preferences.

Carers supported people in a respectful and dignified way.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and kept under review. Care and support plans were written in a person centred manner.

Carers supported people to enjoy activities and pursue their interests.

People, their relatives and the carers were advised about how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had clear plans about how to develop and expand the service.

The views of people who use the service and carers were sought and listened to as part of the provider's commitment to make improvements.

Systems were in place to monitor the quality of the service.

Lewisham 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 checked 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 announced comprehensive inspection was carried out on 24 November and 5 December 2017 by one adult social care inspector. The provider was given 48 hours' notice prior to the first day of the inspection. This was because the registered manager and the coordinator spend time in the community supporting shared lives carers and we needed to be sure that someone would be available to speak with us. We arranged the second day of the inspection to gather additional information and provide feedback to the management team.

Before the inspection we checked the information that we held about the service. This comprised information such as notifications from the service and any comments from parties with knowledge and experience of how the service is managed. Notifications are sent to the Care Quality Commission by providers in relation to events, changes or incidents that occur within the service, which they are required to do by law.

During the inspection we looked at a wide range of records including four care and support plans for people who use the service, the recruitment and training documents for five carers, policies and procedures used by the provider, written guidance issued to carers and the complaints log. We gathered evidence through our discussions with the registered manager and the coordinator. Additional information about the recruitment of carers and staff was sought from a representative of the local authority's recruitment consultancy team.

Following the inspection, we spoke by telephone with three people who use the service, four relatives and four carers. We also contacted three health and social care professionals who supported people who use

the service for their views.

Good

Is the service safe?

Our findings

People who use the service told us they were happy and comfortable living with their shared lives carers, and got on well with them. One person commented, "Yes, I really like [carer], we have just come back from [overseas holiday]." One person said they would tell their relative if they had any concerns about living with their carer and people confirmed they could speak with the coordinator. Relatives informed us that they regularly spoke with their family members about how they were getting on with their carers and always received positive and cheerful responses. One relative said they observed that their family member was at ease with their shared lives carer and responded to the carer in a relaxed and smiling way, which they found reassuring. Another relative explained that as part of the matching process between their family member and a prospective carer, they had been able to get to know the carer and discover the personal factors that had motivated them to take on the role of a shared lives carer.

Carers stated that they had received safeguarding training from the provider and demonstrated their understanding of how to report any safeguarding concerns. The provider used the safeguarding policy and procedure issued by the local authority and carers were given written information about their responsibilities to safeguard people who use the service, with relevant contact numbers. Carers understood the process they could follow in order to whistleblow to senior management at Lewisham Council and/or external bodies, if they thought the registered manager and coordinator had not appropriately responded to their concerns about people's safety and welfare.

Systems were in place to identify and mitigate any risks that could impact on people's safety and welfare. The coordinator was responsible for carrying out individual risk assessments and environmental risk assessments that focussed on the safety of the home people lived in with their carers. The care and support plans we looked at showed that carers were provided with risk management guidance about how to support people who use the service to maintain their independence as much as possible, whilst promoting their safety and comfort. The risk assessments were reviewed annually although the reviewing process could be brought forward if necessary. The coordinator provided us with documentation that demonstrated the provider had scheduled reviews of peoples' needs when information was received that indicated people were at risk of not receiving safe and appropriate care. We also saw another example where a person had previously enjoyed a very independent lifestyle in the local community but was now unable to participate in specific activities due to their health care needs. The provider had worked closely with the carer and health care professionals when it became apparent that the person's progressive health care condition could present risks to their safety. We spoke with the person's relative and carer and found that the person continued to lead a fulfilling social life, as their support was tailored to meet their needs.

The provider demonstrated a suitable approach to ensuring that experienced carers were safely recruited. The recruitment process was lengthy as carers were required to complete a detailed application form, which included various questions about why they were interested in becoming a shared lives carer. Following the receipt of the application form, the provider conducted a range of checks which included personal and professional references, a health care questionnaire, proof of identity and address, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service provides criminal record checks and a

barring function to help employers make safer recruitment decisions.

