Brighton and Hove City Council

Brighton and Hove City Council - Shared Lives Team

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 25 February and was announced.

Brighton and Hove Shared Lives Team provides long or short term personal care and support for adults in the Brighton and Hove area, who have a learning disability or a mental health need. In Shared Lives, an adult over 18 years of age who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered shared lives carer. Together, they share family and community life and in many cases the individual becomes part of a supportive family. Shared lives carers and people they care for are matched for compatibility and can develop real relationships. The shared lives carer acts as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Approximately 53 people were supported by 34 registered shared lives carers in the scheme. Shared lives carers are supported and managed by staff employed by the service.

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

Since our last inspection the service had amalgamated with another service in the city of Brighton and Hove. The service was going through a significant period of change and review, where the provider and local stakeholders were looking at the service provision, what care and support was needed in the city, and how the service would best be provided in the future.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care and support plans were detailed and reviewed regularly. Detailed risk assessments were in place to ensure people were safe within their own home and when they should receive care and support. However, we found that details of the risks identified had not been consistently used to update the care and support plan to help ensure consistency of approach. Risk assessments did not reflect the level of knowledge held by staff members. This is an area in need of improvement.

People told us they felt safe in the service. People were supported by shared lives officers and cares who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Consent was sought from people with regard to the care that was delivered. Shared lives officers and carers understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Where people were unable to make decisions for themselves, staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken

appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals and had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

New shared lives carers underwent rigorous assessment and checks before being 'matched' with people who needed support. People told us how they liked their accommodation and enjoyed living with their shared lives carers. Their cultural needs were taken into account when they were matched with potential carers. They felt able to express their views and were involved in decisions affecting them. People had contact with their relatives and were supported to stay in touch.

People were supported by kind caring staff. Shared lives officers and carers were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. They told us that communication throughout the service was good. The shared lives carers said they felt well supported by management and were positive and enthusiastic about their roles. One shared lives carer told us, "Someone is always at the end of the phone. They give you fantastic support."

There was a detailed complaints procedure. The registered manager told us that they operated an 'open door policy' so people, their representatives or shared lives staff could discuss any concerns.

The registered manager, along with the shared lives officers provided good leadership and support to the shared lives carers. They were involved in day to day monitoring of the standards of care and support that was provided to people. One member of staff told us, "We are good at identifying what has gone well. We don't hold it back we have a manager who is innovative." Systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care, and they were asked to complete a satisfaction questionnaire to help identify any areas for improvement. There was evidence as to how any feedback was acted upon and improvements made to the service provided. Comments from members of staff about the service included, "Gives a rooted belonging feeling," "Makes such a difference for that person," and "To feel you belong – because long term and integrated in a family and a community service users get a feeling of belonging they could not get from another type of service. They build relationships with each other and become important to each other."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's care records included support plans, and risk assessments. However, risk assessments did not reflect the level of knowledge held by staff members, and lacked sufficient guidance. Where changes had been made these had not always been used to inform and update the care and support plans.

People were supported by shared lives carers who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected. Shared lives carers were vetted and checks undertaken to ensure they were safe to support adults.

Medicines were managed, stored and administered and safely and audits were undertaken by staff in the service.

Is the service effective?

Good

The service was effective.

Shared lives officers and carers had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. Shared lives officers and carers had the skills and knowledge to meet people's needs. They had a good understanding of peoples care and support needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by shared lives carers and people's likes and dislikes were taken into account.

The service had a rigorous assessment process before shared lives carers were 'matched' with people who needed support.

Is the service caring?

Good

The service was caring.

Shared lives carers treated people with compassion, kindness, and respect. People were very positive about the families they lived with and they were encouraged to participate in the community.

People were pleased with the care and support they received. They felt their individual needs were met and understood by the shared lives officers and carers.

People were able to express their views and participate in decisions that affected them, with support if required.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

The views of people and their representatives were sought and informed changes and improvements to service provision.

People had been supported to join in a range of activities.

A complaints procedure was in place. People told us if they had any concerns they would feel comfortable raising them.

Shared lives carers felt supported by the shared lives officers and the registered manager. There was always someone available when they needed help or support.

