

Milton Keynes Council

# Milton Keynes Short Breaks and Shared Lives

## Inspection report

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Date of inspection visit:

17 January 2018

18 January 2018

20 January 2018

02 February 2018

Date of publication:

28 March 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Milton Keynes Short Breaks and Shared Lives service is registered to provide accommodation and personal care to people who have a range of support needs.

The short breaks service provides respite and short break accommodation for people with learning disabilities and complex needs. The service is provided in two residential bungalows and is registered to provide accommodation and personal care to fourteen people. One bedroom is set aside for emergency respite placements.

The Shared Lives Service recruits people to become paid carers to support adults with a range of support needs. People stay in the carer's home and receive their support within a family environment. Shared Lives support can vary from a day a week, a day a month, overnight stays or living with someone for a short while or permanently. Staff employed by the shared lives service provide support to people and their carers.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and complex needs using the service can live as ordinary a life as any citizen.

At the time of our inspection, there were twenty-one people who regularly received support from the short breaks service and fourteen people using the shared lives service. Both services were overseen by one registered manager.

At the last inspection, on 6 January 2016, the service was rated 'Good'. At this inspection we found that the service was now rated 'Outstanding'.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service demonstrated an excellent commitment to providing outstanding support, which put people at the heart of everything. The provider and registered manager led the staff to deliver person centred care, which had achieved consistently outstanding outcomes for people.

Staff continuously went beyond expectations to ensure that people received truly individualised care that was flexible and responsive to their needs. Staff and carers respected people's individuality and empowered people to express their wishes and make their own choices.

Staff and carers demonstrated the provider's values of offering person centred care that respected people as

individuals in all of their interactions with people. Staff and carers at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the service.

Staff and carers were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's challenges. People and their relatives consistently told us that the service provided exceptional care and support to people.

There was a very effective system of quality assurance that ensured people consistently received exceptional care and support. The people receiving support from the service had an enhanced quality of life because the service worked innovatively to respond to people's feedback and enable people to have meaningful experiences.

Milton Keynes Short Breaks and Shared Lives Service went to great efforts to share their ideas and approach with other services to help encourage them to improve and provide better care for people.

Staff and carers had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were confident in supporting people with complex needs and behaviours of concern and enabled and empowered people to live as independent a life as possible safely. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People received their medicines as prescribed and people were supported to access advice and treatment from healthcare professionals when required.

Staff and carer recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. People could be assured that they would be supported by sufficient numbers of staff and carers with whom they had developed positive relationships.

Staff and carers were provided with an extensive induction and on-going training was available to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's health and well-being was monitored by staff and carers and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff and carers knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The registered manager was aware of the process to make referrals to the local authority or the Court of Protection if people lacked capacity to consent to aspects of their care and were being deprived of their liberty. Staff and carers consistently gained people's consent before providing support

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Care documentation provided staff and carers with appropriate guidance regarding the care and support people needed to maintain their independence.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Support was completely personalised to each individual's needs and choices. Staff and carers understood the best way to support each person to empower and enable them to live life as they chose.

People's care was based around their individual goals and their specific personal needs and aspirations.

Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

Feedback from people and relatives was extremely positive about the quality of life they were experiencing as a result of receiving support from the service.

People using the service and their relatives knew how to raise a concern or make a complaint. There was an accessible complaints system in place, which ensured that any concerns were dealt with promptly.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support.

There was a culture of openness and transparency; the registered manager continually encouraged and supported the staff to provide the best possible person centred care for people and their families.

The provider went to great efforts to share their ideas and approach with other services to help encourage improvements in the care and support provided to people.

Quality assurance systems in place were effective and any shortfalls found were promptly addressed. There was a consistent drive to ensure that standards were maintained and improved.

# Milton Keynes Short Breaks and Shared Lives

## **Detailed findings**

### Background to this inspection

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

This second comprehensive inspection took place on the 17, 18, 20 January, and 2 February 2018 and was unannounced.

The inspection was undertaken by one inspector.

Prior to the inspection, the registered manager had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events which the provider is required to send us by law. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During this inspection, we visited the service and spoke with one person who was staying overnight; we also carried out observations in communal areas of people's interactions with staff. We visited three people who used the shared lives service at the home of their carer and spoke with three shared lives carers on the telephone. We also spoke on the telephone with the relatives of four people who used the service. In total, we spoke with fourteen members of staff, including short breaks service support staff, shared lives assessors, catering staff, service co-ordinators and the registered manager.

We looked at four records relating to the personal care support of people and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff and arrangements for managing complaints.

