Hampshire County Council

Shared Lives

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 15 and 22 November 2016. We last inspected the service in October 2013. At that inspection we found the service was meeting all the regulations that we inspected.

Shared Lives provides people with the opportunity to be part of the family of a Shared Lives carer. Carers are employed by the service to provide either a long or short term placements within their own homes. People that used the service had a range of health and social care needs, including a learning or physical disability.

When the provider completed their 'provider information return' they told us they supported 265 people in Shared Lives carer's homes.

The service had 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.
People told us they felt safe and liked where they lived, telling us that they enjoyed being part of a family.

Staff, Shared Lives carer's and people using the service were aware of safeguarding procedures and had received information to support this. Medicines that Shared Lives carer's managed for the people they supported were administered in a safe way with some people being supported to self-administer their own medicines.

Risks had been assessed across the service, including risks to people and the premises in which they were living. The provider regularly updated these to keep people safe and visited carer's and people within the home setting to monitor this.

Recruitment procedures were in place for staff and Shared Lives carer's. These procedures had been updated recently with further on-going updates. This ensured that people were supported by staff and carer's who had been checked thoroughly for their suitability to work with vulnerable adults.

The service had an approval panel in place, chaired by a person independent of the scheme and made up of a range of individuals. The panel was integral in assessing and approving prospective Shared Lives carer's.

There were enough staff to provide support to Shared Lives carer's with each area having a shared lives manager. People were only matched with suitable Shared Lives carer's once the recruitment, training and panel confirmation process had taken place.

Staff had received induction and training and received regular supervision and yearly appraisals. Shared Lives carer's received a full induction which had been recently updated. Their training process had been also been updated to ensure that all carer's were skilled to meet the needs of the people they took into their

homes to care for.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements. Where people did not have the mental capacity to make important decisions, the scheme worked with other professionals to check that decisions made were in their best interests.

Staff we spoke with and the records we checked confirmed that people's nutritional needs were met. People told us they enjoyed food they liked and were well looked after.

It was clear from conversations that people thought the Shared Lives carer's were kind and compassionate and had welcomed them into their homes as members of their family. Staff at the service were passionate in the need to support carer's to provide a high quality service to the people they cared for.

Shared lives carer's recognised the need to support and encourage people to make decisions and choices whenever possible and we saw and overheard this through various conversations. People and their Shared Lives carer's and families were involved in their care planning and records were reviewed regularly.

People and Shared Lives carer's knew how to complain and easy read information was available to support people with additional needs. There had been no major complaints and minor complaints had been dealt with effectively.

We saw that there was a clear management structure in place and Shared Lives carer's spoke highly of the Shared Lives staff team and the registered manager.

Monitoring systems were in place to ensure that the quality of the service was checked and any issues were actioned. The provider was in the process of launching some new changes to the service and this had been because of a full review of the service which had taken place with input from Shared Lives carer's and utilising best practice from other Shared Lives services.

The scheme was well-managed and plans were in place to further develop the scheme to provide support to more people.

There was a positive culture and the team worked inclusively with people using the service, the shared lives carer's, and other professionals. Systems were in place to obtain and act on feedback and make improvements to the quality of the service and learn from incidents. An independent panel had oversight of how the scheme was working to make sure that standards were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe living with their shared lives carer and medicines were managed well.

Staff and Shared Lives carers understood their responsibility to keep people safe and knew what action to take if they had any concerns about people's wellbeing.

There were sufficient numbers of carers who were properly vetted before being approved to provide care to people.

Is the service effective?

Good

The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager. People were cared for by Shared Lives carers who had been trained and supported to carry out their role.

The rights of people who were unable to give consent to their care were understood and protected.

People were supported to maintain a healthy lifestyle.

Is the service caring?

Good

The service was caring.

People were happy where they lived and enjoyed being part of the family home.

People were able to express their views and were involved in making decisions about their care and support.

The Shared Lives carers we spoke with treated people with dignity and respect. They respected people's wishes and provided support in line with those wishes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provider recognised the need to implement new procedures and was in the process of doing this with a launch planned for 2017. They also were aware of the need to update systems to gather information quickly.

Personalised support was provided that helped people lead more independent and fulfilling lives. People could make choices and participated in a range of social pursuits which they enjoyed. This included, day centres, sporting venues and shopping.

People and Shared Lives carer's knew how to make a complaint.

Is the service well-led?

Good

Service was well led.