There was a structured assessment and approval process used by the provider. Prospective carers were assessed by a designated assessor who worked for the provider. The assessor interviewed prospective carers at their home and also met with other members of the family who wished to be involved with providing care and support. The applications for suitable prospective carers were presented at a panel which comprised health and social care professionals, along with shared lives carers and experienced shared lives personnel from neighbouring shared lives schemes in south-east London. Once carers were approved, the coordinator commenced the process of matching people who were interested in using the service with a compatible carer.

The coordinator informed us that people lived with their primary carer and in some circumstances there were secondary carers living at the family home who provided care and support when the primary carer was not present. In other circumstances the secondary carer was a relative or close family friend of the shared lives carer who lived nearby and had regular contact with the person using the service, the carer and any other members of the household. The care and support plans we looked at clearly demonstrated that these arrangements had been assessed for their suitability and showed that checks were undertaken to ensure that the secondary carer was appropriate for the role and responsibilities. Additionally people had regular respite carers they stayed with when their carer was on holiday or unable to provide care and support for other reasons. The coordinator told us that he ensured there were sufficient carers available who were familiar with people's needs if an emergency arose in regards to their primary carer. Discussions with relatives and carers confirmed that short periods of respite were organised in a manner that enabled people to maintain continuity and stay with carers they were familiar with. Relatives of people using the service told us that where possible their family members sometimes stayed with them.

Carers confirmed they received guidance and support to assist people to safely take their prescribed medicines. The provider had a policy in place which we looked at and carers were provided with a copy. The records for the coordinator's visits to people's homes showed that he checked that medicines were safely stored and administered. A carer told us they would telephone the coordinator if they had any queries about how to administer a newly prescribed medicine so that he could undertake checks with relevant medical and health care professionals.

We noted that the coordinator checked on the cleanliness and hygiene of the homes people lived in, to ensure that people were not placed at risk of infection and cross contamination. We saw clear evidence that where shortfalls were detected the provider supported carers to make necessary improvements so that people resided in clean and comfortable homes. The care and support plans we looked at did not contain any specific guidance about infection control as it was not applicable to the needs of people using the service. The coordinator confirmed that he would support carers to ensure that they adhered to any instructions issued by health care professionals, for example if a GP or district nurse advised carers that it was essential to use personal protective equipment when assisting a person with their personal care needs.

The provider demonstrated that they had effective systems to investigate, monitor and learn from accidents, incidents and safeguarding. We spoke with the registered manager and the coordinator about a recent investigation they had carried out in relation to the conduct of a carer. The registered manager and the coordinator explained that as a management team they had learnt from the event about how to prevent concerns of a similar nature from arising.

Good

Is the service effective?

Our findings

We found that people who use the service were provided with care and support to meet their identified needs, in line with their recorded needs and wishes within their care and support plans. The service was organised in a way that enabled people to benefit from consistency, as people were placed with shared lives carers who knew them well and had similar social interests. The provider liaised well with relevant health and social care professionals so that people were able to access specific support to meet their needs, for example if people needed input from occupational therapists, dietitians, psychologists and dementia care practitioners. This also enabled carers to understand and respond to people's changing needs due to their disability and/or health care condition.

Carers spoke very positively about the training and support they received from the provider. One carer told us, "The training is very good. We have done training about the needs of people with a learning disability, first aid, epilepsy, health and safety, moving and handling, and supporting people with dementia." Another carer said that the dementia care and safeguarding training had been useful and felt they benefitted from the discussions in the bi-monthly meetings with other carers. Although the provider recruited carers with an interest in supporting people, it was not necessary for applicants to have prior qualifications in health and social care. However we noted that many of the carers had formerly worked in the health and social care field and/or they had previously fostered children and young people, hence they had already undertaken relevant training and vocational qualifications. The provider supported new carers or individuals who wished to refresh their knowledge to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and provides introductory skills and knowledge to provide a good standard of care and support.

Carers stated that the coordinator provided them with effective support and supervision during regular one to one meetings. The records for these meetings showed that carers received a variable number of visits each year, but was ordinarily between four and six visits per 12 months. In circumstances where the needs of people who use the service had become more complex and/or there were specific issues where carers required additional advice and guidance, it was noted that the coordinator had visited more frequently. Carers confirmed that they could easily access advice and support from the coordinator when they telephoned him.

