

Isle of Wight Council

# Shared Lives Isle of Wight

## 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

Shared Lives Isle of Wight is a shared lives scheme which provides people with long-term placements within shared lives carers own homes. At the time of our inspection there were 23 people who used the service. Three people were receiving a personal care service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care we also consider any wider social care provided.

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

People told us they were happy living within their shared lives homes and felt supported to live their lives in the way they wished to do so. Shared lives carers spoke about people with kindness and compassion.

The shared lives service helped people to express their views, preferences, wishes and needs meaning they were fully involved in decisions about their care. People were involved in the planning and reviews of their care and were supported to be as independent as possible.

People received care and support in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Shared lives carers showed an in-depth understanding of equality and diversity and people were treated with dignity, and their privacy was respected.

People said they felt safe and shared lives carers knew how to keep people safe from harm.

Shared lives carers were recruited safely and had received appropriate training and support to enable them to carry out their role.

A comprehensive range of risk assessments and management plans were completed for people and their home environments to ensure safety. Risk assessments promoted positive risk-taking meaning people were able to participate fully in a range of activities and their local communities. People received their medicines safely and as prescribed.

The registered manager and senior support worker worked with other external professionals to ensure people received effective care. External professionals were extremely positive about the support people received from shared lives carers and the management team.

There was a clearly defined management structure and regular oversight and input from the provider's representative. Shared lives carers were positive about the management of the service and told us the registered manager and senior support worker were very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the

service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The shared lives model of care maximised people's choice, control and independence.

Right care:

- People received care which was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

- The ethos, values, attitudes and behaviours of the shared lives Isle of Wight management team and shared lives carers helped ensure people lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service commenced providing a personal care service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Shared Lives Isle of Wight

## **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 completed by one inspector.

Shared Lives Isle of Wight is a shared lives scheme, they recruit, train and support self-employed shared lives carers 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 29 April 2021 and ended on 11 May 2021. We visited the office location on 29 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. This included registration reports and information the provider had sent us. We reviewed statutory notifications the service is required to send us. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. 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 viewed records relating to three people living within the shared lives scheme and records relating to the recruitment of four shared lives carers. We also viewed a variety of records relating to the management of the service and we spoke with the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three people who were living in a shared lives placement and four shared lives carers. We spoke with the senior support worker and the provider's nominated individual. A nominated individual is the providers legal representative.

We received feedback from five health or social care professionals who had regularly contact with the service. We looked at a range of information the registered manager sent us including quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this registered service. This key question has been rated Good.

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 harm or abuse.
- People told us they would know who to speak with if they had any concerns about their safety. One person told us "Yes I'm safe here." An external social worker told us, "I've completed two reviews in the last month with shared lives users and they have both commented they feel safe and happy."
- Shared lives carers were provided with training related to recognising potential abusive situations and how to raise concerns to the shared lives office or local authority.
- A shared lives carer told us, "I have done safeguarding training in my other job and do think that if I had any concerns at all they (registered manager) would definitely do anything needed to keep people safe."
- External health and social care professionals felt people were safe. One told us, "There is good communication between the shared lives carers and the shared lives manager and team who very promptly raise safeguarding concerns as and when they arise and alert the Isle of Wight Council Adult Safeguarding Team."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities and had attended additional safeguarding training for managers.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans, reviewed regularly and updated when people's needs changed. The registered manager was aware of how to access specialist assessments and equipment to mitigate risks and promote independence.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs. Positive risk taking was always considered meaning people's opportunities and independence were not restricted.
- Shared lives carers demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, a person was living with epilepsy. Their shared lives carer described equipment and procedures in place to keep the person safe in the event of a seizure. Another shared lives carer described how risk assessments had been completed to enable the person to ride their bike on nearby cycle paths.
- Risk assessments of shared lives carer's homes had been completed by the management team to promote the safety of both people and carers. These considered the immediate living environment of the person and were kept under regular review. One external social care professional told us, "The shared lives manager ensures that shared lives carer's homes are assessed from a health and safety point of view and

any potential issues addressed prior to any service users accessing the setting. Thorough checks are carried out and these are revisited regularly."

- Business continuity plans were in place. People and shared lives carers had information cards to identify them as people who were either providing care or receiving care support should they be involved in an accident or untoward event. This would mean prompt action could be taken to ensure people received necessary ongoing care. Each person had an identified plan in place should their shared lives carer be unable to provide care at short notice such as due to ill health.