Shared Lives carers and people told us they could contact Shared Lives managers at any time and felt very supported. One Shared Lives carer knew the registered manager well and said "If anyone can do a good job, it's her."

The registered manager and the shared lives workers understood their responsibilities and worked in line with national best practice guidance.

Audits and checks were in place to monitor the quality of the service and any issues arising were followed up with actions being monitored.

Shared Lives

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 22 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a service in the homes of Shared Lives carers and we needed to be sure that carers and people would be available, and that office staff would also be on site during the inspection.

The inspection was carried out by one inspector.

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.

We reviewed other information we held about the service, including any notifications we had received from the provider about any incidents or deaths. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales.

We contacted the local authority commissioners and safeguarding teams for the service and the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

We visited one Shared Lives carers home and met with the carer and their partner and also the person who had been accepted into their family. We spoke with three other people who used the service by telephone and also contacted 17 Shared Lives carers by telephone; those that we spoke with shared their views. We spoke with the registered manager, team manager, one co-ordinator, one manager of a particular area, the senior administrator and the head of service. We looked at a range of information which included the care

records and medicine details for eight people who used the service, personal information for five Shared Lives carers, three staff personnel records, health and safety information and other documents related to the management of the service.

Good

Is the service safe?

Our findings

People that we spoke with felt safe. One person told us, "Yes I am safe." Another person told us, "I feel safe all the time." Carers that we spoke with felt they provided a safe environment for the people they cared for to live in. Staff told us that they had robust procedures in place to ensure that people were protected from harm and carers were provided with support when required. One staff member said, "We have a long process to ensure we have the right carers…..it's crucial."

One person gave us their permission to describe in the report how the Shared Lives carers that they lived with had supported them to be safer in their home and also when they were out in the community. It was explained how the person was gradually introduced to checking smoke alarms in their home. This was completed to familiarise the person with the noise and to ensure they were fully aware of what they needed to do should an emergency arise. We were also shown an alarm on the person's phone which could be activated if they were alone in the community and needed additional support. The person and the carers described an incident where the usual bus stop was missed and the person continued further on the journey than expected. The person activated the phone alarm once they realised they were not at the correct bus stop and the carers quickly came and picked them up. This meant that Shared Lives carers had put measures in place to protect the people whom they cared for, both in the home and within the community.

We looked at the medicine administration records of the person whom we visited at their Shared Lives home. We found the person had been fully supported with their medicines where necessary and all records had been completed correctly and in line with best practice. Other people that we spoke with confirmed they received their medicines correctly and in a timely manner where Shared Lives carers supported them. We also noted that where people self-administered their own medicines, they were provided with the appropriate support from the provider and the Shared Lives carer. One person told us, "I only take paracetamol when I get a headache and I take that myself." Records confirmed that people had their medicines needs addressed and risks had been assessed to ensure all areas of risk had been mitigated.

Staff and Shared Lives carers were aware of the provider's safeguarding and whistle blowing procedures and were confident in reporting any concerns or poor practice to the registered manager. They were certain any concerns they raised would be listened to and acted on. We felt confident that any concerns would be addressed immediately should they arise.

Each Shared Lives carer had been given out of hours contact details for the provider, including for use in emergency situations. We found that Shared Lives carers were aware of their responsibilities in reporting any safeguarding concerns and knew how to access out of hours support for any issues that may arise. Safeguarding policies and procedures were in place and all staff and Shared Lives carers had access to them.

Risk management plans were in place and risks associated with people's support were assessed and action taken to mitigate those risks. Each person's personal care and support records included a number of risk assessments which we saw were regularly reviewed and when people's needs changed. Identified risks

included those relating to the premises in which support was provided, risks relating to specific health needs of the person, and risks relating to independence. For example, assessments included risks in connection with road safety awareness, specific medical conditions, finances and food preparation. Strategies used to minimise risks were positive and promoted people's independence.

A health and safety checklist was completed with each Shared Lives carer in connection with their home and environment. This ensured that areas such as electrical and fire safety were monitored and maintained appropriately. It also included checks on procedures in connection with medical emergencies and ensured that the carers had suitable first aid equipment for example. This meant that people were protected because safety checks were in place and monitored for any changes.

A 'service user' emergency profile was in place, which recorded personal information about each individual who used the service. We were told by the registered manager that this would be used in any case of emergency, for example, if the person went missing. We noted that this information had not always been updated regularly. We spoke with the registered manager who said that this would be addressed straight away and would be reviewed at least every year. This meant the provider had procedures in place to support the emergency services should the need arise.

