

North Somerset Council

Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected North Somerset Shared Lives on 12 and 13 January 2017. As this was a 'shared lives' scheme, we contacted the registered manager 48 hours before the inspection. This was so that they could arrange visits for us to meet the people in their placement homes. At the time of our inspection, 42 people were being supported by the shared lives scheme, in long term, short term or day care placements. The scheme can also support people with emergency respite placements.

'Shared lives' describes the arrangement whereby people either live with or are given daily care by self-employed care providers who support them according to their assessed needs. The homes care providers shared with people were located across North Somerset.

The North Somerset Shared Lives office team consisted of the registered manager, deputy manager and three Shared Lives staff. They supported the Shared Lives carers, assessed prospective care providers and matched people to care providers who had a vacancy in their home. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe in their placement homes. The Shared Lives carers and Shared Lives staff could describe the forms of abuse people using the service might be vulnerable to and said they would report any concerns appropriately. The recruitment process for new shared lives carers and staff was effective; all the required checks had been made.

Risk assessments in other people's homes and at the office were appropriate and people were supported by care providers to take positive risks if the benefit of the activity outweighed any potential risk identified. Peoples' medicines were managed properly by the Shared Lives carers. The homes where people were placed were assessed for continual suitability at regular intervals.

The service complied with the Mental Capacity Act 2005; Shared lives carers and shared lives staff had a good working knowledge of the principals and how they applied to the people using the service. People were given choices and supported to make their own decisions.

Shared lives staff and Shared Lives carers received the training they needed to support people safely. They also received regular supervision and an annual appraisal, all of which was documented properly. Shared Lives Carers said they felt supported by the Shared Lives staff.

People told us they enjoyed the meals they had in their placement homes. People and their relatives said that people were supported to access a range of healthcare professionals and Shared Lives carers showed us how they arranged and documented this for the people. People told us that the Shared Lives carers were

caring. Shared Lives carers described people as members of their families and the interactions we observed were warm and friendly.

Shared Lives carers gave us examples of how they promoted the independence of the people they supported. We saw that Shared Lives staff made referrals to advocacy services if people needed independent help or support to make decisions.

People's support plans were individualised and person-centred and produced in a format that made them accessible to the people they related to.

We saw that people who could sign their plans had done so. People had access to a range of activities, voluntary placements and employment opportunities. All of the people we spoke with said they had lots to do and their relatives agreed.

People regularly went on holidays with the Shared Lives carers and their families. No one we spoke with had ever made a complaint but all of the people and relatives we spoke with said they knew who to complain to and would do so if they had a problem.

People, their relatives and other professionals involved with the people gave us positive feedback about the management of the service. We observed that there was an open culture at the service and staff seemed happy.

There was a comprehensive system of audit and quality assurance at the service. Incidents and accidents were recorded and there was a risk register in place, which was reviewed on a monthly basis. Shared lives staff worked according to the vision and values of the service to support the people and the service was an active participant of the UK Shared Lives Plus network.

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 were protected from harm and abuse because risk assessments were safe, effective and mitigated against risk.

People were looked after by shared lives carers who received training in safeguarding adults.

People could choose and were able to live in shared lives arrangements as the service ensured it had sufficient shared lives carers who were safely recruited.

People were supported with medicines, this was managed so they received them in a safe way

Is the service effective?

Good ●

The service was effective.

People were supported by a service that was compliant with the Mental Capacity Act (2005) and staff could explain how the legislation affected the people they supported.

People were supported by staff and shared lives carers who were trained to care for the people using the service.

People were encouraged to make healthy meal choices and to join in with meal preparation, although shared lives carers respected people's right to eat the foods that they liked.

Is the service caring?

Good ●

The service was caring.

People described positive relationships with their shared lives carers and told us they were kind and caring.

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

People's dignity and privacy was respected and they were

encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care through their shared lives arrangements.

People's care plans contained details of their preferences and choices.

People and shared lives carers knew how to complain about the service.

Peoples' feedback was regularly sought by the shared lives scheme about their experience of the service.

Is the service well-led?

Good ●

The service was well-led.

People and shared lives carers consistently described the scheme as well-led with good communication and support.

People, their relatives and shared lives carers views were sought to maintain the quality and monitor the effectiveness of the scheme.

The registered manager attended regular shared lives network meetings and conferences so that good practice could be adopted.

