

Lancashire County Council

Shared Lives Service

Inspection report

Skelmersdale Library Buildings
Southway
Skelmersdale
Lancashire
WN8 6NL

Tel: 01257516036
Website: lancashire.gov.uk/sharedlives

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This was an announced inspection that took place on 19, 23, 24, 25, 26 May and 1 June 2016. The service was last inspected in September 2014 and was found to be meeting all the regulations we reviewed.

The service provides long term placements, short breaks, respite care, day care and emergency care for adults with a range of needs, within carers' own homes. Carers are recruited, assessed and supported to carry out this provision of care. People have the opportunity to live in an ordinary home as part of the carer's family. Respite care is provided to people living with their own family and also to people living within a shared lives placement. The service operates throughout Lancashire and is the largest Shared Lives provider in the Country, supporting 11% of the Adult Learning Disability population within the Lancashire Local Authority boundary. A total of 371 people were being supported within 287 households at the time of our inspection. 227 of those were being supported on a long term basis.

The service had an established registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the people we spoke with who used the service told us they felt safe.

We spoke with staff and carers about the service's safeguarding procedures. They were all aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people.

We looked at the systems for medicines management. We saw clear audits were regularly conducted via submission of people's Medication Administration Records (MARs) and detailed policies and procedures were in place. Carers told us that they received adequate training in relation to administering people's medicines and when we visited people, we looked at the systems they had in place.

People who used the service and their carers told us they were supported by staff members who had the appropriate skills and knowledge. We received very positive comments regarding the Shared Lives team.

When we visited people in their Shared Lives home it was apparent that they felt comfortable in this environment and with the people caring for them. The people we saw were affectionate towards their carers and we were told by people and carers alike that they were a 'family'.

We spoke with staff in relation to the training they undertook. All the staff we spoke with talked very positively of the training they had and said they felt confident that they received the appropriate level of training and support they needed to do their job effectively. We saw evidence that training directly impacted the quality of the service people received and that staff and Shared Lives carers continually developed and benefitted from a structured and tailored training programme that evolved.

We spoke with people who used the service to see if they felt they were supported by staff who were caring and compassionate and to see if they were happy with their Shared Lives home and carers. The responses we received were unanimously positive in this area.

A detailed matching process was in place that meant people were matched with Shared Lives carers who shared similar interests, personalities and interests in life. This process was seen to be very thorough and appropriate given the vulnerability of some of the people being placed.

The impact of the service on people's lives, in most cases in a short space of time, showed that the ethos of the service was working well. People, by becoming part of a 'family,' were receiving support and growing in confidence which was positively changing their lives. From speaking with people we saw and heard at first hand real stories and examples of people who had entered the service with health, emotional and social problems who had begun to address and overcome them with the support of a 'family' and the Shared Lives service.

People's religious beliefs and wishes were supported and this was documented within people's support plans. We found from observations and discussions with people, carers and staff that there was a culture of respect throughout the service which benefitted everyone involved.

We saw that the service had a detailed complaint policy in place. We saw there were a low level of complaints and that they were dealt with effectively. A large number of formal compliments had been received which reflected the discussions and evidence we found.

We received very positive comments about the registered manager from all the people we spoke with. People knew who they were and what their role was and told us they were approachable, knowledgeable and cared about their role and the people who received a service.

There were a number of mechanisms in place for people living within the Shared Lives settings and their carers to meet up with their peers. People told us that they met up for dinner and other activities across different parts of the County, so there was no disparity from area to area in terms of giving people the opportunity to network and meet other people with similar experiences to them. This meant that an additional layer of informal support was made available to people and carers which they told us was invaluable to them.

We saw evidence that staff meetings were held and staff we spoke with confirmed this to be the case. Staff told us they found staff meetings useful and that they had the opportunity to contribute within that forum.

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 we spoke with said they felt safe and records showed that staff had received appropriate safeguarding training which was refreshed regularly.

Appropriate arrangements were in place for management of medications and Shared Lives carers told us that they were adequately trained. We saw evidence of training and reviewed storage of medicines and storage arrangements during our visits to people's Shared Lives homes. Nobody we spoke with told us they had experienced any issues with their medication.

Appropriate, personalised and robust risk assessments were in place for people. We saw that these were reviewed on a regular basis to ensure they were still effective.

Is the service effective?

Outstanding ☆

The service was very Effective.

Staff had the appropriate skills, knowledge and empathy to provide an effective support service to Shared Lives carers and training records reflected this. This was confirmed when speaking with people, carers and members of the Shared Lives team. Professionals we spoke with also confirmed that staff were competent, effective and caring.