Staff at the service completed electronic diaries which were monitored when lone working out in the community. Most staff had an app on their phone which also enabled them to log on and off when they were out visiting. This meant that the provider protected the staff when they were out of the office by monitoring their activities and had protocols in place to follow should an emergency arise.

Accidents and incidents were reported and recorded correctly and these were monitored by the provider. We saw that any incidents, for example, accidently dropped medicines or falls were fully detailed and included what actions had been taken and whether a further investigation was required. This meant the provider took seriously any accidents and incidents with the aim of mitigating against any future incidents of a similar nature to further protect people.

Staff at the service had followed the local authority robust recruitment procedures and all of the staff employed had worked with the local authority for a number of years. There was also a robust recruitment and selection process for Shared Lives carers. This involved a comprehensive assessment of the applicant's suitability to become a carer, which included vetting and health checks. Vetting checks were completed by the Disclosure and Barring Service (DBS). DBS checks ensure that potential Staff or Carers are suitable to work with vulnerable people. All applications were subject to approval by a panel made up of healthcare professionals and chaired by an independent panel member and this included confirmation that the carer's 'home' environment was suitable.

Shared Lives carers told us that recruitment had taken, on average, four to five months. This included training, house health and safety visits and completion of all the checks which needed to be completed on potential cares. The registered manager told us that they had recently reviewed this process to ensure that they only recruited applicants who were committed to becoming Shared Lives carers. The registered manager told us that there had been a two year freeze on recruitment, but that this had been removed and they were actively looking at ways to attract potential new carers.

Levels of staff at the service were suitable to ensure that Shared Lives carers were supported and monitored and people would only be accepted into the service if there was a Shared Lives carer suitably matched with them in order to provide the adequate care and support they needed.

Good

Is the service effective?

Our findings

The service was effective in supporting people to live as part of Shared Lives carers families in the community. People told us that the Shared Lives carers who supported them were effective in their roles. One person said, "I am part of the family here. I like it a lot." Shared Lives carer's told us that staff provided them with "very good" and "spot on" support and care. One Shared Lives carer said, "I have to say, you could not fault [managers name for one particular area], they are very good. Good as gold." Another Shared Lives carer told us, "Yes, she is very good. We can ring any time and can rely on the response."

The provider requested each Shared Lives carer to complete a 'carer home brochure'. This document was given to each prospective person that was looking to possibly live at a particular Shared Lives carer's home. The brochure included an introduction to the carer's and their own family, pictures of the carer's and their home. It was printed in an easy read format and gave an overview of what the person could expect to find, should they decide to live there.

In order to communicate what the service delivered a video had been produced. It was still in the final stages of production but we were given a copy. The video showed people and their carer's fully involved in various ways, including verbal and written words to show what the service meant to them. Everyone involved clearly enjoyed the process as there was lots of smiling and laughing involved. This meant the provider used a range of materials to communicate with locals in the area in which they were based and also to provide as much information as possible in an accessible format to the people that may have used the service in the future.

The registered manager explained that the main office was based in the same building as local authority care managers. Care managers are local authority staff who assist people in the community and ensure they receive the correct care and support. They said it meant that communication was better and that they continued to look for ways to further build upon this as they saw it as one of the key areas of their role.

People and Shared Lives carer's were supported by staff that had received appropriate training and support to do their jobs and help shared Lives carer's meet people's needs, which included, leadership, assistive training, mentor support and medicines management. Feedback received from people that used the service said that their Shared Lives carer's knew how to give them the care and support they needed. The staff and Shared Lives carer's at the service had received a range of training, including safeguarding adults, emergency aid, managing allegations and medicines management. Shared Lives carer's had also received more specific training for those who would be supporting people with conditions such as epilepsy, autism or diabetes for example. Each carer had a copy of the provider's policy on the administration of medicines that included what to do in case of a problem and who to contact for support. We saw that Shared Lives carer's had a good understanding of how to manage people's medicines.

The registered manager told us that they were in the process of updating the training that Shared Lives carer's received to make it more person centred to them and the people they were supporting and to ensure they had all the skills they needed to carry on in the role effectively. This meant that training continued to be

monitored and developed to fit the changing needs of the service.