#### Staffing and recruitment

- There were sufficient staff in the office and shared lives carers available to support people's needs.
- The service had a robust comprehensive selection and recruitment system in place to ensure only shared lives carers with the appropriate skills and attributes were employed. Checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The shared lives carers home was also assessed to ensure it was safe and suitable for people to be accommodated.
- Following completion of all recruitment checks applications were presented to an independent panel for approval. The process had recently been augmented to include a visual presentation including photographs and evidence to support the shared lives carer's application.
- An annual review of each shared lives carer was completed. This included requesting updated information when appropriate such as certificates relating to the safety of the shared lives carers home and car. Should any information of concern be identified with any shared lives carers a review would be undertaken and information presented to the independent panel for consideration.
- Shared lives carers told us the recruitment process had been "very thorough". They confirmed the processes described above had been completed.
- An external social worker told us, "Shared lives staff complete extensive checks of properties and assessments of carers which consider safety and the skills of carers to meet the needs of service users. There is a panel who meet regularly to review any new applications. Having these checks completed provides a level of confidence for myself as a placing social worker."

#### Using medicines safely

- Safe systems were in place should people require support with medicines.
- People's care records included specific information about the level of support people required with their medicines and by whom and how this support would be provided. Wherever possible people were supported to be independent in the management of their medicines with risk assessments completed to demonstrate the level of support each person required.
- Shared lives carers had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly.
- Shared lives carers recorded whenever they administered medicines and these records were reviewed when they were returned to the office or during support visits made by the senior support worker or registered manager.

#### Preventing and controlling infection

- Safe procedures and systems were in place to prevent and control the risk of infections including COVID 19.
- Shared lives carers told us they had supported people to understand about COVID 19 and how they could prevent infections. For example, one shared lives carer told us they had received information about COVID 19 from the service detailing what actions they should take to help ensure their own and the person's safety.
- Shared lives carers had received appropriate training to ensure they understood how to promote good



infection prevention and control procedures. They confirmed they had completed food hygiene, infection prevention and specific training to reduce risks associated with COVID 19. Furthermore, they told us they and people they supported had been encouraged to access relevant immunisation such as for flu and COVID 19.

- Shielding and social distancing rules were followed appropriately. One social care professional told us "COVID 19 related safety measures, such as testing, increased hygiene measures, isolation (if required) are in place."

- Personal Protective Equipment (PPE) such as disposable gloves, aprons and masks were used when needed. As they were self-employed, shared lives carers were required to provide their own PPE. They told us they had received guidance as to when this should be used and where they could access supplies from. The registered manager told us they had stocks of PPE available should any carers require these at short notice.

#### 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.

# 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.

This is the first inspection for this registered service. This key question has been rated Good.

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

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and relatives if appropriate, were involved in the assessment process.
- The registered manager received an initial referral from the referring authority, then completed their own full assessment of the person's care needs. This was used to help match the person to a suitable shared lives carer. A social care professional told us, "The shared lives manager and team carry out all appropriate assessments to ensure the needs of individuals are well known. Appropriate banding (fees paid to shared lives carers) is decided on to ensure appropriate support can be provided."
- Once matched to a shared lives carer, arrangements were made for introductory meetings at a mutually agreed location. People had an opportunity to ask any questions about the shared lives carer, their home, family and so on. Further introductory visits were then arranged including the option of overnight or longer short stays at the shared lives carers home prior to both carers and people having to make a final decision.
- This ensured people's views were central to the assessment process. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- Shared lives carers were appropriately trained, and carers and people were confident in the shared lives carers abilities. A person said "Yes" when asked if they felt their carer knew how to help them.
- Shared lives carers completed a range of training prior to placements being made. This included safeguarding; infection control; medicines management and the Mental Capacity Act. Shared lives carers were also provided with additional training that was specific to people's individual needs, such as epilepsy. Training was regularly refreshed. A shared lives carer told us, "Yes we have access to lots of training, it's all been online recently due to COVID 19 and we get told what we need to do." Another shared lives carer told us, "I do a lot of training in my other role, wherever possible shared lives will validate that training, so I don't have to repeat everything."
- A social care professional told us "I understand that the shared lives carers all have to undergo training, and this is kept up to date."
- There were systems to monitor training, and records viewed showed that shared lives carers had completed all necessary training for their roles.
- Shared lives carers told us they were supported in their roles and had regular one to one meetings with a senior support worker. A shared lives carer said, "I'm very well supported and have regular supervision; I can

talk to the management at any time though if I needed to, I don't need to wait for them to contact me."