Relatives informed us that their family members were supported by their carers to receive a balanced and healthy diet. A relative told us that their family member now ate healthy foods that they had previously not liked, due to the encouragement of their carer. We noted from people's care and support plans that their dietary requirements and preferences were identified and understood. During our discussions with carers and the coordinator, we noted that people who use the service led busy lives. For example, many people attended resource centres during the day, returned home for a while and then went out to clubs or the cinema. People's annual reviews monitored if there were any concerns from their relatives, carers, GP and other health care professionals in regards to their nutritional intake, so that their care and support plan could be updated to reflect professional guidelines.

The shared lives service was managed by a registered manager (service manager), who was responsible for managing other community services for adults. This included an enablement service, telecare and dementia care services. The registered manager informed us about how this arrangement had strengthened useful links that people who use the shared lives service could benefit from. For example, the registered manager had regular contact with a variety of health and social care professionals which enabled her to signpost people and their carers to specialist colleagues, services and projects that could promote people's independence and wellbeing. Carers told us that the coordinator advised them about how to access occupational therapy and physiotherapy services, so that people who use the service could be assessed for mobility equipment and other aids and adaptations if they were experiencing any difficulties in maintaining their independence.

The care and support plans contained information about people's health care needs. Relatives expressed they were pleased with how their family members were supported to attend their required health care appointments. Relatives told us that their family member's carers were vigilant about detecting any signs of illness, kept them informed about any changes to people's health care needs and explained the actions they were taking to support people to abide by any instructions given by their doctor and/or health care professional. The provider informed us that they planned to develop Health Action Plans so that people who use the service had a dedicated and concisely presented document about their health care needs and how they communicated their needs, which could be shared with health care professionals during routine appointments and in the event of emergency circumstances.

We found that the provider was working within the principles of The Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are supported to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Carers demonstrated an appropriate understanding of the importance of protecting people's rights to make day to day choices. The management team told us that they regularly spoke with carers during meetings and training sessions about their role in supporting people to make decisions where people had the mental capacity to do so. The care and support plans showed that people's mental capacity was assessed as part of their comprehensive assessment by their social worker. The coordinator told us about circumstances where it had been necessary to regularly review a person's mental capacity, for example if they were diagnosed with a health care condition that resulted in cognitive impairment.

Good

Is the service caring?

Our findings

People and their relatives told us they thought their shared lives carers were kind and supportive. One person who uses the service said, "Yes, I am happy, it's good" and another person remarked, "[Carer] is my friend, we go shopping." One relative informed us that their family member liked the entertainments that their carer regularly organised and enjoyed the cheerful atmosphere at their home. Another relative stated that they saw the positive and fond relationship that had developed between their family member and their shared lives carer. They explained that this was important to them as the decision to support their family member to live with a carer had been difficult, but necessary to ensure their family member's long-term wellbeing.

We noted that most people using the service had lived with their carers for many years and were very settled. One carer told us that their parents had fostered children with a learning disability in the local area, so they had known the people they now supported since their childhoods. Another carer informed us that they also had become accustomed to supporting people in a homely setting as their parent had been a shared lives carer. Through speaking with carers and by looking at the assessments of carers the provider had undertaken as part of the recruitment process, we found that carers had strong backgrounds in supporting people through paid or voluntary work, and/or their own experiences of caring for a family member with a disability or health care need.

Through speaking with people who use the service, their relatives and their carers, we observed that people made their own choices and followed their own routines. For example, one person was not available to speak with us on the telephone as they were going out for an evening with their friends, so we made an arrangement to speak with them on another occasion. Carers explained to us about people's chosen activities and community commitments in a manner that demonstrated they fully supported people to pursue their favourite interests and lead fulfilling lives.

The coordinator informed us that where people who use the service had cultural and/or religious needs, the provider matched them with carers with the same background or with carers who demonstrated an understanding of how to meet these needs. We found that the matching process had worked well, for example some people chose to attend places of worship with their carers because they belonged to the same faith or a similar denomination, and other people lived with carers who had personal experience of preparing cultural foods they liked. The matching process also looked at whether people wished to have a carer of the same gender.