We saw evidence of numerous examples of how the service had improved people's lives. This included significant weight loss, less depend on medication and people who were now able to set and achieve their own personal goals.

People's mental capacity had been considered before care was provided and staff had a good understanding of the Mental Capacity Act.

Is the service caring?

Outstanding ☆

The service was extremely Caring.

People and Shared Lives carers were very happy with the staff who supported them and the care they received.

We saw that people were supported, if this was their wish, to remain in touch with their biological families.

It was evident that the service also valued the welfare and wellbeing of the Shared Lives carers as they offered support to them to help them in their caring role.

Is the service responsive?

Good ●

The service was Responsive.

People's support plans were person centred. They had up to date information about people, their healthcare, support needs, like and dislikes. People told us they were involved in reviewing their support plans if they wanted to be.

An extensive number of activities were seen to take place for people. A number of people who had never engaged socially prior to moving into a Shared Lives setting told us that they now took part in social activities, had made friends and been on holiday.

Complaint procedures were in place and people were aware of how to raise concerns. We saw examples of how complaints had been dealt with.

Is the service well-led?

Good ●

The service was Well-Led.

We saw evidence that staff meetings were held and staff we spoke with confirmed this to be the case. Staff told us they found staff meetings useful and they had the opportunity to contribute within that forum.

We received very positive comments about the registered manager from all the people we spoke with. People knew who they were and what their role was and they told us that they were approachable, knowledgeable and cared about their role and the people who received a service.

We saw evidence that there was a large network of auditing and monitoring systems in place as well as management checks.

Shared Lives Service

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.

Due to the size and nature of the service this inspection took place over several days on 19, 23, 24, 25, 26 May and 1 June 2016. This incorporated a visit to the registered office, visits to people and their carers within Shared Lives settings, telephone calls to people and their carers, attendance at a Shared Lives panel and coffee morning. We told the provider two working days before our initial visit that we would be coming. This was to ensure the registered manager and other members of staff would be available to answer our questions during the inspection.

The inspection team consisted of the lead adult social care inspector for the service and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience made phone calls to people and carers on the 24 and 25 May to talk about their experience of the service. The lead adult social care inspector visited the registered office for the service on 19 May, visited people and carers within their Shared Lives homes on the 23 May, attended a Shared Lives panel on the 26 May and a coffee morning for Shared Lives carers on the 1 June.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR prior to our inspection. We used the information to help plan this inspection.

We spoke with a range of people about the service; this included six members of staff including the registered manager, two shared lives officers and three support officers, We also spoke with 24 Shared Lives carers and six people living within a Shared Lives home.

We looked at the care records for four people who used the service and the personnel files for four members of staff. We looked at a range of records relating to how the service was managed including training records, quality assurance systems, policies and procedures and the services database and website.

We contacted the Local Authority safeguarding team and the Local Authority commissioning team to obtain their views on the service, all the comments we received back were very positive. Whilst this was an in-house service we still gathered feedback from the Local Authority as they were the sole commissioners for the service.

Is the service safe?

Our findings

All of the people we spoke with who used the service told us that they felt safe. Comments we received included; "Of course I'm safe", "I'm safe, this is my home" and "Yes, definitely." Shared Lives carers had no issues concerning the safety of the people they cared for and confirmed they went through a series of checks prior to starting their role, including applying for the role, interviews and visits by Shared Lives Support Officers and appropriate clearances such as through the Disclosure and Barring service.

The service had a safeguarding and whistleblowing policy in place. This meant that staff had clear guidance to help in enabling them to recognise different types of abuse and who to report it to if suspected. We spoke with staff and carers about the service's safeguarding procedures. They were all aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the organisation?, if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. We saw that both staff and carers undertook regular safeguarding training and that for carers, this formed part of their contract as a Shared Lives carer.

There had been two safeguarding issues during the previous twelve months period to this inspection. One issue had been resolved and the other was of a historical nature prior to the involvement of the Shared Lives service and was being dealt with appropriately. The Shared Lives service had followed safeguarding protocols in both instances and submitted notifications to the Care Quality Commission to inform us in line with their regulatory responsibilities.

When speaking with Shared Lives Officers and Support Officers they told us that they periodically arranged to meet with people who used the Shared Lives service away from their carer(s) so they could raise any issues or concerns privately. Each long term person being supported by the service received a minimum of four quarterly visits from their named Shared Lives officer, two if the person was receiving respite care. One of the review visits was centred around Health and Safety, which looked at buildings issues, including fire safety, as well as general health and safety issues. Another of the reviews looked at financial arrangements when carers were supporting people with their money. Bank accounts, receipts for expenditures, major or minor, were checked during this review. We looked at paperwork for people's finances during our visits to Shared Lives settings and both people using the service and carers were able to talk us through how finances were managed.

