North Tyneside Metropolitan Borough Council

North Tyneside Shared Lives

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 9 and 11 December 2015. We last inspected the service in December 2012. At that inspection we found the service was meeting all the regulations that we inspected.

North Tyneside 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.

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.

The service needed to review their safe management of medicines procedures and we have made a recommendation to the provider.

Staff, Shared Lives carers and people using the service were aware of safeguarding procedures and had received information to support this. A board game had been produced to be used to help people understand safeguarding issues better and training had been provided to staff and Shared Lives carers.

Risk had been fully assessed across the service, including risks to people and those associated with the premises in which they were living. The provider monitored and regularly updated these to keep people safe.

People told us they felt safe and liked where they lived.

Robust recruitment procedures were in place for staff and Shared Lives carers; this ensured that people were supported by staff and carers who had been checked to ensure their suitability to work with vulnerable adults. There were enough staff to provide support to Shared Lives carers and people were only accepted into the service when a Shared Lives carer was matched with them and available for them to move in with.

Staff had received appropriate induction and training and received regular supervision and yearly appraisals. Shared Lives carers received an induction package which was being tailored around the Care Certificate. Training packages were in the process of currently being reviewed.

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.

Staff told us that people's nutritional needs were met. Records confirmed this and when we visited people in their Shared Lives carers home, they confirmed that they were able to have food they liked, could choose what they ate and were supported to remain healthy.

Staff at the service were extremely caring in their approach. The Shared Lives carers were also portrayed by both people and staff as caring individuals. Staff provided people with a range of information and activities to help them avoid social isolation and ensured that each individual received person centred care.

Shared lives carers recognised the need to support and encourage people to make decisions and choices whenever possible.

People and their Shared Lives carers and families were involved in their care planning and records were reviewed regularly.

People and Shared Lives carers knew how to make a complaint and easy read information was available to support people with additional needs. There had been no major complaints since the last inspection and minor complaints had been investigated and dealt with effectively.

There was a clear management structure in place and Shared Lives carers spoke highly of the Shared Lives team and the registered manager. Audits and checking processes were in place to ensure that the quality of the service was monitored and any issues were actioned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The procedures around the safe management of medicines needed to be improved. For example, how 'as required' medicines were dealt with.

People said they felt safe living with their Shared Lives carer.

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.

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 registered manager and staff were aware of the Mental Capacity Act 2005 and worked within legal guidelines.

People were supported with a healthy diet and to remain hydrated.

Is the service caring?

Good

The service was caring.

People told us they were happy where they lived, and said their Shared Lives carers were kind and caring towards them.

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

Is the service responsive?

Good

The service was responsive.

People, relatives and Shared Lives carers were involved with establishing people's care needs and these were reviewed regularly.

People could make choices and participated in a range of activities if they wanted to and this included, holidays, volunteering opportunities and bowling.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

Service was well led.

Shared Lives carers and people felt able to contact the provider's office and speak to staff or the registered manager at any time.

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

North Tyneside 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 9 and 11 December 2015 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 two inspectors.

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 the notifications we had received from the provider about serious injuries and safeguarding incidents. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales.

We contacted the local authority commissioners for the service, the local Healthwatch and a variety of healthcare professionals involved in the support of people using the service. We used their comments to support our planning of the inspection.

We spoke with eight people who used the service and eleven Shared Lives carers. We also spoke with the registered manager, all five members of staff. We observed how staff interacted with Shared Lives carers and

how Shared Lives carers interacted with people. We looked at a range of information which included the care and medicine records for ten people who used the service, personal information for eight Shared Lives carers, two staff personnel records, health and safety information and other documents related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Information relating to 'as required' medicines was not always clear. For example, one person had a medicines profile that stated they could take paracetamol as needed but their Shared Lives carer told us that they were not allowed to give any 'as required' medicines unless they were prescribed. 'As required' medicines are medicines that are taken when needed, such as for pain relief. This meant it was not clear if people had access to immediate pain relief when needed. Whilst there was no evidence to suggest that this had impacted on people's wellbeing there was a potential risk that it could.

We looked at medicines administration records (MARs). Dosage information was accurately recorded and matched the quantity of medicine available. However, we noticed that one person's records showed that occasional missed doses had been noted, but we found that full details were not always recorded to show the actions that had been followed.

We recommend that the provider follows best practice guidelines to ensure they meet necessary standards.