People using the service had opportunities to contribute to the planning of their care and support, and give their views about how they were supported by their carer. The coordinator informed us that he met with people away from their carers, for example he visited them at a day centre or club they attended in order to speak privately. We looked at the questionnaires that people had completed, which showed that people thought that their privacy and dignity were promoted and they were treated with respect and kindness by their carers. Where people needed support to complete their questionnaires, this was given by an individual who was independent from their carer and the employees of the shared lives scheme. Carers had received

training and support to understand the provider's policy on equality and diversity, and there were opportunities to discuss issues and seek advice during their one to one meetings with the coordinator and at group meetings.

Good

Is the service responsive?

Our findings

People were provided with person-centred care, which took into account their needs and wishes. People's needs had been comprehensively assessed before they received a service from the shared lives scheme. These assessments had been coordinated by people's allocated social workers and took into account people's opinions and preferences. Where people wished to have support and advice from their relatives for the assessment and care planning process, we saw that the views of relatives were sought. The care and support plans we looked at showed that people who use the service had signed their care planning documents to demonstrate that they had been consulted and involved.

Care planning review meetings took place every 12 months, unless there was a need to bring forward the review date due to changes in a person's health and wellbeing, or because other significant factors had arisen. We noted that the reviews were attended by the person who uses the service, their primary carer and the shared lives coordinator. Depending on people's individual circumstances other parties also attended, for example people's relatives, their respite carers, health and social care professionals and day centre officers. We observed that the annual review for one of the care and support plans was overdue. We discussed this finding with the coordinator and looked at correspondence exchanged between the provider and specialist health care professionals who were involved in the person's care. We noted that the person's health care needs had been monitored and a meeting was due to take place. This would enable the care and support plan to be updated in order to include the current guidance of specialist health care professionals.

Relatives told us about the process used by the provider to introduce their family members to prospective carers. They were pleased that the introductions were arranged at a pace that suited their family member. One relative said that initially their family member met the carer they now live with for a very short meeting, which then extended to an hour followed by an afternoon. Eventually their family member had an overnight stay and a weekend stay. Relatives emphasised that this approach had been helpful, particularly where people did not cope well with changes due to their disability.

People who use the service were supported to enjoy their hobbies and social activities, and to integrate within their local community. We found that the provider's matching process enabled people to live with carers with similar interests, so that people had support and encouragement to undertake their chosen activities with their friends, at a social club and/or with their carers. One person told us they had just returned from the gym with their shared lives carer. We spoke with the carer and with the person's relative about how well the matching process had worked for all the parties involved. The carer told us that they went with the person to the gym up to four times a week as they both had a great interest in sports. The person's relative told us that their family member had improved their health and their confidence as a result of the activities they were now actively engaged in. We noted that other people went with their carers to the theatre, cinema, shopping trips, restaurants and places of interest. One person told us they went to work once a week and the relative of another person confirmed that their family member also undertook weekly therapeutic employment. Another carer spoke with us about how they had supported a person to try new activities when their health care needs meant they could no longer continue with their employment.

One person who uses the service told us they would tell their relative if they had any concerns about living with their carer. People confirmed that they knew the coordinator and said they could speak with him if anything worried them about their shared lives placement. A relative told us that if they had a minor concern about the welfare of their family member they would initially speak with the carer, as they felt that the carer would take appropriate action to promptly address the issue. Relatives stated that if a concern was of a more serious nature, they would directly contact the coordinator. People who use the service, their relatives and shared lives carers were provided with information about how to make a complaint.

We spoke with the registered manager about a complaint that the provider had received, which had been shared with the Care Quality Commission by the complainant prior to the inspection. The registered manager provided us with written information to demonstrate how the complaint had been investigated by the local authority. We noted that the provider had addressed the complaint in an open and transparent manner, and had looked at how the service could learn from the complaints investigation. There were no other complaints at the time of the inspection.

At the time of the inspection the provider was not supporting any person with end of life care needs. Through our discussions with the coordinator, we noted that the provider would work closely with local health care professionals such as a person's GP and specialist palliative care nurses so that people's needs and wishes were identified and safely planned for. People had developed close relationships with their carers and the provider understood that where possible people would wish to remain with or close to their carers at the final stage of their lives.

Good

Is the service well-led?

Our findings

The registered manager and the coordinator demonstrated that they had a clear vision for the development of the service and were working towards putting this vision into practice. They explained to us that within the past year or so the local authority had made a firm commitment to investing in and expanding the service, as they regarded shared lives as being an attractive and advantageous alternative to placing people in residential care. The coordinator told us that although people who use the service tended to be younger adults with a learning disability, the provider was looking at the experiences of other shared lives schemes where older people and people living with dementia were being supported.