Is the service well-led?

Good

The service was well led.

Quality assurance was used to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Shared lives cares told us the management was approachable and very supportive.

People were able to comment on and be involved with the service provided to influence service delivery.

Brighton and Hove City Council - Shared Lives Team

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.

The last inspection was on 21 January 2014 where no concerns were raised.

This inspection took place on 25 February 2016 and was announced. We told the registered manager five days before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience gathered feedback from people supported by the service by speaking with them over the telephone.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection 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. This helped us with the planning of the inspection. We contacted five shared lives carers, eight people using the service and two relatives over the telephone, and a healthcare professional who had experience of working with the staff team.

During the inspection we visited to the service's office and spoke with the registered manager and two shared lives officers. We spoke with three further shared lives carers over the telephone. We spent time reviewing the records of the service, including policies and procedures, 11 people's care and support plans,

the recruitment records for four new shared lives staff, complaints recording, accident/incident and safeguarding records. We also looked at the provider's quality assurance audits and service development plans.

Requires Improvement

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the shared lives carers. One person told us they were, definitely happy living at shared lives, and everything made them feel safe. Another person told us the home they lived in had a lovely atmosphere, and they had felt settled since they had moved in. They said they felt safe because they were looked after. The services own quality assurance completed in 2015 detailed all the respondents felt safe. Comments received included, "I feel very safe and secure at home," and "I live with very nice people." However, we found an area in need of improvement.

Detailed assessments were undertaken to assess any risks to the person using the service and the staff supporting them, to protect people from harm. Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. Where possible these had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was some guidance for staff to take to minimise the risk. However, we found that details of the risks identified had not been consistently transferred over from supporting documentation and used to update the care and support plan to ensure consistency of approach. Risk assessments did not reflect the level of knowledge held by staff members. This is an area in need of improvement. There was an assessment of the environmental risks and the provider had arrangements in place for health and safety checks on the shared lives carers' home to be undertaken. These checks ensured people using the service were living in a safe and maintained environment. Shared lives officers undertook regular reviews of the risk assessments. The registered manager was then able to monitor the completion of risk assessments for discussion at the shared lives officers' supervision meetings.

The provider had a number of policies and procedures to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Shared lives officers and carers told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with shared lives carers about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The shared lives carers had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

There were arrangements to help protect people from the risk of financial abuse. Shared lives carers were

able to tell us about the procedures to be followed and records to be completed to protect people. Shared lives officers then showed us how they monitored that the procedures were being followed and records completed correctly as part of the regular review process.

Procedures were in place for staff to respond to emergencies. Shared lives carers had guidance to follow in their handbooks and were aware of the procedures to follow. The shared lives carers told us they would report any concerns to the office straight away. There was an on call service available, so shared lives carers had access to information and guidance at all times. Shared lives carers were aware of how to access this and those who had used this service told us it had worked. We did receive some feedback that the staff at the on call service did not always have sufficient understanding of the service to respond effectively. We discussed this with the registered manager during the inspection, who confirmed they had received similar feedback though the services own quality assurance undertaken. They told us of the work which was already in progress to improve the on call arrangements to ensure shared lives carers were effectively supported.

Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in shared lives carers' homes. However, shared lives carers told us medicines were locked in cupboards in their home. Shared lives carers told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. Shared lives officers undertook regular checks of the administration of medicines as part of the review process in place. Where possible people were supported to self-administer through a risk management process. One person told us, "I take my own pills'," but said that "(Shared lives carers name) puts them in little boxes for me."

We saw there were skilled and experienced staff to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs. There were clear and safe recruitment processes in place. When an enquiry was received from a member of the public about becoming a shared lives carer, two shared lives officers would visit the person to discuss the application process and carry out a home check to ensure the person had a suitable accommodation. The application was processed and various checks were carried out including a criminal records check, references, finances and a health assessment. The personnel files of shared lives carers we looked at confirmed this. These assessments were carried out to ensure that any person placed with the shared lives carer would be safe and protected from any possible risks, such as the carer being in ill health or loss of their home through repossession. Completed shared lives carers assessments m were produced and then presented by prospective shared lives carers and the shared lives officer to the local shared lives panel for scrutiny and approval. When approved the shared lives carer would then be matched to a person depending on the type of placement and care they wanted to provide.