Shared Lives Scheme

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 12 and 13 January 2017 and was announced. The provider was given 48 hours' notice. This was because the service provides a service for adults living with a carer in the carer's family home. We wanted to make sure we could meet with people by prior arrangement and with their consent.

The inspection was carried out by one adult social care inspector. We asked the provider to complete 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 used the information in the PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications such as safeguarding matters that the provider had informed us about.

We spoke with the registered manager and the deputy manager and two Shared Lives staff at the schemes office base. We visited one person who used the scheme in their approved carer's home and met two approved carers. We also visited two approved carers. We had access to the results of 19 questionnaires sent by the commission to gather the feedback of people, Shared Lives Carers, relatives and professionals. Following the inspection, we had feedback from five community professionals.

We looked at the support records of six people using the service and the personnel records of four carers. We sampled records in relation to the management processes and records maintained by the scheme for supporting and training approved shared lives carers and shared lives staff. We looked at records for monitoring the quality of the scheme including people's feedback.

Is the service safe?

Our findings

The service was safe.

People told us they felt safe in their shared lives arrangements. One person said, "I feel safe here, Another person said, "It has helped with realising that I can be safe with other people outside my family or support learning service." People said that they saw the shared lives staff regularly and would be able to tell them if anything was making them feel unsafe. One person said, "[Shared lives staff] would sort it out if there were problems." The shared lives carers told us they thought the service kept people safe. One shared lives carer told us, "People are safe, we get written risk assessments and if anything changes or we get worried we call them [shared lives staff] and they come and help us."

Records showed that shared lives carers and staff received regular training on safeguarding adults from harm and that people who applied to be shared lives carers received safeguarding training as part of their induction training. This ensured that safeguarding adults from harm was embedded within the service. Records showed that where there were concerns about people's safety the service responded appropriately, raised issues with the local authority and supported people through the safeguarding adults' process. The shared lives carers we spoke with told us they thought they received good training on safeguarding adults.

The registered provider and manager completed both individual and service level risk assessments for the service. Care files contained a range of risk assessments relating to different areas of support, such as accessing the community, medication and any behaviours that challenged the service. These contained details of strategies to minimise risk and avoid overly restrictive practice, it was clear that people were involved in developing plans to minimise the risks they faced. For example, following an incident where a person had left their shared lives carer's home unlocked there were records of the conversations that had been had and an agreed strategy to ensure that the home was secure so that the person could continue to have a key and come and go as they wished. This meant the person's was not restricted in any way.

Where people required support to manage risks associated with their health and mobility care plans contained detailed instructions for shared lives carers to ensure risks were mitigated. These included detailed guidelines for responding to seizures where appropriate. Records showed that risk assessments were reviewed at least annually and were discussed at quarterly support and monitoring visits conducted by shared lives staff. There were records of conversations between shared lives carers and staff regarding risks, which showed that risk assessments were updated when needed. A shared lives carer told us, "If something comes up we'll ask [Name -shared lives staff]. If the risks change they come and re-do the assessment."

The shared lives scheme had a safe and effective recruitment and selection process for shared lives carers and staff. The scheme had advertised in the local press to recruit new shared lives carers. The recruitment process involved in-depth interviews and pre-approval assessment and training. The registered manager and shared lives staff assessed potential shared lives carers, which included collecting personal, employment, and medical references, ensuring potential shared lives carers understood the role and commitment they were making. The service completed criminal records checks on potential shared lives

carers using the Disclosure and Barring Service (DBS) to ensure they were suitable to provide care. DBS checks were repeated every three years to ensure that shared lives carers remained suitable for the role.

Throughout the assessment process, the shared lives staff team assessed the qualities and attitude of carers. They ensured the shared lives carer's property was suitable and that they had appropriate insurance and facilities to support people in their homes. The assessment process included a comprehensive training programme, which ensured that shared lives carers were suitable for placements. Following the completion of the assessment and pre-approval training, shared lives staff completed a report for the shared lives panel to consider. The shared lives panel considered the report and made the decision as to whether or not people were suitable to provide a shared lives service. Records confirmed that the process was effective and ensured that suitable people were recruited as shared lives carers.