We were informed that one of the challenges that the service had faced was a dwindling number of long-standing carers, who at some stage would wish to retire from their roles. The provider had implemented positive changes to attract new carers, for example the payment fees for carers had been reviewed after several years of having remained the same and were now competitive when compared to other shared lives schemes in the area. At the time of the inspection, the provider demonstrated that there had been an increased interest from local prospective carers and assessments were being carried out to present their applications to the panel. The coordinator told us that as part of the provider's development plan he was now speaking at social work team meetings and other forums about how the shared lives scheme could meet the needs of more people with a disability or health care need. We were also shown an article in a borough-wide magazine where carers spoke about their experiences of sharing their home with people who needed assistance and encouragement to lead fulfilling lives in their local community.

We received positive feedback from local authority social services professionals who worked in partnership with the provider. A senior manager from the local authority told us, "The shared lives service continues to grow and to provide a valuable community and family orientated response to people with needs that can no longer be supported in their own home. We have found the leads responsive and helpful and that overall customers do very well and are helped to remain in a shared lives environment for as long as is appropriate. The manager and co-ordinator are easy to meet with and always willing to discuss various requests and local needs. I and my team would view the team and the service as generally thoughtful and helpful. The feedback from the customers is also overall positive."

The provider worked within a clear structure with underpinning policies, procedures and values. Lewisham Shared Lives Scheme are members of Shared Lives Plus, which is a national advisory body for shared lives schemes. We saw that the provider used published information from Shared Lives Plus to guide carers about their roles and responsibilities. The coordinator told us that he could access online discussions and meetings with other schemes in order to seek information and advice, and discuss best practice. The provider had frequent contact with the shared lives schemes in neighbouring local boroughs as part of its arrangement to approve prospective carers or remove existing carers via the independent panel. This was described as a useful resource for the provider to share good practice initiatives and benchmark its own performance. The panel also acted where necessary as a 'critical friend' which afforded the provider with external quality assurance of how it functioned.

The provider had systems in place to seek the views of people who use the service and carers. We saw that carers were also sent questionnaires to complete about their experience of working for the service. This included questions about whether the training was of a suitable quality and frequency to meet their needs and whether the coordinator provided people with the level of support and guidance that they needed to appropriately meet people's needs. The feedback from carers was positive. Carers reported that they found the support and reviewing of their performance by the coordinator to be useful and some carers had suggested how the provider could expand upon the scope of their training programme. At the time of the inspection the provider did not have any carers who undertook duties on independent panels. The coordinator confirmed that he was encouraging and supporting carers to develop their skills and confidence to take on additional responsibilities, if they wished to pursue this type of professional and personal development.

The coordinator carried out random checks at the homes shared by people and their carers. We saw that financial records and the annual diaries that carers maintained to record people's appointments and other significant events were looked at to ensure that people were being safely supported in line with the provider's procedures.

We found that the provider was open with us in terms of where they identified shortfalls in the service and how they proposed to make improvements. It was acknowledged that there had been a period when the local authority had not decided whether it planned to develop the service, which meant the provider had not been actively trying to increase its appointment of new carers. The coordinator told us that he now planned to implement improvements, for example more detailed written information about people's health care needs in either a Hospital Passport or Health Action Plan format. Another proposal was to create more user friendly documents for people who use the service to enable them to access important information about their rights and entitlements in an easy read format. The management team informed us that in line with recommended staffing levels for shared lives schemes, they would be able to recruit a shared lives officer to support the coordinator once there were at least 25 carers actively working for the service. The coordinator was optimistic that having an additional member of staff would provide him with additional time to make more positive changes to the service. We noted that he had extensive experience of working in and managing similar services in neighbouring local authorities and was knowledgeable about the achievements that could be made.

The provider demonstrated that it effectively worked in partnership with other organisations. In addition to its membership of the national Shared Lives Plus organisation and its close liaison with other local shared lives schemes, we noted that the reviews of people's care and support demonstrated a multi-professional approach where possible. The registered manager understood her responsibility to inform the Care Quality Commission of any events at the service that were notifiable, in accordance with legislation.