Staff at the service had received suitable induction and had regular supervision and annual appraisals. Shared Lives carer's were given an in depth induction before taking a person into their home. We saw that the Care Certificate was incorporated into the current induction packages to ensure that everyone had the tools and skills required to work in this area. Carers received regular monitoring visits. These visits were in place to support the carer and to ensure that the person living in their home was also receiving appropriate care and treatment. Shared Lives carer's told us that they appreciated the visits as it gave them an opportunity to discuss any issues that may have arisen or just as a means of sharing views or learning more. This process was also part of the improvements to be launched in January 2017.

Staff and Shared Lives carer's acted in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked mental capacity to make specific decisions about their care and support, care records showed that appropriate assessments and best interest decisions had been made and recorded. This showed how the decision was made, who was involved and that least restrictive practice had been considered. We noted that one staff member was a trained best interests assessor, which meant the provider had expertise on their staff team to further support compliance with the MCA.

Records were available to confirm where the Court of Protection was involved in some people's care and financial needs. The Court of Protection makes decisions and appoints deputies to act on behalf of people who are unable to make decisions about their personal health, finance or welfare.

People's nutritional needs were met by the Shared Lives carer's they lived with. People we spoke with were happy with the choice of meals provided and felt that their nutritional needs were met. One Shared Lives carer told us they involved the person they cared for in meal planning and preparation if they wanted. We saw in records that Shared Lives carer's had received professional support from dieticians and speech and language teams when there had been identified issues with people. This meant that people received a suitable nutritious diet and where concerns arose additional support was requested.

We saw from looking at records and speaking with Shared Lives carer's, that individuals were able to access healthcare professionals when they needed. For example, we saw one person had regular appointments with behavioural psychologists. Psychiatrists, dentists and opticians were contacted as appropriate by the Shared Lives carer's and staff. This meant that people were able to receive appropriate support from other healthcare services should the need arise.

Good

Is the service caring?

Our findings

People told us they liked living with their Shared Lives carer and thought of where they lived as 'home'. Some people who used the service had lived with their Shared Lives carer's for many years. People told us their Shared Lives carer's were kind, considerate and caring. People appeared very comfortable in the presence of the Shared Lives carer's. One person said, "They [Shared Lives carer's] are like my family." The same person told us, "They trust me like a member of the family." Another person told us, "I love living here. I like being part of a family."

The Shared Lives carer's we spoke with were passionate and showed kindness to the people they supported in their family and homes. One Shared Lives carer told us, "We do this because we love it; its hard work, but they [person] are part of our family now." Another Shared Lives carer told us, "[Persons name] comes on holiday with us; they are part of our family."

From a compliment that was sent in by a social worker, we saw they had congratulated a Shared Lives carer, "Evidently having [person] best interests at the forefront of her role. [Person] was clear that she is very happy there." We saw another compliment from a Shared Lives carer thanking the service on the transition to another area.

Two of the people we spoke with confirmed they had use of their own individual bedroom and had been able to decorate it how they preferred. One person said, "There's nowhere else I'd want to live. [Shared Lives carer] looks after me" Another person was very positive about the Shared Lives carer's with whom they lived and commented on how happy they were living with them.

Shared Lives carer's developed positive, caring relationships with the people they supported. The scheme used a 'matching' process to ensure Shared Lives carer's and people referred to the scheme were compatible before a placement commenced. The matching process included taking into account cultural considerations such as ethnicity and religion. The Shared Lives carer's general lifestyle and community links, skills and experience was also considered so that the provider was assured that the Shared Lives carer could support the person safely and effectively.

Staff told us they regularly communicated with people in Shared Lives carer's homes to ensure they were happy. During monitoring visits, if people were available they would form part of the check to ensure that they were content and their needs continued to be met. Staff told us they liaised with care manager colleagues from the local authority if they had any concerns regarding the care being provided to people.

Some Shared Lives carer's chose to look after people on a respite basis and we spoke with one of these carer's. Respite is when people are looked after on a short term basis. The Shared Lives carer demonstrated a good understanding of the needs of people they may have cause to look after.

As we spoke with people and the Shared Lives carer's, we found a consistent focus on promoting independence and helping people to make their own decisions and choices. One Shared Lives carer said,

"We've worked really hard to help [person] to regain some of their independence. [Person] goes on the bus on their own." We were given many examples of people's independence being increased due to the approach of the Shared Lives carer's and the support of the staff at the service. One Shared Lives carer told us how they supported a person to develop links in their local community, this had meant they felt safer and gained confidence over time. People were able to increase their own independence which enabled them to live more fulfilled lives in the community.