Staff, carers and people using the service told us that there were a number of visits, meetings or contacts made over and above the quarterly reviews that happened including visits to the office, coffee mornings, training events, evening meals and telephone calls. This meant that there were regular opportunities for people to raise any issues or concerns about their placement.

We attended one of the monthly Shared Lives panels which were in place to assess the suitability of potential Shared Lives carers. This was chaired by the County Registered Service Manager within the Local Authority who had responsibility for Shared Lives, the registered manager for the service, a member of the

Local Authority personal social care team, an independent volunteer and the Shared Lives officer(s) who had brought the potential carer to panel. Part of the role of the panel was to ensure that the necessary criminal record and background checks had been carried out for any potential carer(s), including any other family members or people living within the prospective setting. This was seen to be a very thorough process with many pre-meetings having been carried out by the Shared Lives team prior to panel. A profile of the potential carer(s) and environment was brought to panel for people to view. Questions were also asked by panel members regarding people's backgrounds and reasons for wanting to become a Shared Lives carer. The registered manager told us that they were reviewing the panel process and may in the future invite potential carers to panel. Prior to being presented at panel, potential Shared Lives carers completed an application form detailing their previous work and life history and why they wanted to become a Shared Lives carer. References included one from the person's GP and a mortgage check to ensure the viability of the proposed Shared Lives setting.

We looked at recruitment processes and found the service had policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

We looked at the systems for medicines management. We saw clear audits were regularly conducted via submission of people's Medicines Administration Records (MARs) and detailed policies and procedures were in place. Carers told us they received adequate training in relation to administering people's medicines and when we visited people, we looked at the systems they had in place. This included adequate secure storage and record keeping processes. Carers told us that they were happy with the support and guidance they received in terms of medicines management and that good links were in place with the service, pharmacy and GPs. People's medical history and needs, which included their medication needs, were detailed within their support plan. Each person had an 'Individual Medication Information' sheet which detailed their medicines and dosages which was kept alongside the MAR form. There had been no medicines errors reported during the twelve months period prior to our inspection. No controlled drugs were administered by any carers within the Shared Lives service.

We saw that robust risk assessments were in place that were tailored to the needs and abilities of each individual. Examples included; taking a bath, water temperature checks for bathing and showering, travelling by car and horse riding amongst many others. For one person, there was a very specific risk assessment in place for when they travelled in a car as they had a history of removing their seatbelt therefore it was vital that whenever possible, this person had someone sat with them and that safety locks were deployed at all times in the vehicle they travelled in. This was one of many examples of very specific risk assessments in place for people to ensure they could access the community, undertake activities and everyday tasks in as safe a manner as possible. We were given many examples of people being able to undertake a range of activities that they had not been able to manage previously, due to the dedication of the service and the Shared Lives carers.

We saw evidence that accidents and incidents were recorded effectively and investigated appropriately. Records of all accidents and incidents were kept at the registered offices and this information formed part of the services health and safety checks and auditing processes.

Is the service effective?

Our findings

People who used the service and their carers told us they were supported by staff members who had the appropriate skills and knowledge. We received very positive comments regarding the Shared Lives team. Some of the comments included; "We have not had any problems. The whole team have always been very supportive, knowledgeable and genuinely care about what happens", "We are very happy with the support we get, it couldn't be better. The staff [at Shared Lives] are brilliant and are always there to offer advice if you need it" and, "Staff are marvellous, right from the start through the application process and when we started looking at potential matches. We work hard to get everything right and know that they [staff] do the same."

When we visited people in their Shared Lives home it was apparent that they felt comfortable in this environment and with the people caring for them. The people we saw were affectionate towards their carers and we were told by people and carers alike that they were a 'family'. Many of the people we saw and talked with had come from formal care settings and had not experienced a traditional family life, prior to coming into the Shared Lives service. There were numerous positive stories regarding how this had had a positive impact on people's lives, including less, or no reliance on medication such as anti-depressants and anti-psychotics, people losing significant amounts of weight who had been severely overweight and a number of people who were now able to access the community, in many cases independently, as they had a secure and loving home environment and people who were able to support them in undertaking tasks and activities.

One person we spoke with showed us photographs of themselves when they had moved into their Shared Lives home a few years ago to show us they had lost a significant amount of weight. They were proud of this achievement and from our discussion, it was obvious they had gained a lot of knowledge about how to lead a healthy and active life, including eating well and that they were given a lot of support to maintain this type of lifestyle from their carer and support officer. There were numerous other such examples throughout the inspection either via first hand conversations or via discussions with staff and looking at care plans and other records. Being encouraged and assisted to achieve and maintain as healthy a lifestyle as possible, both physically and mentally, was a common theme when talking with people and their carers.