When a person had been prescribed medicines, their Shared Lives carer had a discussion about this with them to make sure they understood the importance of the medicines and to make sure they were able to take it. People had a medicines profile that included detailed, personalised information about their medicines routine. For instance, one person preferred to stand while swallowing tablets and another preferred to swallow them without liquid. The profiles included details of potential side effects and had been updated regularly. We did not see any people who looked after their own medicines but staff told us that if people were able to self medicate (look after their own medicines) then staff and Shared Lives carers would support them with appropriate risk assessments to ensure they took them safely.

Shared Lives carers told us they had not received formal medicine administration training from the provider but that each support worker had given informal training and discussed areas such as prompting and the completion of Medication Administration Records (MARS) with them. Each carer also 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 carers had a good understanding of how to encourage people to take their medicines at the appropriate time, such as a carer who reminded a person that taking their afternoon medicines meant it was almost time to eat dinner.

People told us they felt safe while living in the homes of Shared Lives carers. They told us they liked living there. One person said, "I have lived here a long time now and am used to them, I am safe and I like it."

Staff 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. A safeguarding policy was available to support staff at the service and Shared Lives carers. We noted that records of safeguarding incidents were recorded, reported and investigated thoroughly.

Each Shared Lives carer had been given out of hours contact details for the provider, including a rapid response number for emergency safeguarding issues. In all cases we found that 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. Each person's care file had a missing person's document that could be used by Shared Lives carers, local authority staff or the police in an emergency. The document included a recent photograph and information such as the person's mental capacity, level of mobility and if they had a useable mobile phone, which would all be useful information if a person did go missing. A safeguarding flow chart in easy read format was also available which pictures of safeguarding issues and who to contact with their picture, name and telephone numbers.

People had been supplied information in easy read format on bullying, travelling safe and disability hate crime. The provider had also issued people with an "emergency contact card" which people were encouraged to carry as it had information on it to help when they were out in the community. The card had contact details and an explanation of why the person had the card.

People were supported to take "positive risks." For example, one person liked cooking and was able to prepare cold food. An appropriate risk assessment had taken place and to maintain their safety. They were able to help prepare hot food only under supervision. Another person had been supported to remain in their home without their Shared Lives carer. The benefits to the person had been documented as greater self-confidence and contentment in their living placement.

Using the internet (online) was important to people and one person and their Shared Lives carer had worked with support staff to ensure they were protected from the risks associated with communicating with strangers online. The person's Shared Lives carer had spent time speaking with them about recognising the risks of forming online friendships. A risk assessment had been completed that included calls to their Shared Lives carer if they had concerns. A social worker had completed an assessment under the Mental Capacity Act (2005) to assess the person's capacity to understand risks and to be able to manage them. This meant the person was enabled to be online, in a safe way.

An emergency egress, or evacuation plan, was in place for each person. Each plan was detailed and personalised, with information such as how the person would respond if a smoke alarm sounded and whether they had the physical capacity to leave the building in an emergency. Some Shared Lives carers had undertaken specific safety exercises with people, which had been documented. For instance, one person was shown through the action they should take if there was a suspected gas leak or water leak. Another person was walked-through an exercise in their home covering what action to take if a fire was found, including the use of 999 and how they would leave the building in an emergency. We saw that this had resulted in the Shared Lives carer being able to identify potential issues in people's understanding of an emergency and ensure they could obtain urgent help when needed. We noted that the fire service had been contacted on occasions by the staff at the service, when additional advice or support was required.

All risks identified had been fully assessed, including if a Shared Lives carers homes was a potential risk to people falling from upper floor windows. This was included as part of the screening risk assessment undertaken before people moved into their Shared Lives carers home to ensure the building was safe for them to live there.

Accidents and incidents were reported and recorded. When Shared Lives carers had not completed forms accordingly, staff at the service worked with them to ensure correct paperwork was completed. For instance, one person had been involved in a minor incident and the Shared Lives carer had not submitted an incident form. Records were available that confirmed staff had worked with the Shared Lives carer to ensure they

understood the importance of completing the relevant paperwork and when they should do this in the future.

The provider supplied comprehensive policies to share good practice and support both staff and Shared Lives carers in various procedures. These were used in conjunction with risk assessments to protect the people using the service.

Staff at the service had followed the local authority's robust recruitment procedures and all of the staff employed had worked with the local authority for over 10 years in a variety of roles. There was also a detailed and robust recruitment and selection process for Shared Lives carers. This involved a comprehensive assessment of the applicant's health, fitness and suitability to become a carer. Additionally, this included Disclosure and Barring Service checks (DBS), references, employment history and proof of ID. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). 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 following approximately five months of personal background checks and safety checks on their property, they built a relationship with a named staff member and then ultimately were matched with a person who would come to live in their home. Levels of staff at the service were suitable to ensure that Shared Lives carers were supported and monitored.