Advocates were seen to be utilised by people who used the service. Advocates enable the voice of the people who used the service to be heard when they needed additional support for that to happen. Advocates are independent of the service and their support is usually free of charge.

Requires Improvement

Is the service responsive?

Our findings

We were told by Shared Lives carer's that staff clearly understood the needs of the person or people they supported. We were told that the same staff were usually allocated and conducted their regular contact and home support visits. The registered manager told us that local authority care managers would initially refer people to the service. Details of people's current situation, health diagnosis, areas of support required and risks were considered. We saw evidence that best interests' decisions had been made about placements when a person lacked the mental capacity to make their own informed choice.

Each person had detailed care plans that we saw had been written by staff and supported by Shared Lives carer's, people and their relatives collaboratively. The records were person-centred and in various formats to support people and focused on what was important to each person. They were kept up to date by Shared Lives carer's with regular reviews. Goal setting was a major part of people's plans and they were supported to aim for achievable objectives. For example, one person wanted to plan a trip away and the aim was to go on holiday next year. The registered manager told us that the paperwork was in the process of being updated and replaced by new and improved versions which would be fully launched in early 2017 with new carer handbooks being issued at the same time too.

As we looked for information on the providers IT system, we found that some information was difficult to find quickly. The registered manager agreed that this was an area that they would improve and wrote they acknowledged this on our feedback form at the end of the inspection visit. This meant that the provider had recognised the need to improve systems and process and was striving to implement this in the near future.

Daily diaries were kept by each Shared Lives carer on the activities which took place on a daily basis. This document was stored safely by the carer and was available to staff when they visited the carer's home. This meant that staff could see at a glance what activities people had been involved in throughout the period of checking at the Shared Lives carer's monitoring visits.

Shared Lives carer's received full yearly reviews and this included, for example, details of the people they had or currently cared for, what training had been completed, any significant changes, any safeguarding concerns and an action plan for the year ahead.

Care was individualised and people were supported to take part in activities that were important to them. Shared Lives carer's were aware of the risks associated with social isolation and ensured that people had the opportunity to socialise and form friendships wherever possible. In one Shared Lives carer's home, one person told us about the other people living there, "Yes, we get on and I help [person's name] with some things they want to do" and "We sometimes go out together, it depends what we want to do. We don't do everything together, but some things." Another person told us they attended various activity clubs and said, "Yes, I like going there to see friends." Other people were involved in a range of activities such as bowling, cooking, walking, going to the pub for meals, shopping, attending day services and going to community centres. One person told us about the holidays they had been on both with the Shared Lives carer's and their own family.

People were supported to see their family and we saw that appropriate safeguards had been put in place by Shared Lives carer's and support staff to maintain people's safety and welfare when this occurred. This ensured that family links were maintained were possible.

People and the Shared Lives carer's knew how to complain and who they would inform if they had a concern. Each person and Shared Lives Carer had documentation in an appropriate format which detailed the complaints policy of the provider and how people should raise their concerns. We saw there was a small number of complaints which had been dealt with by the registered manager who had followed the provider's policy for timescales. The registered manager told us that they would ensure that the outcome was always included in the log in the complaints file.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in place. The registered manager had worked with the local authority for a number of years. She had originally been part of the staff team which had reviewed the service over a period of time. When the previous registered manager had left, she took up the post with the aim of modernising the service to bring about standardisation and improving the quality for people and Shared Lives carer's. She was well liked by her staff team and we received good reports from the people using the service and overall good reports from the Shared Lives carer's that we spoke with. One particular Shared Lives carer knew the registered manager and said, ""If anyone can do a good job, it's her."

The service was spread over the Hampshire local authority area with a number of Shared Lives Managers covering particular areas, for example, Eastleigh or Gosport. Shared Lives carer's mainly dealt with the individual managers in their area. The Shared Lives carer's we spoke with, all spoke well of all the managers they had dealings with and were positive in the support they had received. This meant that Shared Lives carer's had a good network of support in place which was local to the area they lived.

There was a clear management structure in place with staff and Shared Lives carer's knowing who was in charge and how they could contact various people within the service, including more senior staff within the local authority if the need ever arose.

Each member of the staff team had designated areas which they were responsible for maintaining. For example, two managers were responsible for marketing and the team manager was responsible for ensuring that policies and procedures were up to date. Shared Lives carer's roles and responsibilities had been reviewed through an implementation programme which had been taking place and these were to come into effect from January 2017. The change included updated reviews and supervision processes.