We discussed the matching process in detail with the registered manager, shared lives staff, carers and people living in shared lives homes. The process was thorough and ensured that people were matched with carers who had shared interests and the right skills, experience and personality. Referrals came into the service via the Adult Social Care team who completed an initial assessment of the person's support needs. As well as matching people and potential carers, the location, facilities and accommodation were taken into account to ensure there were no concerns about any health and safety issues. Shared Lives carers prepared a profile of themselves, their family, home, interests and lifestyle which was also shared with people coming into the service. When possible matches were made, introductory visits were then made prior to any formal processes beginning. All the people we spoke with spoke positively of the matching process and whilst not all matches were successful, the vast majority of initial matches were successful and the Shared Lives staff told us that this process was now very consistent, well planned and practiced and that a number of professionals were involved throughout each matching process. People and carers told us that there was no

pressure to say yes and that their opinions and decisions were respected at all times.

We spoke with staff in relation to the training they undertook. All the staff we spoke with talked very positively of the training they had and said they felt confident that they received the appropriate level of training and support they needed to do their job effectively. There were some good examples seen of how staff training had assisted the team in providing support for carers. Examples seen included the management of people's medicines and improving processes around this. One Shared Lives carer told us how a Shared Lives Support Officer had helped them to organise their record keeping in this area and they now felt more confident as a result. Following feedback from carers work was beginning to look at increasing training levels for positive behaviour support (PBS) for carers who cared for people who had challenging behaviour.

Staff told us that the support they received both formally and informally was of a high standard and that they could raise any issues they had at any time with any member of the management team or their peers. One member of staff told us, "Yes, we get exceptional support. I can honestly say this is the best team I have worked in, in terms of everyone pulling together and working for each other. I love my job. It has got harder year on year as we have expanded and people's needs have become greater but I really love it as every day is different and the team are brilliant, as are all the carers I have met. Everyone is in it together and for the right reasons." Another member of staff said, "We are a really supportive team and work well together. We get a lot of training and we also do the same courses that the carers are expected to do so we are aware of what is expected of them."

Because staff at the service undertook the same training courses as Shared Lives carers this enabled them to understand the role of carers in a much more effective way. Staff and carers we spoke with saw this as a very positive way of working together and strengthening their relationship. Attendance by Shared Lives carers at training sessions was monitored closely as it was mandatory. Again as staff undertook all the training that carers did they led by example in this area and were able to discuss any issues or difficulties with carers who may not have experienced formal training previously.

Shared Lives carers told us they received training across a wide range of areas, that is was of a good standard and useful for their caring role. One carer we spoke with told us, "Neither of us prior to starting with this (being a Shared Lives carer) had done much training so were a bit nervous about the amount we were expected to do. It has though been very enjoyable and we understand that it is important we can display a certain level of understanding. I have certainly picked up information and tips from training and from speaking to others (carers)." Another carer told us, "You have to be willing to do the training and put the effort in. We get the help we need as most of us are a bit older so negotiating computers can be tricky. It has helped though definitely and goes to show you are never too old to learn."

We also saw that those carers who had some difficulties completing the training were given assistance by their support officer. For example, one carer had limited literacy skills therefore was given one-to-one assistance by their support officer at all training sessions, to enable them to confidently approach each training session and benefit from the training. We saw other similar examples such as when people who were unable to complete online training were given assistance to negotiate IT systems or the materials were printed off for them. These examples meant that people who would ordinarily have struggled, or found training difficult, were given the correct assistance and support to ensure they were trained to a sufficient standard.

We found the training programme to be relevant, up to date and well monitored to ensure that all Shared Lives carers completed the training that had been identified for their caring role. We saw that individualised

training for people had been put in place if they cared for people with a specific condition such as epilepsy or diabetes. The feedback we got from carers was positive, even when some had been reluctant initially to complete the amount of training expected of them. The carers we spoke with recognised the need to understand their role fully and the importance of them being adequately equipped with the information and skills needed to care for vulnerable people.

Carers told us that the level of support they received from their allocated Shared Lives officers was of a high standard. One carer told us, "We get excellent support from the staff at Shared Lives." Another carer said, "We get regular visits, about three or four times a year I think. There is always someone at the end of the phone if you have problem." We attended a Shared Lives carers' coffee morning during our inspection, which was in place as a further mechanism of support for carers. It was well attended and it was apparent from hearing people's conversations and from observing, that carers had created a network via the meeting and supported each other practically and emotionally. Carers we spoke with told us that a number of events, both for people using the service and their carers, were in place which meant people could meet up with others who were experiencing similar issues to them. A carer we spoke with at the coffee morning said, "The support in place is excellent and we are all supportive to other carers, there are really good networks in place."

