

Portsmouth City Council

Portsmouth Shared Lives Service

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

About the service

Portsmouth Shared Lives Service is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers own homes. This type of service provides care and support with emphasis on providing an ordinary family life within the community. There were 46 people being supported at the time of the inspection. However, not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection five people were being supported with a personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received support that was person centred and reflected their individual needs. People were fully involved in making decisions relating to their care and support needs. People had time to get to know potential shared lives carers before a decision about any placement was made.

People were supported to be safe. Risk assessments were completed for people and they were supported to manage risks in their home environment, to ensure safety. The provider had a policy and procedure for safeguarding adults and the registered manager and staff understood their responsibilities.

Where people required support with their medicines, they received them on time and correctly. Staff worked with the local health professionals and pharmacies to ensure people had the right medicine and health support at the right times.

The provider used a values-based recruitment process, which encouraged a diverse range of shared lives carers with varying skills and backgrounds. They considered shared lives carers and staff members ability to provide person centred care and meet people's human rights. There were robust processes in place to ensure only suitable staff and shared lives carers were recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Shared lives staff and carers had received appropriate and varied training, that supported them to carry out their role safely. They received regular supervision to help develop their skills and assist them in their role.

People told us they were happy living with their shared lives carers and felt valued and cared for. There was a complaints process that people could follow if they needed to.

People were involved in the development of personalised support plans that were reviewed regularly. Shared lives carers knew people well and were skilled in delivering their care in the way they preferred. This ensured people's preferred routines were met.

There was a clearly defined management structure and regular oversight and input from the provider's representative. The registered manager and shared lives staff carried out regular checks on the quality and safety of the service. Shared lives carers and staff felt supported by the provider and registered manager and told us they felt valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Portsmouth Shared Lives Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Portsmouth Shared Lives Service is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 February 2020 and ended on 10 March 2020. We visited the office location on 19 February 2020.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and

notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return, which we received just after our visit to the office. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two shared lives carers about their experience of the service. We spoke with five members of staff including the registered manager, and shared lives support staff.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data and quality assurance records. We looked at records in relation to recruitment and staff supervision. We sought feedback from external health and social care professionals and three shared lives staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Shared lives carers and support staff had received safeguarding training and had access to relevant information and guidance when required. Shared lives carers and support staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. A shared lives support staff told us, "I would contact MASH team [local authority safeguarding], discuss with line manager if possible, and then complete a concern form."
- People who used the service told us that they felt safe with their shared lives carer. One person told us, "I feel very safe, yes."
- There were clear policies and procedures for shared lives staff and carers to follow and they understood safeguarding incidents should be investigated thoroughly, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their support plans and updated when people's needs changed. Support staff and shared lives carers had guidance on how to manage any risks identified for people. However, positive risk-taking was supported where possible, which gave a balance between keeping people safe and promoting their independence.
- Where people had specific risks relating to their diagnosed health conditions, they had health care plans which were written with external healthcare professionals involved in their care. The health care plans provided information about any risks relating to people's individual health needs and how these should be met safely. For example, one person had epilepsy and how to manage this and the associated risks were clearly documented.
- Shared lives carers demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, one shared lives carer described how they supported someone to move, using specialist equipment and how they monitored risks around the person's health needs.
- Regular safety checks were completed on the shared lives carers home environment. Where people used equipment, there were checks to ensure it was safe and met people's needs.

Staffing and recruitment

- All of the shared lives carers and shared lives staff team had undergone robust recruitment process, which included obtaining appropriate recruitment checks such as references and disclosures and barring services (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Checks were made using a values-based approach to ensure support officers and shared lives carers were

of good character and suitable for their role.

- Shared lives carers were matched with people using a thorough process that considered the person's wishes and the shared lives carers skills and interests. This process meant that shared lives carers could meet the identified needs and preferences of the person who they supported.
- Where people had identified additional needs that could not be met by the shared lives carers alone, the service supported the request for additional support from another care provider. This meant the person and the shared lives carers had the support they needed to maintain the placement.

Using medicines safely

- Some people received assistance with their medicines, and this was clearly documented in their care records. Where people were supported to manage their medicines, this was done so safely.
- Support staff and shared lives carers had received training and regular updates. The provider supported shared lives carers to follow safe protocols for the receipt, storage, administration and disposal of medicines.
- Shared lives carers told us, they recorded on the medicines administration sheet (MARs) once they assisted a person with their medicines. MARs viewed confirmed this.