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

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan.
- People were encouraged to live a healthy lifestyle and make healthy choices about what they ate. People's nutritional needs were monitored by the shared lives carer, and referrals made to the appropriate professionals when required.
- One shared lives carer told us, "[Person] knows what they like to eat, we sometimes cook things together to get them interested in other things."

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 by a range of health professionals and specialists. When people needed to access services such as the GP, shared lives carers and the registered manager or senior support worker were quick to refer them.
- Care plans included information about people's general health, current health concerns, social information, abilities and level of assistance required. Specific care plans were in place to meet oral health needs. A 'hospital passport' was available for each person. This detailed the person's health, care and support needs and could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required. Discussions with the registered manager showed they were aware of how to access support for people should the need arise.

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

- People told us they had been involved in discussions about their care planning and that personal care was never provided without their consent. They told us they had as much freedom as they wanted.
- The registered manager, senior support worker and shared lives carers were aware of the need to act within the code of practice for the MCA and how to obtain people's consent. They had all received training in the Mental Capacity Act 2005 (MCA).
- Documented assessments and subsequent decisions demonstrated that people's views had been fully considered prior to any decisions being made.
- Throughout COVID 19 people and shared lives carers were required to adhere to the lockdown restrictions. Discussions held with people, shared lives carers and the registered manager showed this had provided a

significant challenge for some people who were unable to continue usual routines. It was evident however, that shared lives had supported people to express their wishes and needs and as a result people were kept safe and able to continue some of their routines in a safe and socially distanced way.

# 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.

This is the first inspection for this registered service. This key question has been rated Good.

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

- Shared lives carers, the registered manager and senior support worker demonstrated a person-centred culture and supported people in a caring and compassionate way.
- People told us they were treated with kindness and were positive about the shared lives carers caring attitude. One person told us, "I'm happy." Another person said, "They (shared lives carers) are very kind." Although our contact with people and shared lives carers had to be made via video links it was evident that people were relaxed in the company of their shared lives carer.
- The registered manager, senior support worker and shared lives carers spoke about people in a kind and caring manner. Shared lives carers knew people well and understood their individual likes, dislikes and preferences. For example, one shared life carer described the person's interests and hobbies such as favourite television programmes they like to watch.
- The registered manager and senior support worker told us that they aimed to ensure people's equality, diversity and human rights needs were known, supported and respected. They told us they looked at specific individual needs during care planning. This information was also used when matching people with potential shared lives carers. These were further discussed at regular review meetings ensuring people's individual needs were consistently met.
- People were encouraged to be part of the local community they lived in. For example, risk assessments had been completed to enable a person to deliver monthly parish newsletters in their local area. The risk assessment had identified a need for them to be able to seek help in an emergency and the registered manager had sourced suitable equipment which the person could use. This enabled them to maintain their independence as well as having a local community presence.

Respecting and promoting people's privacy, dignity and independence:

- People's independence was central to the support provided. Identifying what people could do themselves was detailed in the support plan and through regular reviews of people's care. People told us they had choice and control over their care and daily lives and documents confirmed this. One person said, "I can do what I want."
- Shared lives carers respected and promoted people's independence. The senior support worker described how they had risk assessed a person going out independently into the community. They explained how they had walked with the person and noted how they crossed roads in a safe manner.
- A social care professional told us, "They also set goals for people to work towards, such as maintaining their own space, keeping their bedroom clean, or look at assistive technology for supporting

independence."

- People's right to privacy and confidentiality was respected. For example, people had their own rooms in shared lives carer's homes which they could access whenever they wanted privacy. Shared lives carers described how they ensured people's privacy was maintained whenever personal care was provided. Where appropriate, technology was used to maximise people's independence. For example, one person who was at risk of seizures had been provided with alert equipment should they fall over which may mean they were having a seizure. They wore this whilst in the shower alone, meaning their shared lives carer would be immediately alerted to a possible seizure. This enabled them to have more control over their lives and ensured privacy wherever possible.
- The registered manager understood when and how to seek independent advocacy support. We heard them discussing a concern with a social worker during the inspection. This showed they were considering the person's rights and ensuring they received support to make decisions and choices about their life.