The Shared Lives service in Lancashire is the biggest provider of its type in the country. The positive outcomes we saw and discussed with people, carers and staff were testament to how effective the support mechanisms to staff, carers and people were. We saw clear evidence of how the service continued to adapt and progress in how it supported carers and staff through formal training, supervision and informal support mechanisms such as coffee mornings for carers and meetings with people using the service outside of their shared lives settings. Feedback from all areas of the service was listened to and acted upon to ensure that staff, carers and people continued to develop and gain better knowledge. This was consistently recognised by external agencies and other Shared Lives providers who used the Lancashire model as a 'best practice' model.

The Shared Lives registered office had recently moved due to the previous building being closed. As with the previous registered offices, the Shared Lives team sat with the Local Authority personal social care team who referred and placed people into the service. This meant that discussions could be held easily regarding prospective referrals with social workers and existing placements could be discussed and monitored easily between staff at the service and social work professionals.

We asked professionals who referred people into the service for their opinion of the service and the staff. One of the responses we received read as follows; 'I have always found that there is a positive response and that the team are always willing to work with Social Work Team members to find placements that will meet the needs of people and where there will be positive outcomes for the person. This week I have written to two Shared Lives carers who have recently had someone placed with them, and there has been a significant change in the life of the person which has been noted by all professionals who are working with the person. The very positive change has taken place in a fairly short space of time, and it is evident that the model of support that the Shared Lives service offers can be a really successful model for a number of service users. The service is valuable and one which is always considered by members of my team whenever a placement is required.'

Another response from a professional referring into the service stated; 'The service is highly regarded. There have been some great, an sometimes unexpected, outcomes for people. The (Shared Lives) team are also willing to look at emergency placements if there is no other options for people so overall they are a valuable resource to have in place.'

People we spoke with told us that they were involved in choosing, preparing and planning their meals.

Some people took a more active interest in this than others but it was evident from discussions with people and the support plans we viewed that they were encouraged to eat a healthy diet. Support plans detailed people's food and drink preferences as well as any special dietary and cultural requirements. For example one person's support plan stated, 'I do not drink alcohol, tea or coffee for religious reasons', and 'I cannot drink fresh fruit juice. I use sweetener instead of sugar. My diet should be low in fat and sugar free'. This person was diabetic and the instructions within the food and drink part of their support plan gave good examples of the types of food and drink they should be offered. We saw this level of detail across all the support plans we reviewed. As referred to in the 'Safe' domain of this report, a number of success stories were seen and discussed regarding people's health being improved following significant weight loss after becoming part of a Shared Lives family.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw that the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and how it affected the people using the service. We saw that staff received training in this area and that Shared Lives carers also received training. People we spoke with told us they had been involved in the design of their care and we saw that consent forms were signed as part of this process. MCA training had been identified as a priority for the service going forward to further increase both staff and carers understanding of the legislation and how it affected people in practice.

Is the service caring?

Our findings

We spoke with people who used the service to see if they felt they were supported by staff who were caring and compassionate and to see if they were happy with their Shared Lives home and carers. The responses we received were unanimously positive. One person we spoke with told us, "Shared Lives are amazing. This is my home and I am made to feel part of the family. Staff are really nice and friendly." Another person said, "I wouldn't want to live anywhere else, I love it. [Name of carer] is really kind to me and [name of support worker] is nice too." One person when asked what the best thing about living in their Shared Lives home was told us, "It's Mum." When referring to 'Mum' the person was talking about their Shared Lives carer.

Whilst this person was still in touch with their biological mother they wanted to refer to their Shared Lives family by calling them Mum and Dad. This showed that the person truly felt part of the family. The Shared Lives carer told us that they had discussed the fact that they were not the person's biological mother with them and with the person's biological mother and they were both happy for the Shared Lives carer to be called 'Mum'. We saw that the Shared Lives service, both staff and carers, supported people to stay in contact with their biological family if this was the wish of the person. A number of the people we spoke with told us they still visited their parents, siblings or other family members and that this was important to them. Some relationships with families were not easy due to a variety of reasons but from speaking to people, carers and staff we could see this was dealt with professionally and sensitively and if necessary, appropriate safeguarding procedures had been put in place.