Where shared lives carers were responsible for supporting people to take their medicines, they were provided with additional training to ensure they understood their responsibilities. Where people were able, self-administering of medicines was encouraged and facilitated. Shared lives carers were required to record administration of medicines using medicines administration records (MAR). The shared lives worker and registered manager checked these records during the quarterly support and monitoring visits. Records showed that where shared lives carers were not appropriately recording medicines administration this had been addressed during the visit and additional support and training provided.

Is the service effective?

Our findings

The service was effective.

People told us they were supported to be independent and make their own decisions. One person said, "I can go and come in when I want. I decide when to go to bed." Shared lives carers described how they encouraged people to make their own decisions about what to wear or eat, or how to spend their money. One carer explained how they had supported a person to buy their own clothes; they said, "I always leave them to make their own decisions." Relatives agreed that staff supported people to make their own decisions.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. The files we looked at described people's ability to make decisions if there was any question around their mental capacity. We also saw that capacity assessments had been made to determine whether people could make big decisions, such as large purchases, managing their own money and changing medical treatment. When people were judged to lack capacity to make decisions, we saw best interest decisions had been made for them following the correct procedures. Shared lives carers and Shared lives staff all told us they had attended a MCA course and could describe how the legislation affected the people supported by the service. One Shared lives carer said of the MCA, "You need to evaluate what a person can do and what they can't", a second said, "I don't tell them what to do", and one member of the Shared lives staff described how people and their Shared lives carers were involved in any assessments of capacity or best interest decisions. This meant that the service was compliant with the MCA.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS). In shared lives, the Shared lives scheme must request that the local authority apply to the Court of Protection for DoLS authorisation if they think the person's liberty must be deprived to keep them safe. In the case of the North Somerset Shared Lives service, the registered service provider is North Somerset Council, which is also the local authority in terms of making applications to the Court of Protection for DoLS. We asked the registered manager if the service supported any people who lacked the capacity to decide where to live or who would be prevented from leaving their homes unaccompanied if they tried. They said that they had one application that was going to the Court of Protection for authorisation. The registered manager also said that eight of assessments for people the service supported who lacked capacity to decide where to live had been supplied to the team within the local authority who dealt with DoLS applications before submitting them to the Court of Protection to ensure they were being sought correctly. This meant that the service was compliant with the legislation relating to the deprivation of people's liberty.

We asked people if the Shared lives carers were well trained and they told us that they thought they were.

One person said, "[Name] is good and well trained", and, "[Name] knows what to do." Shared lives carers described the training they had attended; this had included all of the providers' mandatory topics, such as safeguarding, medicines management, health and safety, moving and handling, first aid and food hygiene, Mental Capacity Act and DoLS. The providers also told us they were offered additional training on more specialist courses when they were supporting people with specific needs. One shared lives carer told us, "I did an epilepsy awareness course, it was so informative", and another told us they had seen an autism awareness course in the most recent service newsletter and had asked for a place. We checked the training matrix and training records of all the Shared lives carers and saw they were up to date with their training courses. The Shared lives staff who supported the carers were also up to date with their mandatory training courses. This meant that the Shared lives carers supporting the people and the Shared lives staff supporting them, had received the training they needed to do their jobs.

We asked the registered manager about the training and induction new care providers received when they were approved to join the shared lives scheme. They told us that new care providers received all of the mandatory units as part of their induction and approvals process. They also told us that the service had worked hard to integrate the Care Certificate into the induction for care providers new to health and social care. The Care Certificate is an identified set of standards that health and social care workers should adhere to. This meant that new Shared lives carers received the providers mandatory training during their inductions and that work had ensured the Care Certificate was fully integrated into the induction process.

We asked Shared lives carers if they felt they received enough support from the service and they told us that they did. One told us, "They support us really well. Even if [name] is on holiday, they will ask if they can help. They're 100% behind me", and a second said, "I am well supported by [Shared lives staff member] and [they] are very approachable if there is a problem." The shared lives carers had regular supervision and an annual appraisal with their placement worker (Shared lives staff member). Shared lives carers told us that this happened in monitoring meetings, however they told us they could ask the shared lives staff to come and visit at any time. At these meetings the shared lives staff checked if the shared lives carer was happy, if there had been any issues with the person or people they supported and if they needed any support themselves. One shared lives carer said of the shared lives staff, "[Name] says if I make your life better, you can make their lives (the people's) better."