The implementation programme was a huge piece of work which had resulted after a review of the service. It was to be fully launched in January 2017 and included updates in most elements of the service, including paperwork, quality assurance, recruitment, roles and carer responsibilities. Regular meetings had taken place and we saw minutes to confirm they were held to keep both staff and Shared Lives carer's up to date with how the programme was progressing and to gain feedback. One Shared Lives carer we spoke with had been fully involved with the meetings and told us, "We have not seen the finished paperwork but have been told the launch is after Christmas."

We asked the staff and the registered manager, "What is the biggest challenge you have at the service?" They all told us that the biggest single challenge was the recruitment of Shared Lives carer's. We asked them why that was. They told us they found it difficult to recruit to the posts and often people did not know what the service was or understood how it operated. The registered manager told us that one of the goals of the coming year was to increase the number of Shared Lives carer's so that they could offer additional people a chance to live as part of a Shared Lives carer's family.

Staff organised various support groups regularly so that Shared Lives carer's could share their views and

raise any issues that they might have had. One Shared Lives carer said, "I always attend the meetings when I can. They listen to my views and I have never had any problems. I think I am lucky." Another Shared Lives carer we spoke with told us that they were concerned about how the forthcoming changes may affect the longer serving carer's and was worried that some may leave the service. They told us, "Some of the training is not tailored to what we do, it's more suited to working in a care home. We don't hoist people. I think they run a risk of losing some long term carer's if they are expecting them to complete this type of training when it does not apply to them. I do worry about that." We spoke with the registered manager about the training plans and they explained that they had to ensure that carer's were well trained to deal with any eventuality. They told us, "We have worked hard on the implementation plan which includes how carer's are trained. We must ensure that they are able to meet people's needs." They explained how they appreciated it may be difficult for some of their long standing carer's, but said they would work with them to ensure they managed the process.

We saw that regular staff team meetings were held. Staff told us they had a good staff team and worked well together. One staff member told us, "She [registered manager] knows what we do well, and has used that to focus on some of the things we do individually." For example staff had been given particular areas to work on, and we saw one had been given the task of focusing on quality assurance and another on developing the 'All about me' workbook which was a document for people to record their life history and issues that were important to them, for example information on the persons family and things they liked to do. This meant that the provider responded to identified need by utilizing staff in the best way possible.

The registered manager had set up buddy systems across each area of the service. Shared Lives managers in different local areas in the Hampshire authority supported each other when holidays or other absences occurred. To support this system managers attended each other's 'Carers' meetings to get to know the Shared Lives carer's they supported. This meant, should an issue arise when the usual Shared Lives manager was away, then the 'buddy' would be able to continue support in the usual way.

Various checks and audits were completed within the service by the staff, the registered manager and the provider. There were regular checks on health and safety, both within the service and those related to the Shared Lives carer in their home. Monitoring visits were undertaken to check records and ensure people were receiving good quality care from trained carer's.

We saw evidence that any accidents or incidents were monitored by the provider to ensure that no trends were forming and a new monitoring process had just been implemented. Accidents and incidents were also discussed at the local authority integrated team meetings. These are meetings between heads of management who form part of the local authority integrated team, of which, Shared Lives is a part.

Questionnaires and surveys were completed by people using the service, carer's and stakeholders. An annual Shared Lives carer review was also completed. These gave opportunities to feed into the quality of the service and also helped to address any shortfalls in skills or other areas that needed to improve. We noted that the results of the surveys were summarised, but the outcome of conversations between management were not recorded to show what actions they had taken if any were required. There were no actions but the registered manager told us she would ensure that they recorded any actions from conversations in the future.

Information was distributed in the form of Minutes to Shared Lives carer's. This provided details about any changes or within the organisation or meetings that had taken place.

The registered manager confirmed that the service had membership of "Shared Lives Plus" and was able to

utilise their expertise. Shared Lives Plus is the UK network for family-based and small-scale ways of supporting adults. The registered manager also told us that they used this service for ways to further improve the service.

Staff at the service, including the registered manager were aware of data protection issues and when we asked for access to the providers IT system they were aware it was not appropriate to give us access via a staff members log in and needed to source a separate means of access by contacting the relevant department to seek permission. This meant the provider treated confidential information with the utmost importance and meant people and Shared Lives carer's personal data was protected from unauthorised access.

The registered manager had complied with his legal responsibilities and sent notifications to us.