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. The suitability of the Shared Lives carer was determined by matching, for example, their life and working experiences, personality and social interests with the person.

Good

Is the service effective?

Our findings

We asked four Shared Lives carers and a relative how they felt about the support they received from staff. In all cases responses were positive and Shared Lives carers were eager to tell us how they held support staff and their manager in high regard. One Shared Lives carer said, "The support workers [staff] are always there when you need them. They're easy to get on the phone and if I need anything in person it's never a problem for them to pop out." Another Shared Lives carer said, "They [provider] keep you right, make sure you understand the regulations." And a third said, "They're [provider] great. Very supportive, I've had absolutely no problems."

People and Shared Lives carers were supported by staff that had received appropriate training and support to do their jobs and help Shared Lives carers meet people's needs. Feedback received from people that used the service said that their Shared Lives carers knew how to give them the care and support they needed. We saw that staff at the service had received a range of training, including safeguarding adults, promoting independence, medicines awareness and information governance.

All Shared Lives carers we spoke with told us they had been given annual safeguarding training. It was not clear that training was specialised enough for the needs of people being cared for. For instance, one Shared Lives carer supported a person who had displayed verbal aggression. They told us that they had not received de-escalation or behaviour management training from the provider but they understood how to support the person through previous experience. Although specialised training had not been offered, all of the Shared Lives carers we spoke with had policy guidance on physical intervention in certain situations and were clear on what support was available. The registered manager told us that they were in the process of updating the training that Shared Lives carers received to make it more person centred to them and the people they were supporting. We were told by the registered manager, and Shared Lives carers confirmed that they have use of the local authority on line training portal to further update their skills.

The registered manager explained that the Care Certificate was being incorporated into the current induction package for Shared Lives carers and they were working with colleagues in other Shared Lives schemes in the area to support its implementation into their current process.

Staff at the service had received suitable induction and had regular supervision and annual appraisals. Records confirmed and Shared Lives carers told us, they were given and in depth induction before taking a person into their home. They also received 6 weekly 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 carers told us that they appreciated the visits as it gave them an opportunity to discuss any issues that may have arisen or offered a means of sharing views or learning more. One Shared Lives carer did express that they did not like to receive monitoring visits as they thought they managed well without them and thought they were of no benefit to them, but understood why they were in place. We discussed this with the registered manager who was already aware.

One person was noted as communicating using 'personalised Makaton'. Makaton is a language programme

using signs and symbols to help people to communicate. We asked their Shared Lives carer about this. They said that it was a form of Makaton that the person had developed themselves and that they interpreted it by understanding the person's facial expressions, body language and reactions to others and situations.

We saw from looking at records, and speaking with Shared Lives carers and people, that individuals were able to access multidisciplinary healthcare professionals when they needed. Every person had their own named GP and some people, for example, had regular appointments with behavioural psychologists in the community. Psychiatrists, community mental health teams, dentists, speech and language therapy teams and opticians were contacted, as appropriate, by the Shared Lives carers and staff.

Staff and Shared Lives carers acted in accordance with, and were aware of, the principles of 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.

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.

Staff told us that people's nutritional needs were met by the Shared Lives carers they lived with. People we spoke with were happy with the range and choice of meals provided by their Shared Lives carers. Scheme carers told us they involved people in meal planning and preparation, if they wanted to be. Shared Lives carers and staff told us they had received professional support from dieticians and the speech and language team when there had been identified issues with people. The staff at the service had provided information booklets for healthy living, including support for people with diabetes and how many calories people should have to remain within healthy weight limits. They also promoted "5 a day" [fruit and vegetable healthy guidance]. We saw people's care records to confirm what staff and Shared Lives carers had told us.

Good

Is the service caring?

Our findings

People told us that they liked living with their Shared Lives carers and thought they were kind, considerate and caring. One person told us, "She [Shared Lives carer] is very kind." Another person told us, "They [Shared Lives carers] are really nice and make sure I am happy." Shared Lives carers and people spoke kindly of the staff that visited and supported them and said they were kind and caring. One Shared Lives carer said, "The staff are great, I can ring whenever I have a question and they have always been there for me."

One staff member told us of an occasion where they had received a call from a Shared Lives carer who was concerned about a mistake they thought they had made. The staff member said, "I knew they would be worried, so I went out to see them to put their minds at rest." They also said, "Everyone [Shared Lives carers] is individual and we want to do the best we can and promote the service."