Good

Is the service effective?

Our findings

People told us they felt the shared lives carers understood their care needs, and provided a good level of care. They had been asked to consent to their care and treatment. The shared lives carers told us they always asked for peoples consent before assisting with any support. The services own quality assurance completed in 2015 with the shared lives carers detailed all the respondents been given appropriate training to do their job

Shared lives officers and carers demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Shared lives officers and carers told us they had completed this training and had a good understanding of consent, and what procedure to follow if people lacked the capacity to make decisions about their care and welfare. We asked shared lives carers what they did if a person refused the care and support offered to them. One shared lives carer told us about what would happen if the person did not want to take their medicine, "Rarely refuses. Sometimes an antibiotic may be given to them as a tablet and then they may refuse so has to get it changed to a liquid. Cannot force them if they do not want to take it."

People were supported by staff that had the knowledge and skills to carry out their roles. The registered manager told us all new shared lives carers completed a thorough induction before they supported people. Training and development opportunities were provided during the assessment process to ensure all essential training was completed before a person was placed into their care. This was confirmed in the records we looked at. Induction training had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New shared lives carers told us they had recently been on an induction. One shared lives carer told us, "The induction training was very, very good. Not a stone was left unturned."

Shared lives officers and carers received training to ensure they had the knowledge and skills to meet the care needs of people using the service. This included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. They had received training to help support people with a learning disability or mental health care need. They told us they were up-to-date with their training, training was discussed as part of the regular reviews, they received regular training updates and there was good access to training.

Shared lives officers told us they each had a group of shared lives carers they supported. They provided

quarterly supervision and an annual appraisal for the shared lives carers in their group through one-to-one meetings. These meetings gave shared lives carers an opportunity to discuss their performance and identify any further training or support they required. There was a supervision and appraisal plan in place which the shared lives officers were following to ensure staff had received regular supervision and appraisal. The registered manager was then able to monitor the completion of supervisions and these were discussed the shared lives officers' supervision meetings. There were also periodic staff meetings for shared lives carers to attend, meet each other for support and receive guidance and updates about any changes to the service. The shared lives carers told us when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. The shared lives officers told us that the team worked well together. They had received regular supervision from the registered manager and felt well supported. They attended weekly staff meetings and told us communication in the service was good. One member of staff told us, "I get all the support I need, when I need it." Another member of staff told us, "We exchange ideas, all the team."

People told us they liked the food provided. One person told us, they "Choose what to eat. Sometimes I cook, but I prefer to get Indian or Chinese takeaway." Another person told us, "Last night we had roast dinner, we get sandwiches for lunch and tea and toast for breakfast." People's likes and dislikes were recorded in their care and support records and any associated health needs were clearly documented. One person told us, "Tonight we have shepherd's pie." They also explained that they did not like mushrooms, "But the carers know this." Where required, shared lives carers supported people to eat and drink and maintain a healthy diet. Food and nutrition formed part of people's care and support plans and risk assessments. Shared lives carers told us they provided people with a well-balanced, nutritional diet. One person explained the meals 'were healthy' and they ate things like pasta, salad and vegetables. Some people required special diets, for example, coeliac, reducing or diabetic diet, and advice was sought from the dietician and other healthcare professionals. Shared lives carers told us that people with special dietary needs had their needs met, they had received training in food safety and were aware of safe food handling practices. One shared lives carer told us they were supporting a person who had lost a lot of weight. This person had visited their GP who had asked them to weigh themselves regularly on the same scales. They had chosen to use the scales in the local pharmacist. The shared lives carer described how they were supporting the person to keep their weight up through their menu planning. One review we looked at shared lives carer was trying to support the person living with them to reduce weight by joining a slimming club with them. Where possible people were supported and encouraged to prepare and cook all or part of their meals. One person told us they spend the time doing practical things like shopping and cooking. They said," Next week we have planned to make a risotto. The carer understands my dietary needs."

People had been supported to maintain good health and have ongoing healthcare support. People's care and support plans detailed their health and wellbeing needs including regular checks ups and whether support was required. One person told us when asked about accessing the doctors, "I go on my own."