Shared Lives carers told us that the support workers allocated to them and all the Shared Lives team were sensitive to their needs, knew them and the person they supported well and went over and above their job role to give them support and advice when needed. One carer told us, "They [staff] do a great job and it is done with genuine compassion. All the staff I have spoken to have a brilliant attitude and will do anything for you. I can't speak highly enough of them." We received many similar comments from other carers. Some carers told us that at times there had been some issues, especially at the beginning of some placements, but that these had been dealt with quickly and sensitively and the needs of the person receiving care had always been put first but that their opinions were also listened to.

During conversations with people, carers and staff and from looking through support plans and other records, it was evident that there were a large number of success stories throughout the service. The impact of the service on people's lives, in most cases in a short space of time, showed that the ethos of the service was working well and that by people becoming part of a 'family,' they were given the support, confidence and personal wellbeing to positively change their lives.

As well as people's physical health being improved there were examples of people with previously challenging behaviour, seen to improve following their placement within a Shared Lives setting. One such example was a person with a learning disability who had been known to the Local Authority for many years and the local police due to their aggression, which sometimes turned into violence within public settings. This person was placed on respite with a shared lives family and was, over a year on, still with the same family and no longer displaying any challenging behaviour. The testimonials from the Local Authority social

work team in terms of the changes to the person's behaviour, attitude and outlook on life were way beyond their expectations. They told us that this was down to the dedication, compassion and love shown to them by the staff and especially the Shared Lives carers who they lived with as well as the person themselves who had worked hard alongside the Shared Lives team and their carer.. A social worker said, "Fourteen months after being referred to Shared Lives, [name] is a completely different person. They no longer shout when communicating. Living in a home where people speak to each other in a respectful manner has had a large impact on their general communication and body language. They went on to tell us that without the hard work and dedication shown by the Shared Lives cares, the transformation would not have been possible and that they were looking to make a formal acknowledgement for their hard work.

There were many other examples including people being able to go on holidays abroad for the first time, using public transport unaccompanied and people accessing education and employment. Each person we spoke with had their own success stories and achievements to tell us about and Shared Lives carers told us how their own lives had changed positively as well as the people whom they cared for. We asked people why they had become Shared Lives carers. A number of carers had previously been involved with the adoption service and had then transitioned into the Shared Lives scheme when their adopted child had reached adulthood. One carer told us that they had just wanted to 'give something back' and one carer simply told us that they wanted to help and that by sharing their lives and home with someone, it also gave them the company they needed. One carer also told us that as well as the satisfaction it gave them it also enabled them, and therefore the people living with them, the opportunities to do new things, go on holiday and see new places. They told us by becoming Shared Lives carers, they had a new lease of life as did the people they cared for.

It was evident that the provider valued the welfare and wellbeing of the Shared Lives carers as they offered support to help them in their caring role. Apart from the formal training and scheduled visits, there were a range of more informal support mechanisms for carers which had their welfare in mind. We attended a coffee morning which was arranged for carers on a monthly basis as an opportunity for people to get together and create a support network. It also gave people an opportunity to hear about any developments within the service as it was attended by Shared Lives staff. The coffee morning we attended also involved a social worker coming in to speak to carers about a forthcoming event regarding new technology that some carers may have found useful. Carers we spoke with told us that they really appreciated the opportunity to get together and share experiences and stories and that they found the support of other Shared Lives carers invaluable, particularly when they were new to the service. As a result a number of people were in touch outside of the meetings and one carer told us that, "A wider family was in place".

It was evident from looking at people's support plans that they were listened to and that this was reflected not only in their day to day lives but within their care planning documentation. People's interests, wishes and aspirations were documented and this meant that a truly person centred approach was achieved. As people were living within a family environment with full time carers, it meant that there was time for carers to spend with people and discuss issues with them to a greater extent than was possible in more formal care settings. From speaking with people and carers, the message of 'family life' was constantly talked about. The fact that people, most of which had not had the opportunity to live within a traditional family setting, were achieving goals that had not been previously achievable was clear. This had been recently recognised by the launch of a parliamentary film entitled, 'A shared life is a happy life' in which some of the people using the Lancashire service appeared. We viewed the video as part of our inspection and again the key messages we received from speaking with many different people were emphasised within it.

Professionals we contacted also spoke very highly of the caring nature of the staff and Shared Lives carers and gave us specific examples of how people's lives had improved after being placed within a Shared Lives

home. We received comments back from an independent panel member who sat on the Shared Lives Panel. They told us, "The Shared Lives staff come across at the panel meetings as not only being professional e.g., ensuring all paperwork is completed correctly but also as being caring and compassionate and very dedicated in ensuring the feelings and concerns of all parties are considered. I have been impressed by the passion the staff of the Shared Lives Service show for both the carers they are recruiting and for the people they support."