Two of the people we spoke with asked if they could show us how they had been able to have their bedrooms decorated in a style important to them, such as music memorabilia of their favourite singer. One person said, "There's nowhere else I'd want to live. [Shared Lives carer] looks after us really well and we can do what we want as long as we look after each other. It's a lovely place to live."

People were helped to maintain their dignity and told us they were respected by the Shared Lives carers who supported them. One person was able to tell us how they had space to have private time if they wished. A Shared Lives carer told us that it was important that people were given opportunities for privacy and a space of their own. They told us, "[Persons name] likes to sit in their room and just listen to music, which is fine if that is what they want to do." Staff and Shared Lives carers kept people's personal information secure and were aware of the need to maintain confidentiality. One Shared Lives carer told us, "I am fully aware of the need to comply with data protection."

Staff told us they regularly spoke to people in Shared Lives carers homes to make sure they were happy with how they were supported. During monitoring visits, staff observed how people interacted with their Shared Lives carer, checked if people were relaxed and at ease in the home, and if they were supported in the way they chose. One staff member told us, "There is a certain standard we expect and we complete lots of checks to ensure that the carers employed reach that standard and are able to look after people properly and how they deserve to be."

We found that not all monitoring visits enabled staff to check that people's needs were met and they were happy and content. In some cases people were not at home, being out at activities or attending appointments or day centres. We asked the registered manager about this. They told us that they had recognised that this was a potential gap and that the service was in the process of review and one of the areas of review was that of the monitoring of the 'placements' of people.

Some Shared Lives Carers chose to look after people on a respite basis. Respite is when people are looked after on a short term basis. The Shared Lives carers that looked after one person on respite care demonstrated a good understanding of their personality and needs. For example, the person was able to

show their feelings and emotion only through body language and a change in their mood, which the Shared Lives carer demonstrated their full awareness of, which meant they were able to be more effective in their care and support offered.

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] now walks to their day centre alone. That took a while but we risk assessed it properly and there's no road to cross so they're safe and we're happy that they can do something that's important by themselves." In the latest published North Tyneside Shared Lives quality assurance valuation, one person was asked, "Are you supported to do the things you like?" They responded, "No! I am independent!"

Shared Lives carers were provided with guidance on how to support people in their needs and wishes in relation to personal relationships, sexual health and sexual orientation. This meant that people were better supported in their diverse needs and individual preferences because the provider supplied tools to their carers to help with this. The staff at the service had set up information stands at their offices which Shared Lives carers could access and where they held events. The information included a range of leaflets and documents, some of which were in easy read format. For example, advocacy, Healthwatch, how to vote, volunteering, holidays and bereavement information. The provider had made up an easy read safeguarding board game that people and their Shared Lives carers could take and use. We were given an example of one person that had taken the game to use and found it fun and useful.

Records showed that people had been asked if they wanted to attend a place of worship if they so wished and those that had responded had said they had been asked.

A staff member told us they had recently completed a walk in a Northumberland park with some Shared Lives carers and people. They told us that everyone was given nutrition and hydration information pack and it was a way of celebrating and promoting the service. They also told us that they had held a "safe" week in November and a 'safeguarding' bag was given out then too. They said, "We care about the people and carers out there and try to be creative in how we get information across to them."

Good

Is the service responsive?

Our findings

We were told by Shared Lives carers that staff clearly understood the needs of the person or people they supported. We were told that the same support workers were allocated and usually conducted their regular contact and home support visits.

Each person had an enablement plan that we saw had been written by staff and supported by Shared Lives carers, people and their relatives collaboratively. The enablement plans were person-centred and focused on what was important to each person and was kept up to date with a full review at least annually. For example, each file had sections titled 'How to keep me safe and healthy' and 'my routines'. Information in such sections was personal to the individual and included personal outcomes such as, "To look good and keep a smart appearance" and, "To have a fulfilling life and keep my self-esteem." We noted that a small amount of entries were not relevant or needed to be updated after recent events. We spoke with the registered manager about these minor issues. He contacted us following the inspection, to confirm that these matters had been addressed and that additional information had been added.

Each enablement plan included evidence that the provider's complaints procedure had been discussed with the person and that they understood how to complain in the event of a problem. We asked three people about this. All of them were able to name the manager and told us how they would contact him and under what circumstances. One person said, "I know [manager] very well. I always get him with my jokes when he comes over. Very nice bloke and I could call him about anything. But there's nothing I want to complain about, I'm very happy here." We noted that no major complaints had been raised since the last inspection and any minor issues had been investigated and dealt with effectively.