Potential new shared lives carers were assessed and, once accepted, were 'matched' with people who needed short or long-term care and support. The assessment process through to acceptance could be a lengthy process as the shared lives staff took account of people's needs, wishes and preferences and the lifestyle of the families who applied. A pictorial guide was put together by families so that people could see where they might stay, with photos of family members and the accommodation. Meetings were set up and trial visits arranged so that people and families felt comfortable with each other and got to know each other better. This helped ensure a good match was made and people were placed with shared lives carers who could meet their needs and support them effectively.

Good

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. They were happy and liked the staff. One person told us, "They feel like family." The service's own quality assurance completed in 2015 detailed all the respondents felt happy with the way the shared lives carers spoke with them. Comments received included, "She is a lovely lady, very calm and understanding," and "They talk really nicely."
Shared lives staff told us people were encouraged to influence their care and support plans. The shared lives carers demonstrated they knew the individual needs of the person they were supporting well. They told us they looked at people's care and support plans and these contained information about people's care and support needs, including their personal life histories. People consistently told us they were happy with their care and support package. They had been involved in drawing up their care plan and in any reviews that had taken place. They felt the care and support they received helped them retain their independence.

People told us they felt the shared lives staff treated them with dignity and respect. Shared lives carers were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they treated them with respect. One member of staff told us they," Do not go into service users rooms when they are not in. Others cannot enter without knocking. Every service user has a key to the front door and to their room. There is also lockable furniture in their rooms. However, no one locks their room or uses the locks on the lockable furniture."

Care records were stored securely at the service's office. Information was kept confidentially and there were policies and procedures to protect people's personal information. People received information around protecting their confidentiality and there was a confidentiality policy which was accessible to all shared lives staff. .
People were supported to make and retain friendships, or maintain contact with their family. One person told us sometimes during a period of respite care they feel 'homesick'. They said "It's not (shared lives carers name) fault and, 'I know I can always call my mum." Another person told us they were in touch with their family and they were supported to contact them by telephone. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service, the registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the review of their care and support. People were supported to attend a range of activities. One person told us they were, "Going out to the cinema tonight." Another person told us, "I do what I want, but that's not a lot."

A detailed assessment had been completed for any new people wanting to use the service. People were referred to the service through the local authority assessment team. A social care assessment was completed by a social worker/care manager which provided the initial assessment of peoples care and support needs, and they worked closely with the Learning Disability Service or the Mental Health Team, before they were referred to the service. This identified the care and support people needed to ensure their safety. Discussions then took place about the availability of a potential placement and the person's individual care and support needs. Where possible people had been involved in developing their care and support plans. Some people were able to confirm this and told us they felt they had been listened to and their needs were taken into account. One person where the support was very recent told us, "Yes myself, Mum and Dad all discussed it together with them." They were also asked whether they knew about their care and support and whether they had taken part in developing or changing it. They told us, "I have a copy at home, it talks about my medical stuff." They explained that they had been involved in choosing their current shared lives carer, "I went there and the other one was not right for me, but I picked (name of shared lives carer) and she is good."

People were supported to attend a range of activities. Some people attended day-care, others undertook voluntary work for example in a local charity shop. Where appropriate the shared lives carers reviewed with people their schedule for the week. This provided the stability and consistency of communication required by some people to support them to make choices. One person told us they were very pleased with their activities and told us about their weekly schedule in some detail. Their week's activities included going to a club, using Makaton, sewing, going to the library to choose books, and attending a job at a local organisation filling envelopes one day a week. On a Tuesday and they attended a 'drama club' in the evening, which they said "Puts on a show, and I really enjoy it." Their care and activities were personalised as they told us they were '"Great at sewing and I love reading." Another person spoke positively about their weekly activities and explained that they helped at a local charity shop twice a week, and on other days they went to day centre for a meal and to join in. People were supported have leisure activities for example swimming, and to accompany shared lives carers on family holidays or to go on independent holidays where possible.

People were communicated with in an accessible way according to their needs and preferred method of communication. Shared lives officers and carers told us they could consult the local learning disability team for advice and guidance on the best way to support and communicate with people.