Preventing and controlling infection

- Shared lives carers told us they had received training around preventing and controlling infection and had access to relevant guidance and information.
- Personal protective equipment such as disposable gloves and aprons, was available for people that had been assessed as needing it. We observed this being stored in a shared lives carer's home for use with one person.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The registered manager knew how to seek support from external professionals when they required additional guidance. Shared lives carers made records and informed office staff of any incidents when things might have gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs were completed prior to the service commencing support. People's choices and preferences for support were discussed.
- Where people had specific health needs, assessments were obtained from health and social care professionals and used to help plan effective care for people.
- Support plans contained clear information about people's needs and were updated if people's needs changed.
- Shared lives carers and shared lives support staff knew people's individual needs and preferences well. Staff assessed people's needs regularly and involved them in care planning to ensure their choices, preferences, and needs were met.

Staff support: induction, training, skills and experience

- The provider had a robust induction and training programme for new shared lives carers, which included a detailed assessment of their skills and values. This meant the registered manager and support staff could feel confident the shared lives carers they employed, would be able to provide the support and family life people needed.
- Staff were competent, knowledgeable and had completed training which gave them the skills needed to carry out their role effectively.
- Shared lives carers had a separate programme of training and support designed to be appropriate to a family setting. Training completed included, safeguarding, equality and diversity, medicines management, positive behaviour support and mental capacity awareness. People gave us positive feedback about how shared lives carers supported them. One person told us, "They [shared lives carers] are really kind, they know what they're doing." A shared lives carer told us, "We get a lot of training. They [registered manager and support staff] help us with training and are there when we need it."
- Support staff received training that equipped them in their role of supporting people and their shared lives carers. One support staff said, "Yes there is quite a lot of training available and I have been on a number of course over the last year."
- Shared lives carers received regular support and contact from the shared lives support staff, including regular supervision meetings. They were able to discuss any changes in people's needs, and any training or support they needed. Supervision meetings were themed each time and involved an element of learning and development. Support staff and shared lives carers said they felt they had opportunity to discuss any concerns, issues, work performance and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare their own food and drinks where possible. However, shared lives carers prepared food and drink for people as part of a family meal and were a social occasion. One person told us, "Yes the food is nice, I can have what I want. Sometimes I like to eat on my own but sometimes I like to eat with everyone else."

- People's nutritional needs were assessed and met by the service where this was an identified need. Support staff and shared lives carers sought professional guidance where people were at risk, for example with difficulties in swallowing. One person required all their nutrition and fluids to be administered through a percutaneous endoscopic gastrostomy (PEG). This is when a tube is passed into the person's stomach through the abdominal wall if they are unable to eat and drink orally. Their shared lives carer had received specific training and support to meet this need effectively and safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported in the family home by shared lives carers who knew them well. Support staff were allocated to people and shared lives carers, to ensure consistency.

- Shared lives carers and support staff empowered people to live healthier lives by supporting them to access healthcare services when needed.

- Staff worked closely with services such as GPs, dietary specialists, learning disability nurses and psychologists. Support staff updated people's support plans to incorporate professional guidance, where provided.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training regarding MCA.

- People who used the service and had been assessed as having capacity to do so, had signed consent forms to say they were happy to receive care and support from their shared lives carer.

- Where people lacked the capacity to make some decisions, mental capacity assessments had been completed and staff followed best interest decision-making principles. The service involved health and social care professionals and other relevant parties, such as relatives in the best interest process when a person lacked capacity, and this was recorded.

- Where people, were deprived on their liberty for the purposes of providing care and treatment, applications had been made as required, to the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness by their shared lives carers and felt like they were listened to and mattered to them. One person said, "I am one of the furniture, it's great, I am very happy here."
- Shared lives carers knew people well and had developed positive and warm relationships with the people they supported. One shared lives carer said, "We know [person] so well, they are part of the family, if they need something they get it, they are our priority."
- People's communication needs and choices were understood and supported. Care records included information on how people communicated their wishes, as well as information about people's life history, likes, dislikes and preferences. For example, one person had no verbal communication. However, their shared lives carer described how they knew them so well, they were able to read subtle facial expressions which enabled them to interpret their needs well.
- We observed one person being supported by their shared lives carer who clearly knew them well and spoke to them with patience and kindness.
- Shared lives carers told us they had formed good relationships with the people they supported. One said, "They [person] are just one of the family, they may need a bit more help, but we all get along and it really works well."
- All staff had completed equality and diversity training.
- Shared lives carers were provided with detailed information about the person's care needs, wishes and beliefs as part of the matching process the service followed. In addition, important information about friendships and relationships was captured so that shared lives carers could provide support where needed. This meant the carers would know important information about the person such as any specific equality and diversity needs or protected characteristics. This information was seen in care plans we viewed during the inspection.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and support staff sought the views of people during the care planning process and through individual contact. Support plans demonstrated that people were involved in making decisions where possible, about their own care and support needs.
- People were supported to communicate their views and were involved in reviewing the support they received regularly with their allocated support staff member. Annual reviews were also held with the support staff, the shared lives carers, people and external professionals to monitor if the service continued to meet their needs. A shared lives carer said, "We work with [person] to help them understand and make decisions for what they want to happen." An external social care professional told us, "The staff have always presented