People's care plans reflected their future wishes.. We were told that discussions were held regarding end of life but that this was a subject that was approached sensitively and at the pace that people felt comfortable with. Full support was given for people if they wished to discuss end of life arrangements including funeral planning. People's religious beliefs and wishes were supported and this was documented within their support plans.

Any advocacy arrangements were detailed within people's support plans within the communication section. None of the people we spoke with had formal advocacy arrangements in place although everyone had the option for such arrangements to be made. People we spoke with and whose support plans we reviewed were happy for their Shared Lives carers to act as an advocate if they needed one. They were also aware that they could discuss issues with their Shared Lives support officer.

We saw that the service had equality and diversity policies in place that covered a range of different characteristics for people using the service and staff including age, race, gender, religion, disability and sexual orientation. None of the people, relatives, carers or staff we spoke with raised any issues in this area. When visiting people in their Shared Lives setting it was evident that respect was a key issue for everyone. We saw that 'rules' were in place regarding entering bedrooms without permission and how people addressed each other and behaved. From our observations and discussions with people this was achieved by people, carers and staff setting clear boundaries from the offset in a balanced way that meant all parties had an input.

Is the service responsive?

Our findings

We saw that people had the opportunity and support to undertake a wide range of activities that were personal to them, people confirmed this when speaking with them. One person told us, "I go out with friends" another person said, "I go to college, [name of day care service] and am involved in a show at the moment. I also go on holiday and we have been to lots of different places."

Shared Lives carers gave us lots of different examples of the types of activities people undertook and the positive impact this had on their lives and well-being. One carer told us, "When [name] first came they were not interested in doing anything. We now go horse riding, out in the caravan and on day trips as their confidence has improved so much." Another carer said, "We wanted to see what [name] potential could be. They have gone from doing almost nothing to being outgoing and making decisions for themselves including where they want to go and who they want to see. It's been amazing to see the transformation." Another carer told us that the person's biological family had noticed the change in their family member and that they believed by that having the opportunity to undertake activities and go to different places had played a big part in the person's change in attitude. They told us, "[Name]'s family cannot believe the change. They are always praising us and Shared Lives".

The evidence we saw regarding the amount of meaningful activities that people undertook were numerous. The impact that this had had on people's confidence and wellbeing was apparent. Almost everyone we spoke with told us a similar story of how they were now more confident in approaching new experiences and were happy and grateful to be in a position to do so. Shared Lives carers, staff and professionals we contacted also told us of the progress people had made with their self-esteem and confidence. This was also captured within people's support plans and reviews where future plans and action plans indicated people's aspirations going forward alongside their achievements to date.

People and Shared Lives carers we spoke with told us they knew who to approach if they had a complaint or any concerns. Comments included; "Yes, we are told what we need to do if we need to raise any concerns", "I would talk to my carer", "We are given all the information we need when we first start" and "Yes, I see my support officer and know how to contact her."

We saw that the service had a detailed complaints policy in place. During the twelve months prior to our inspection there had been four complaints made. All were resolved within 28 days of the complaint being made. There were no themes or trends within the complaints received and we were told that all complaints were investigated thoroughly and any learning was communicated to the whole team, not just the location where the complaint originated. Staff confirmed that this happened when speaking with them. Staff were very knowledgeable about how to support people who wanted to make a formal complaint and were able to tell us how they would do this. Staff however told us that by maintaining contact with people and Shared Lives carers, they did all that they could to try and pre-empt any concerns, prior to them becoming bigger issues that may result in a formal complaint.

The service received a large number of compliments, 25 of which were received in writing in the 12 month

period prior to our inspection. Compliments ranged across the service from carers praising the Shared Lives team to family members taking the time to send compliments officially through Lancashire County Council's complaints and compliments process. Compliments were also received from Social Workers across the County who made placements into the service. We viewed a number of letters and cards from people thanking the service.

Referrals to the service came into the service via the Adult Social Care team who undertook comprehensive assessments of people's needs. The Shared Lives service had a close working relationship with the Adult Social Care team and in many instances across the County, shared an office space with them in Local Authority offices. Prior to any Shared Lives arrangement, an extensive matching process was in place to ensure skills, knowledge and experience of carers matched the person being referred into the service. This included introductory visits to ensure that people were comfortable with each other and the proposed setting. Everyone we spoke with, including people, carers, staff and professionals spoke positively about the matching process and the amount of time and effort that went into the decision making process. It was evident that at the heart of this process, was the needs and wishes of the person being referred into the Shared Lives service.

We saw that a lot of people transitioned into the service from the fostering and adoption service. People and their carers told us that this transition was done effectively and without disruption to the person being cared for. No one we spoke with informed us of any issues they had experienced during the transition period.