People and their representatives were asked to give their feedback on the care provided through and through quality assurance questionnaires which were sent out annually. The last questionnaire completed

in 2015 detailed people who responded felt safe in the service. Comments received included, I feel very safe and secure at home, I live with very nice people, and I am very settled. The shared lives carers knew and understood the people living with them, and people felt listened to. The outcome of the questionnaire had been collated with an action plan, which staff followed to address any issues highlighted.

The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. It also gave details of external agencies that people could access such as the Care Quality Commission and Local Government Ombudsman. This was also provided in a pictorial easy read format for people with communication difficulties. We asked the shared lives carers how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew people well and if they were not able to tell the shared lives carers they were unhappy they could tell from their facial expression or body language that there was a problem. People told us told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. One person said, "I can share problems with carers and that they will help me." Another person told us, they accessed, "Speak Out – a link group advocacy partnership," and they went on to say, "I get to share my opinion there." There had been no complaints received in the last year.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought. People were encouraged to be as independent as possible and had developed strong links with their local community. They were supported in this by their shared lives carers and by shared lives officers. People told us they would definitely recommend the service and that it was well led. One member of staff told us the service was, "Very much for the service user being integrated into the family and the wider community. If I needed a service it's the one I would choose for myself." Another member of staff told us, "It's about letting people live in a normal way, supporting them to make as many decisions about their lives as they can. It works quite well."

There was a clear management structure with identified leadership roles. The registered manager was supported by three part-time shared lives officers. Shared lives officers and cares told us they felt the service was well led and that they were well supported. One member of staff told us, "(Registered manager's name) is very good. She is inventive with the limited resources she has and is trying to involve the service user in shaping the service. "Another member of staff told us, "It's a well-run team with a lot of support. It's a nice team, we are all experienced and respect each other's strengths."

The registered manager and shared lives officers and carers worked closely with external health care professionals such as GP's and the local learning disability and mental health teams. Visits and reviews were recorded in people's care and support plans. A healthcare professional told us "(Registered manager's name) is forward thinking, fantastic manager and role model. She has embraced the challenge and leads by example."

There were systems in place to drive improvement and ensure the quality of the care provided. Shared lives officers and carers demonstrated an understanding of the purpose of the service, the promotion and support to develop people's life skills. They understood the importance of maintaining people's rights and treating people with respect, diversity and an understanding of the importance of respecting people's privacy and dignity. Shared lives officers monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing quarterly reviews of the care and support provided and records were completed appropriately.

The organisation's mission statement was incorporated in to the recruitment and induction of new staff. This was 'Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well-being are at risk of abuse and neglect.' The shared lives carers assessment process and regular supervision ensured that the shared lives carers understood the values and expectations of the provider. The registered manager told us, choice and control was at the heart of all conversations. Standard expectations ensured that individuals were supported as part of the family, included in family meals and to be included in shopping and outings if they

wished.

Shared lives carers were also asked for feedback annually via questionnaires and these evidenced that they felt well supported. People felt they had excellent or good support from their shared lives officer, had sufficient contact and received appropriate training to do their job. Comments included, "I enjoy being part of the scheme," "I am well supported." The information had been collated and an action plan drawn up. Staff meetings were held periodically through the year and were used as an opportunity to discuss problems arising within the service as well as to reflect on any incidents or accidents that had occurred. Shared lives carers told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The registered manager and shared lives officers carried out a range of internal audits, including care planning and review, checks that people were receiving the care they needed, progress in life skills towards independence, medication, health and safety, staff recruitment and training. They were able to show us that any areas identified for improvement had been collated into an action plan, with progress against actions updated regularly.

The registered manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on for example, quality assurance, staffing, incident and accidents. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider had also audited the care and support provided. The registered manager told us that where actions had been highlighted following an audit, these had been included in the annual development plan for the service, and had been worked on to ensure the necessary improvements. Records we looked at confirmed this. An area highlighted for improvement was the reviewing of people's financial records. Shared lives officers were able to tell us the improvements made to the recording and monitoring of people's finances to ensure a more robust procedure was followed. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. We discussed this with the registered manager during the inspection who demonstrated an understanding of their responsibilities.