as professional, caring and as having the individual's [person's] best interests at the forefront."

- People told us they were confident in expressing their views about the care and support provided by their shared lives carers and support staff would always respond positively. One person said, "I can say if I'm worried about something, they [support staff and shared lives carers] listen."

Respecting and promoting people's privacy, dignity and independence

- People's individuality was known and nurtured by the shared lives carers they received support from. People were treated with respect and warmth and it was clear that shared lives carers knew them well and they had become part of their families.
- People's confidentiality was respected, and care records were stored safely. Shared lives carers and support staff followed the confidentiality policy and were aware not to share confidential information with people that were not authorised.
- People's privacy and dignity were respected by shared lives carers in their own home. One shared lives carer said, "They [person] have their own space and can choose if they want to spend time with us as a family or not. It is up to them and we respect that."
- People were supported to be as independent as possible and were encouraged to do as much for themselves as possible. For example, one person's support plan described how they needed some support to clean their teeth but could wash themselves independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans contained person-centred information and identified what was important to individuals, their support needs and any wishes for the future. For example, one person's support plan described their interest and participation in a sporting activity, which they were supported to attend each week by their shared lives carers.
- Shared lives carers demonstrated they knew the people they supported well and could describe how they wished to receive care. One shared lives carer told us what action they had taken to provide a person with reassurance and to help reduce their anxieties, following a change in their health and independence. With the support of their shared lives carers, the person was being assisted to understand their health need and to slowly develop more independence in managing it themselves. This demonstrated the commitment shared lives carers had to the people they supported, and their willingness to adapt to people's changing needs.
- Shared lives carers supported people in various aspects of their personal care needs, to keep them safe and to maintain their health and well-being. For example, one person's had complex health and care needs. Their support plan and accompanying health care plan described how their needs should be met. However, their shared lives carer knew them very well and had developed a great deal of skill in meeting their needs in their home environment.
- The service provided support to a diverse range of people. For example, they supported young people who had been fostered and were entering adulthood, older people and people living with physical and learning disabilities. This enabled people with a range of protected characteristics as defined by the Equality Act 2010, to live their lives in a family home, in the community as they wished.
- Shared lives carers and shared lives staff were strong advocates for people. Shared lives carers told us how the service supported them to ensure people received other services and resources they required, for example for equipment and funding.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Shared lives carers and shared lives staff knew how to effectively communicate with people. People were asked in their initial assessment about any communication needs and what format information should be provided in. We saw people's communication needs were included in people's support plans, which described how shared lives carers should communicate with them.

- The registered manager understood their responsibilities to comply with the Accessible Information Standard (AIS).

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to follow their interests both at home and in their local community. These included family activities such as walks, shopping, meals out and days out to leisure facilities. In addition, people were supported to go for short stays at other services or to go on supported holidays. This also provided the shared lives carers with a short break to their caring role. One person had been supported by their shared lives carer to arrange a holiday with a support group, so they could continue to receive the support they needed, whilst enjoying a holiday by the seaside. The person told us, "I like going on holidays which I am supported to organise. I go with same holiday company and enjoy this. Sometimes I stay with other [shared lives short break] carers, but I know them."
- People had opportunities for work, going to day services and attending community sport classes. This meant they were part of their community and had developed relationships and friendships within these settings.
- The shared lives staff supported the development of positive relationships by ensuring people were matched with shared lives carers they got along with. It was clear from our observations of people and their shared lives carers, that they were very much part of the family.

Improving care quality in response to complaints or concerns

- People's views were regularly sought, and they were fully involved in discussions and plans about what they wanted to do, where possible. This meant they could raise complaints or concerns with their shared lives carers straight away.
- The provider had a complaints policy, which provided information on the action people or their advocates could take if they were not satisfied with the service being provided. The registered manager told us they had not received any complaints in the last year, but there was a clear process to investigate and respond, if any complaints were received.