The annual appraisal was a more in-depth meeting, which the shared lives staff prepared for by seeking feedback from others involved with the person or people they supported, for example the local day centre. This feedback was then discussed with the shared lives carer, with their personal and professional development, any issues and any training that was required. We saw that these meetings were documented. The registered manager had oversight of, and contributed to, the shared lives carers' appraisals by also providing feedback. Shared lives staff also had regular supervision and annual appraisals with the registered manager and we saw they were documented. This meant that shared lives carers and staff received the support they needed to do their jobs.

People and shared lives carers explained how meal choices were made and food was prepared in their homes. Some people liked to get involved in writing shopping lists, going shopping and cooking, whereas others chose not to take part in these tasks. All of the people we spoke with said they were happy with the food they ate at their homes. One person told us, "I can eat what I like so long as it's on my diet and the meals are good", and "I like to cook and [name] helps me and I get enough to eat." Relatives also commented on the meals their family members using the service had. One stated, "[Name] helps [them] with [their] cooking and there is also a choice of food if [they] don't want to cook", and a second said, "[Name] goes out for meals with [name] and [their spouse]". Shared lives carers described how they supported people to make healthier food choices, but respected their wishes if they wanted to eat less

healthy food. One shared lives carers we visited was busy making a healthy chicken dish from fresh vegetables when we arrived. One person told us, "Sometimes we go to the chippy." This meant that people enjoyed the meals provided and were encouraged to make healthier food choices but could eat the foods that they chose.

People told us that they saw their GP and other healthcare professionals when they needed to; one person said, "[Name] helps me with the doctors and all that." Shared lives carers we spoke with described how they managed appointments with healthcare professionals on behalf of the people they supported. These included GPs, nurses, chiropodists and various outpatient departments. Shared lives carers told us they kept a diary/wall planner for each person and they showed us the appointments they had made. They could also explain which healthcare professionals were involved with each person and why. Shared lives staff checked these diaries on each monitoring visit and made referrals to other healthcare professionals if people needed them. We saw referrals that had been made for people to psychiatrists, community nurses and physiotherapists. This showed us that people were supported to maintain their holistic health by the shared lives carers and staff.

Is the service caring?

Our findings

The service was caring.

All the people we spoke with told us that they enjoyed living with their shared lives carer. One person told us, "I love it here; I am always happy to come and stay with (names of carers), they look after me". Every shared lives carer we spoke with was committed to ensuring the people placed with them felt "A part of the family". One shared lives carer told us, "It's a privilege not a job".

Some carers had been approved for some years and had looked after the person placed with them for a number of years. All said how wonderful the scheme is in enabling people to live in a family home as part of the extended family. One shared lives carer told us, "They (scheme staff) are full of empathy; they are a good bunch and understand how important our role is as a carer".

The scheme had regular meetings with people and their shared lives carer to ensure people were fully involved with planning and making decisions about their care. One person told us, "I can talk to [name of shared lives carer] and scheme staff about the things I want to do". We saw clear evidence of partnership working between people, their shared carer and the scheme staff. People told us they were happy that they could talk to their shared lives carer. They also confirmed that the scheme staff were, "Friendly" and "Nice", and that they, "Listen to me when I see them". We observed that people responded to scheme staff in a positive way; happy to see and greet them and spend time with them. This showed people were comfortable with scheme staff, which is an important aspect of their role in ensuring people, can express themselves and confide in them.

Our discussions with shared lives carers showed that they knew people well and understood their life history and the things that mattered to them. They told us that they included people in all aspects of family life for example; eating together, and going on holidays and outings. They also confirmed that people's needs in respect of their culture or religion were understood and respected. We heard for example how people had been linked to community resources such as local discos. We also heard how people were supported to attend religious services. Shared Lives carers told us that as part of the 'matching process' the interests and beliefs of people were taken into account so that they were matched with a shared lives carer who had a lifestyle suited to the individual.

Shared lives carers were highly motivated and demonstrated kindness and compassion. We heard examples from people about their shared lives carer celebrating their birthday, or buying small gifts. For example, one person we visited in their shared lives carers home told us about the 'treats' the carer had bought for them to cook and enjoy whilst watching a favourite DVD.

Whenever possible people were encouraged to make decisions about the care and support they received. We saw that where people needed additional support to make decisions the scheme had utilised advocacy to support people with some aspects of their lives such as financial arrangements.