Care was individualised and people were supported to take part in activities that were important to them. Shared Lives carers we spoke with had an acute awareness 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 people were encouraged to support each other, which included working together and scheduling a weekly lunch together. We looked at home support visit records. Staff had documented evidence of social activities that people had enjoyed such as a fancy dress birthday party, a garden party and holidays. Other people had been 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.

People were supported to save their own money to pay for activities that were important to them. For example, one person was saving for a season ticket to the football team they supported. Others had been able to take part in the planning of an annual holiday of their choice. Shared Lives carers had gone to significant efforts to make sure people could have the experiences they wanted, such as one person being supported to visit Graceland. One person said, "It's not like living on hand-outs, I have to save up and pay for things myself but I'm really happy to do that, I feel calm and safe living here." Another person showed us their DVD and music collection, telling us how important it was to them to be able to collect their favourite films.

People were supported to see their family and where required, safeguards had been put in place by Shared Lives carers and support staff to maintain people's safety and welfare when this occurred.

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 18 years, seven at this service and previously at learning disability residential services. He was well liked and respected by his staff team and we received good reports from the people using the service and overall good reports from the Shared Lives carers that we spoke with.

Shared Lives carers and people told us that the registered manager was readily available and his support was a part of their positive experience. One Shared Lives carer said, "We went through a period of some changes a while back. They [provider] changed some policies and a few staff left and I was feeling a bit lost. I told the manager this and he came out to see me, explain everything and have a chat. He also gives us a call quite often just to see how we're doing. It's a very personal service that we're very grateful for."

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 carers. 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. They told us the lengths they had gone to promote the service, which had included open days and attending events. The registered manager told us that one of the goals of the coming year was to seek innovative ways to increase recruitment. One of the staff members commented that they had thought of targeting early retired people as one of those measures.

There was a clear management structure in place with staff and Shared Lives carers 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. There was a key worker system in place, so that each Shared Lives carer had a dedicated staff member to contact. Staff told us they were also allowed to work flexibly which meant they could tailor their monitoring visits or support sessions around individual Shared Lives carers.

Support staff visited Shared Lives carers and people for six-weekly home monitoring visits, which included a review of the planned care needs of each person. Each visit was documented and themed according to a specific element of care being checked, such as equality and diversity, safeguarding, person-centred care, medicines and nutritional needs.

In addition, support staff organised a support group regularly that Shared Lives carers spoke positively about. One Shared Lives carer said, "The meetings are very helpful. Lots of us use them to share our experiences of looking after people and we get good tips from others. They're not compulsory but usually there's a good attendance. They're also good if we've had a stressful time, such as if [person's] health hasn't been great." Home monitoring visits also indicated that staff had completed checks of people's finances and health and safety issues such as ensuring there were smoke alarms in the homes.

Staff told us that regular team meetings were held for them, and they all said that they had a close knit team who worked well together. One staff member told us, "He [registered manager] knows our strengths, and they [strengths] all get used." For example, one of the staff was known as the "blue peter person" as they

were good at making posters and games. Another staff member told us, "We are jacks of all trades here."

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. The provider had recently introduced a Care Quality Commission monitoring sheet, which helped the registered manager ensure that all notifications and relevant documentation was sent to the Commission without delay and was monitored by the provider during their visits. The registered manager had complied with his legal responsibilities and sent notifications to us.

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. The registered manager was very proactive in updating the Commission to incidents that had occurred and ensured that the correct procedures were followed, including reporting to the local authority safeguarding adults team where that was required. Accidents and incidents were also discussed at the local authority integrated team meetings which are meetings of all the management heads of services that form part of the integrated team, which North Tyneside Shared Lives is part.

Questionnaires and surveys were completed by people using the service and annual Shared Lives carer reviews were completed. This 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 saw the latest quality assurance evaluation from the year 2014. This showed that out of the questionnaires distributed, approximately half were returned and the provider was to look into ways to increase this number at the next evaluation. One of the ways they were going to help improve this had been agreed, in as much as the actual forms would be sent out after Christmas when people would have more time to complete them. Staff told us that they were going to use day centres or other places where people visited and were involved in, to help them complete their survey or questionnaires. This meant that people would be helped to complete the documents by staff who were impartial and unbiased. Most of the comments in the evaluation ranged from good to excellent, and we noted that actions were put in place around some of the areas where less positive responses were gathered. For example, it was recommended to produce an 'easy read' complaints booklet and this had been done.

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 attended meetings with local Shared Lives services to share good practice and discuss issues and support each other.