End of life care and support

- At the time of our visit end of life care was not being provided to anyone.
- People's support plans did not capture end of life plans, however the registered manager told us this information was held by people's shared lives carers. We advised this information should be captured within each person's support plan and the registered manager agreed to update these to reflect this information. In addition, some people were being supported by external healthcare professionals and advocates to develop end of life care plans.
- The registered manager told us they would work closely with relevant healthcare professionals and shared lives carers to provide end of life support to people, should they need it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was experienced and demonstrated a commitment to providing good person-centred care that met people's individual needs.
- There was a person-centred culture within the service. Shared lives support officers and shared lives carers had a good understanding of their responsibilities towards the people they supported and were committed to delivering person-centred care. A shared lives officer said, "I feel like I can make a positive impact in an already positive service."
- People and shared lives carers confirmed they knew who the support staff and manager were and told us they were approachable. One shared lives carer said, "Yes, they [management and support staff] are there when we need them and help us sort things out."
- The registered manager and shared lives staff fully considered people's life history and how they could support them to get the best out of living with their shared lives carers, in sometimes complex circumstances.
- Shared lives support staff were aware of the provider's values and told us they enjoyed working at the service and felt supported by the registered manager. One staff member said, "Yes, my manager is very approachable and, in my opinion, fair and supportive to all staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open with us and committed to ongoing service development.
- The previous performance rating was prominently displayed in the service's main office.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The regulatory requirement to be open and transparent with people using the service, was met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the service.
- There was a clear management structure, consisting of the provider, the registered manager, shared lives support officers and shared lives carers. There was an on-call system so that shared lives carers could get support from the office-based team when they needed it.

- The provider had policies and procedures in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- Quality assurance processes were in place, consisting of a range of regular audits completed by the registered manager and provider's representative. Audits were based around CQC's key areas of Safe, Effective, Caring, Responsive and Well-led. The nominated individual for the service also had good oversight of the service and where actions required were identified, there was a plan with timescales for these to be completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual life choices and preferences were met. The provider and registered manager were clear how they met people's human rights.
- People were involved in planning care and support. The registered manager, support staff and shared lives carers actively worked together to ensure the delivery of care and support was right for each person. It was clear that the shared lives staff and carers knew people well and had developed positive relationships. One shared lives carer told us, "We know [person's name] so well, they are part of our lives and we would not want it any other way."
- Protected characteristics, including sexuality, religion, race and disability, were respected and supported. People's individual life choices and preferences were considered when matching them with shared lives carers, so they could be supported to live the lives they chose.
- Effective communication between the provider, registered manager, shared lives officers and shared lives carers, supported a well organised service for people.
- Regular team meetings took place to share information about people's changing needs, share learning and to discuss team issues.
- Shared lives staff told us they felt valued by the registered manager and provider. One staff member said, "I feel more supported in this role than any other role I have been in. As we are a small team, we can discuss anything we are unsure of or haven't experienced before. In team meetings I have made suggestions and been listened to."

Working in partnership with others

- The registered manager was proactive in the national shared lives network and sought advice and support from others when needed. They demonstrated a high level of knowledge about the shared lives model and belonged to shared lives working groups, where they supported other services to grow and develop. For example, the registered manager was co-chair of a regional shared lives forum and had been proactive in working to agree a model of practice for shared lives services. In addition, they were involved locally with a learning disability partnership board to develop best practice in care.
- The provider held monthly team meetings with senior managers for their services, to share best practice and consider any changes needed. The registered manager told us, "The meetings are themed, and we look at best practice and bringing in a strength-based approach."
- Shared lives support staff and carers worked together with external health and social care professionals to achieve good outcomes for people. Referrals had been made appropriately for professional support including GP, Occupational therapy and equipment services. An external professional said, "I have never had any concerns [about the service] and I am not aware of any negative issues."
- The registered manager kept up to date with best practice and any changes to legislation by signing up to information from external services such as, Skills for care, Social Care in

Continuous learning and improving care

- The provider and registered manager were committed to learning and improving care.

- The provider had a working action plan in place, to identify on-going monitoring and development of the service provided.
- Shared lives staff were offered a wide variety of training to maintain and develop their skills and shared lives carers went through robust training and checks, to ensure they could meet the needs of the people they were supporting.
- Any accidents or incidents were shared with the shared lives support officers so that lessons could be learnt if needed. A staff member told us, "We always follow up on incidents and accidents in our monthly team meetings."