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

- The registered manager and senior support worker focused on building positive and open relationships with people. They made themselves as available as possible for people. For example, a person told us they knew which office at a community centre they attended was the shared lives office. They told us they could "Go and see (shared lives senior support worker and registered manager) anytime." The registered manager had listened to the person who had suggested photographs of the registered manager and senior support worker be placed on the office door as this would help them identify which was the shared lives office.
- Shared lives carers, people, the registered manager and records all confirmed, that people were involved in all aspects of their initial assessment, the formation and implementation of their care plans and ongoing reviews. Shared lives carers told us people were involved in decisions about their care.
- Wherever possible information including risk assessments and feedback forms were provided in a format such as 'easy read' which were suitable for people who were supported by the shared lives service. People were provided with their own files of information which included their care plans and risk assessments, how they could contact the shared lives office or process to follow if they needed to make complaints.
- An external social care professional told us "I love the fact that the team are open to ideas and try to think how it works for both the carer and the individual."

# Is the service responsive?

## Our findings

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

This is the first inspection for this registered service. This key question has been rated Good

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

- People received a personalised service from their shared lives carer, senior support worker and registered manager. One shared lives carer confirmed that the person they supported had been fully involved with the development of their care plan including risk assessments and had received a copy of these which were kept in their home.
- Care plans detailed people's care preferences to enable shared lives carers to provide them with personalised care to meet their needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, dressing, nutritional needs, health issues and information about the person's life history. Care plans reflected people's individual needs and were not rigid or task focussed. Care plans were reviewed at regular intervals and updated whenever changes to people's care needs were identified.

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.

- People's communication needs were identified, recorded and highlighted in care plans.
- During video calls with people and shared lives carers it was evident that the shared lives carers fully understood how to present information to people so they could understand this and respond.
- The registered manager, senior support worker and shared lives carers had good knowledge about the AIS, and we saw information was provided in an accessible way for people. For example, documents contained pictures, some information was available in large print and photographs were used a lot in shared lives schemes.

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 fully involved when matching them to a shared lives carer. This was to ensure people and the shared lives carer shared many of the same interests and cultural expectations, so they could meet not only their support needs, but also social needs.
- People had active and busy lives supported by their shared lives carers. People were supported to attend voluntary work placements, day centres, and schemes for people who lived with disabilities. They were also able to spend their time engaged in activities and hobbies. One person told us they had recently purchased

a new bicycle and enjoyed going for bike rides with their shared lives carer. Another person had expressed a wish to have acting lessons. The registered manager and senior support worker identified a suitable group and supported the person to have trial sessions. The person was now enjoying their acting group which was also increasing their confidence and contact with others.

- People were involved in the development of their support plans which detailed people's personal preferences, likes and dislikes. People's culture and religion was also reflected.

Improving care quality in response to complaints or concerns

- Neither people nor shared lives carers had any complaints at the time of the inspection. People and shared lives carers told us they knew how to make a complaint. They said they would speak to the registered manager or senior support worker if they had a concern or complaint. They were confident any concerns or complaints would be appropriately investigated by the registered manager.

- The provider had a complaints policy. Written information about how to complain was available for people and relatives within information provided to all people and shared lives carers. People and shared lives carers were also asked if they had any complaints when service reviews were undertaken.

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.

- Specific end of life wishes had not been discussed with people however, the registered manager had a formal assessment tool provided by the local hospice that they said would be completed should any of the younger adults supported be diagnosed with a life limiting condition. This would then help ensure that people's individual wishes in respect of how they would be cared for at the end of their lives would be known and met.

- The registered manager provided us with assurances that people would be supported to remain in the shared lives home wherever possible and to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to shared lives carers, people's families and ensure staff received any necessary training.