Shared lives carers told us they had good relationships with the scheme staff and they understood the values and principles of the scheme to enable people to live as part of a family within the community. Scheme staff had provided training for carers, which focussed on dignity and respect and risk management and empowerment. Shared lives carers told us this helped them to balance people's right to take risks alongside their happiness. One person living with a carer told us, "I'm very happy when I come here, I'm settled, I go on holiday, go dancing and do my own thing, I make all my own decisions and (names of carers) supports me".

The scheme actively supported shared lives carers in ensuring that people were supported to remain independent. People told us about their daily living arrangements and we saw that they considered themselves as part of the shared carer's family and the place they lived as their home. One person said "I feel part of a family, my carers are amazing." They had access to all areas of the house. People confirmed their shared carers respected their privacy and dignity. One person told us their shared lives carer complimented them on their appearance. The shared lives carer understood how important it was for the individual to look and feel good.

People's individual level of independence was promoted. Some people could come and go as they wished had a key to the door and access to their friends, family and work, which showed an appreciation of people's individual needs around independence. Shared lives carers told us they had written guidance and training about upholding people's privacy, dignity and independence.

Is the service responsive?

Our findings

The service was responsive.

People we spoke with told us they thought their shared lives carers knew them and provided them with support in line with their wishes. One person said, "I don't have any problems, they [shared lives carers] know what I like."

Before shared lives agreements were finalised, people and shared lives carers were provided with information packs, which contained details about the service including how to make complaints. The service had received one formal complaint that was directly about the service, which we saw was investigated fully. The registered manager explained how the outcome and lesson learnt were informing the scheme, concerning documentation and recording communication with people and their families. The other complaint was about another independent scheme that was passed to the relevant manager.

People told us they knew how to complain and would raise any issues or concerns with the shared lives staff. One person said, "If there was a problem I'd tell [shared lives co-ordinator]. She always asks every time she sees me." The registered manager told us that they used complaints as an opportunity to learn and develop the scheme.

People were referred to the shared lives scheme through local authority social work teams. The shared lives staff met with people who had been referred to them, explained the service and completed a comprehensive assessment of their support needs to ensure the service was suitable to meet their needs. This assessment was used to form the initial care plan, records showed these were detailed and personalised, containing specific details of people's preferences, communication and support needs. These care plans were also available to people in an easy read format if required, as was all the paperwork used by the scheme.

On occasions people had a number of different care and support services and we were shown evidence that everyone involved in the care of that person was involved in the care planning. This meant people received support that was consistent.

We saw evidence that the scheme staff referred to other professionals for support, for example, if there are communication difficulties, staff will consider support from the speech and language therapists from the Learning Difficulties Team to ensure that the people were involved in all aspects of the care planning process.

People and carers were able to provide feedback about their experience of shared lives, in day care, long term and respite arrangements both positive and negative. This was through easy to read surveys that people were supported to complete. People and carers received monthly, if not, quarterly, support and monitoring visits from shared lives staff where their care plans were discussed and revised if needed. Records showed people and shared lives carers received annual reviews to ensure that care plans were up

to date and reflected people's needs and preferences. For example, one shared lives carer had raised concerns that the annual review focused only on the person. The carer suggested that there could be an additional section within the review around the 'family' as a whole unit. The registered manager told us that they had taken this to the steering group and it was agreed that this would be added to the review. This meant suggestions were listened to and acted upon.

Records showed that people were supported with activities of their choice, including accessing education, employment and other leisure activities. People were receiving personalised care that was responsive to their needs. Shared lives carers told us shared lives staff would take action to ensure that any changes to people's needs were addressed and care plans updated.

Shared lives carers expressed frustration that additional support sometimes took a long time to put in place. The staff from the shared lives scheme liaised with social workers on behalf of people and their shared lives carers. As the shared lives scheme is provided by the local authority, it was not always made clear to people and their shared lives carers that delays in putting in place additional support were due to funding application processes in the local authority, rather than due to a lack of action by the shared lives staff. The service escalated concerns and made appropriate onwards referrals in a timely manner.

The service held quarterly steering group and the registered manager told us that they tried to ensure that people, their families and shared lives carers were represented, along with the registered manager and representatives from the local authority and other independent schemes. They told us that these representatives are voted on to the group by their peers. Minutes recorded how all aspects of the scheme were discussed including how to move the scheme forward, for example by meeting the needs of those people living with dementia or other mental health issues.