Support plans we reviewed contained good detail and were person centred. Each support plan contained a photograph of people, their health needs, medical history, emotional and support needs and lifestyle choices. People's likes and dislikes were detailed as well as future plans and aspirations. Review documentation detailed short and longer term goals and how these would be achieved. People were aware of their support plans and told us they had a chance to input into them which was reflected within the documentation we reviewed.

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. They had been in post for 15 years. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received very positive comments about the registered manager from all the people we spoke with. People knew who they were and what their role was and they told us that they were approachable, knowledgeable and cared about their role and the people who received a service. Shared Lives carers also spoke positively of them as did the staff we spoke with.

Professionals we contacted following our inspection spoke positively about the registered manager and staff team. They told us that they were responsive to requests for information, knowledgeable and supportive. One professional who responded to us said, "I am consistently impressed by the dedication and professionalism of the manager and the whole team."

We saw evidence that there was a large network of auditing and monitoring systems in place as well as management checks. Importantly, checks and audits impacted people's care directly as any issues noted were discussed with the team as was good practice to ensure that this was shared. Each person placed into the Shared Lives service had a monitoring visit at least each quarter, which reviewed specific areas. The monitoring visits were discussed within the supervision sessions that the Shared Lives Support Officers had and analysed by their line manager. This was then repeated when Shared Lives Officers had their supervision with the registered manager of the service to ensure that a consistent approach was maintained.

We saw evidence that staff meetings were held and staff we spoke with confirmed this to be the case. One member of staff we spoke with told us, "Our team meetings are held every month. We talk about caseloads, health and safety, any issues and training. We also discuss issues such as annual leave and plan ahead. They are really useful. They were a good opportunity a few months ago to discuss contingency planning as there were floods in our area." Other members of the staff team spoke positively about team meetings and confirmed that they found them useful and that they had the opportunity to raise issues within them. One member of staff told us, "You don't feel like you are sat with your manager, you are just part of the team. [Name of manager] does step in when needed. It's a really good place to work."

As referred to throughout this report there were a number of mechanisms in place for both people living within Shared Lives settings and their carers to meet up with their peers. People told us that they met up for dinner and other activities across different parts of the county, so there was no disparity from area to area in terms of giving people the opportunity to network and meet other people with similar experiences to them. This was another example of good practice being shared across the service. People's support officers were available at these meetings so there was also an opportunity for people to chat to them and discuss any

issues they had. Carers also had the opportunity to meet up and they told us that such meetings were invaluable to them.

Lancashire's Shared Lives service is the biggest in the country and had been recognised by various different agencies as a model of what good care should look like. In 2015 the service was featured in the 'State of the Nation Survey' as the largest provider of care for people with learning disabilities in Great Britain which equated to 9%. Lancashire's Shared Lives service was the main feature of a DVD launched at the House of Commons entitled, 'Shared Lives is a Healthy Life'. The service had been approached on a consultancy basis by other Shared Lives schemes across the country including Rochdale, Widness, Birmingham, Nottingham and Kent. This was to provide information and give other services the opportunity to visit the Lancashire service. The service was also shortlisted for Lancashire County Council's local 'Pride' awards for county wide team of the year and as part of the County Learning Disability Service was undergoing reaccreditation via BILD (the British Institute of Learning Disabilities) for the delivery of the Lancashire Model of Positive Behaviour Support. The registered manager told us that a consultancy firm brought into Lancashire County Council to look at commissioning pathways, had praised the service's model both in terms of cost effectiveness and the quality of the outcomes of care delivered.

The service had recently appointed a Shared Lives Quality Development Officer who had oversight of the quality monitoring within the service alongside the registered manager. One of the main focus points over the previous few months prior to our inspection had been to look at the training programme for staff and carers and to ensure attendance by both and that the training was fit for purpose. The service got a range of feedback from people and carers, which was helping to inform changes to the service. Work was continuing in this area to look at other ways to improve.

Senior management within the Local Authority had formally recognised the Shared Lives service as a priority due to the family model and the fact that the service offered better outcomes for people at a reduced cost to more traditional residential placements. The service was therefore one of the few growth areas within the Local Authority at a time of reduced budgets.

We saw good examples of how the service communicated with people and carers. As well as meetings, there was a newsletter for Shared Lives Lancashire. This contained updates on the service, profiles for people and staff and details of forthcoming events. The newsletter was distributed bi-annually and was well received by people and the cares we spoke with. One carer told us, "It's just another way of being kept up to speed. Communication is great so we have no concerns on that score."

The management team made quarterly returns to the head of service for learning disabilities which we saw. It included details about the number of placements made into the service, types of people referred into the service, details of Shared Lives carers and any vacancies as well as activity at the Shared Lives panel.

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