# 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.

This is the first inspection for this registered service. This key question has been rated Good

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 shared lives values were included within the annual quality assurance report completed in June 2020. Along with the values which put people at the centre of the service, it also stated that 'at Shared Lives Isle of Wight, we listen, engage, grow the support we offer, work with other organisations and put people who we support at the heart of everything we do.' These values were cascaded to shared lives carers and monitored through training, meetings, and individual support and supervision meetings.
- The management team were aware of and kept under review, the day to day culture in the service. This was done through frequent contact with people and shared lives carers.
- People, shared lives carers and the senior support worker all felt the service was well-managed. Shared lives carers said they enjoyed working for shared lives and felt supported by the senior support worker and the registered manager. One shared lives carer told us, "Any time I have contacted the office, they have always responded really quickly and sorted any issues out promptly."
- External professionals also praised the leadership of the service. For example, one external social care professional told us, "The shared lives team remain actively involved during the placement supporting the individual as well as the carer. They maintain very good communication with the care management team, particularly the Learning Disability Team. They are incredibly supporting, taking some of the workload off the care manager, allocated social worker, social care officer. They make appropriate referrals for the individual if required and undertake regular reviews." We were also told, "The team are excellent in communicating with those involved and contributing to solving complex care management and funding related issues linked to placements."

Working in partnership with others

- The service worked well in partnership and collaboration with all relevant agencies, including health and social care professionals which helped to ensure people received a service based on good practice and people's preferences. An external social worker said, "I feel the shared lives senior support worker and registered manager work very closely with social workers and encourage close working with carers. When problems arise, I feel we all work as a team to explore the best solution."
- Another external social work professional told us, "The shared lives manager and support worker develop really strong relationships with the shared lives carers they support which ensures crises are avoided or dealt with promptly and increases the likelihood of placements being successful."
- The service had links with other resources and organisations in the community to support people's

preferences and meet their needs.

- The scheme was part of Shared Lives Plus, which is the national member organisation providing support and guidance as needed. Isle of Wight shared lives attended Shared Lives Plus southern regional meetings and had arranged for the national organisation to undertake a full external review of the Service. The registered manager was also a part of a Shared Lives Plus Google Group where they can network and share documentation and good practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was a registered manager in post. The registered manager and provider kept themselves up to date with legislation which affected the care industry. Shared lives carers and the senior support worker had clear lines of responsibility to effectively manage the support people required.
- Systems were in place to monitor the quality of the service provided. Each person and the shared lives carer were contacted regularly by both phone and in person to check how the placement was going. Each person had regular formal reviews of their care and the registered manager and senior support worker were able to review areas such as medicines, care, incidents, safeguarding etc.
- There was an emphasis on continuous improvement. For example, the registered manager described how they were thinking of new ways to promote the shared lives service. Rather than just advertising the service locally they had decided to have a council fleet car 'wrapped' with advertising paintwork. This would then be seen by many more people who may be interested either as shared lives carers or to live within a shared lives home. Where suggestions were made for improvements to the service the registered manager ensured that action was taken for example, they told us, "Following the feedback survey we received one response for change from a person using our service. We followed this up using our 'You said, We did' form and a thank you letter for their time in reviewing and contacting us which allowed us to make changes that may also have benefited others."
- Quality assurance systems were in place to enable the registered manager and nominated individual to monitor and identify any shortfalls in the quality of the service people received. For example, the nominated individual had completed a comprehensive review of the service in the form of a 'mock inspection' shortly before we undertook this inspection. Where necessary an action plan was completed to identify any improvements required as a result of service audits and quality checks. This showed action was taken in response to the findings and monitored for completion.
- The provider had policies and procedures in place which reflected best practice or national guidance.
- People's records were accurately maintained, and staff used passwords to access computer records to maintain security.

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

- Pre COVID-19 shared lives carers and the people they supported were invited to scheme events such as a pitch and putt event in June 2020 and a support group meeting and shared lives achievement awards in December 2019. Feedback from these events had been very positive and had provided opportunities for people and shared lives carers to express their views or make suggestions. Although these events had been put 'on hold' during the COVID-19 pandemic the registered manager was keen to hold similar events when this was safe to do so.
- The registered manager and senior support worker maintained regular contact with shared lives carers and the people they supported. One shared lives carer said, "They (registered manager or senior support worker) are always available if I need them."
- There were opportunities for people and shared lives carers to share their views about the quality of the service provided via review meetings and surveys. Surveys were sent out to people, shared lives carers and

other stakeholders to gather feedback about the quality of the service provided. Where necessary these were in a format suitable for the person who was completing the survey.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities under the duty of candour and when and how they would use this.
- The registered manager also understood their other legal responsibilities related to their registration and had notified CQC about all incidents, safeguarding concerns and events that were required. The registered manager completed the provider Information return when requested and to a very good standard. This is a form CQC requires service providers to complete providing information about the service.