Within the PIR, the registered manager explained that the scheme staff were always trying to find creative solutions in ensuring people's care and support needs continue to be met in appropriate and effective ways. They stated that that developing community enterprises and community groups can be used to meet the needs of people. The registered manager hoped to use local "Service User" groups as a forum to voice any concerns and be supported to feed this back. The scheme worked closely with local partners such as People First, to explore these options. The scheme also worked in partnership with people, their families and the shared lives carers in order to make sure they were getting the services right and when we spoke with people and the shared lives carers they told us this is how the service operated, as a partnership.

The registered manager showed us an "Impact" file, which contained many examples of good work by their staff and the people they supported. For example, one person who had been supported to begin driving lessons despite previously being told they could not do it because of their learning difficulty.

Is the service well-led?

Our findings

The service was well led.

People who used the scheme told us it was well led. One person told us, "I like living with the carer and the staff (shared lives staff) help me to do the things I want to do". Shared Lives carers told us that they were very happy with the scheme. One carer said, "Although the team is quite small, they are very well organised and provide genuine support". The scheme was organised and managed in a way that meant that staff and carers understood their role and responsibilities.

Shared lives carers told us that the registered manager was easily accessible to them and they knew they could contact them if they had any difficulties or questions that could not be answered by the staff. All the shared lives staff stated they felt very valued by the registered manager and enjoyed working in the scheme and they believed that the registered manager led the service by example.

The registered manager and staff were responsible for the recruitment, organising the training and support of carers. There were clear lines of accountability and a well-established system for the steering group to have oversight of the scheme and the approval of carers. We saw that the steering group had provided positive feedback about how the scheme managed the approval process, which showed scheme staff were effective in the recruitment, training and support of carers.

Shared lives carers described communication between them and the scheme as good with regular monitoring visits and staff from the service always available by phone. Carers told us staff were responsive by coming out to see them in addition to their planned monitoring visits. One carer said, "They keep us up to date so even though one of them is off sick we still get our support visits, they work so hard". Carers attended carers meetings and had regular appraisals and training. They told us the scheme was supportive of their needs. One carer said, "There has been some changes and improvements in the type of records we have to keep but they are very good and go through these with us so we know what to do. The registered manager confirmed and demonstrated that the scheme had aligned the care certificate within the shared lives carer assessment period. The care certificate sets out the key common induction standards for social care staff.

A range of policies and procedures were constantly being updated to ensure carers had up to date information. One Shared lives carer said, "We have had training and discussions about maintaining these". Another told us, "The monitoring visits are really important; we discuss the needs of the people we support as well as them checking our records as well as safety in the house". We saw that people's feedback about the quality of the service had been sought via the monitoring visits and people were happy with the service provided. In addition, regular meetings had taken place for carers to share their experiences. Plans were in place to improve stakeholder feedback from social workers and external professionals involved with people who used the scheme. The registered manager was developing ways of providing people with the outcome of their feedback.

The registered manager and his team were regularly reviewing their performance against other shared lives regional and national schemes to identify best practice. They had attended shared lives network meetings with other services and used online discussion groups run by the national network for shared lives carers and providers, to discuss good practice. We saw that scheme staff worked closely with other agencies including day centres, health and social care professionals as well as colleagues from the Panel. They had worked with the local authority training department on a schedule of bespoke training for carers. One carer told us, "They work really hard to get us up to date with practices".

Systems to monitor the quality and safety of the service had been utilised on a regular basis. These had been used to provide assurance that the scheme was operating well and that carers were maintaining the records they were responsible for and following safe practices such as managing people's medicines. The registered manager also conducted checks on people's finances where the scheme was responsible for this.

We saw from the Provider information return (PIR) that the registered manager had an action plan in place for the continuous improvement of the scheme. The action plan showed both the work which had been completed as well as areas they had identified they wished to improve. We saw that the majority of their identified actions had been completed which demonstrated a commitment to developing a well organised and responsive service.

We found that systems were in place for the reporting of notifications (Important events that happen in the service) in a timely way. The processes in place for managing notifications included discussion of these at meetings and monitoring visits so that carers understood what type of issues needed to be reported to the CQC. Staff and carers had access to safeguarding and whistle blower procedures as well as accident and incident forms. They were aware of their responsibilities for reporting these. Staff and carers confirmed that they had been provided with guidance and training about their role in this process. The registered manager told us any significant incident would be reviewed to develop the service.