## Is the service safe?

### Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "Yes, I feel safe with [Shared lives carer's name], because they are so nice." Staff and carers had built strong relationships with people, which enabled them to understand areas of potential risk and work proactively to ensure people were protected from harm and unsafe support. All the staff and carers we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of short breaks support staff said, "I would report to my manager and complete the safeguarding referral form with them." The registered manager had ensured that safeguarding alerts had been made when necessary and had co-operated fully with the safeguarding authority in safeguarding investigations.

People had comprehensive risk management plans in place to mitigate the risks in different areas of their lives. These included mobility and moving and handling, skin integrity, medicines and behavioural support plans. Some people supported by the service had complex physical and behavioural support needs. Behaviour assessments were personalised to the person and the behaviours they might display. The support required to manage behaviour risks for people was based upon the Positive Behaviour Support (PBS) model and staff had received training in this. PBS is a person-centred approach to people who display or are at risk of displaying behaviours of concern. Staff explained in detail what triggers people may have, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

There were enough staff to provide people with the support they required. Staff were allocated to people using the short breaks service dependent on their needs and the level of staff support people required for different activities was documented in people's assessments. Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. During our inspection, we saw that the short breaks service was well staffed and people were receiving the support they were assessed as needing. People using the shared lives service and their carers had support from a suitable number of knowledgeable staff and told us that they felt very well supported by staff. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff and carers were suitable to be working at the service.

The service safely supported people with the administration of medicines. Some medicines were to be taken as and when required by people, and protocols were in place to ensure that staff understood when this was appropriate. Records were accurate and regular audits took place to make sure that medicines stock was correct. Appropriate systems were in place to ensure that medicines could be taken out of the short breaks service with people as and when required. People using the shared lives service were supported by staff and their carers with their medicines and told us that they were happy that they were supported safely. Short breaks staff and shared lives carers were suitably trained to administer medicines and had their competency assessed prior to undertaking medicines administration.

People were well protected by the prevention and control of infection. One staff member said, "We wear different colour aprons depending on what we are doing, we also have disposable gloves available and

wash our hands between jobs." We saw that staff members and carers had received training in infection control and food hygiene.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Senior staff held a monthly meeting where all incidents were reviewed and analysed for future learning. We saw that updates on people's support needs were regularly shared within the staff team to enable learning and improvement around people's safety. For example, following an emergency in the short breaks service staff had recorded that one person would not be supported to evacuate the building until they had their outdoor shoes on. The person's personal emergency evacuation plan had been updated to inform staff that wearing shoes was important to help them to leave the building and that their shoes needed to be kept in a predetermined place to support this. Staff we spoke with were aware of this updated information.

## Is the service effective?

### Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment for the short breaks service included the person's social and medical history as well as their current physical and mental health needs. Prior to people receiving the shared lives service, their needs, interests and diversity were assessed. Carers backgrounds, abilities and attitudes were also assessed prior to them being accepted as appropriate to provide people's support. Shared lives staff used the information gathered about people during the assessment process to match people with an appropriate shared lives carer. The person then met up several times with the carer to ensure that they were happy with the person they were matched with. One person's relative said, "We had a couple of matches before that weren't right, they kept trying until the right match was found and now it's very good."

Staff and carers had a good knowledge and understanding of the needs of the people they were supporting. The service employed a clinical nurse specialist to provide support and advice to people and relatives, as well as guidance and training to staff. They were available within the service to provide training to staff and carers in people's health needs such as stoma care, medicines administration, epilepsy and autism. Shared lives carers were provided with training appropriate to the needs of the people they supported. For example, one carer supported a person with dysphagia (dysphagia is the medical term for swallowing difficulties). They had received training to ensure they provided the person with appropriate support to meet their nutritional needs.

Staff and carers received supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of staff said, "Supervision is very good, we have it regularly and can discuss training, any concerns with service users, staff concerns, annual leave and generally we are able to talk about how we are getting on."

People were supported to maintain a healthy and balanced diet. Staff and carers followed the advice of health care professionals when supporting people with eating and drinking. Where people received their nutrition via percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid.

People were supported to access a wide variety of health and social care services. Staff had a very good knowledge of other services available to people and worked closely with these to ensure that people were provided with support that met their diverse needs. Staff we spoke to during the inspection described how they had worked with multidisciplinary health and social care professionals, including the behaviour support team, diet and nutrition team and occupational therapy team to achieve positive outcomes for people.

Staff were vigilant to changes in people's health and supported people to access health care support if this became necessary when they were accessing the service. One member of staff said, "We're trained to

recognise changes in people's health and I've contacted out of hours medical services for people when I've been concerned." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's diverse needs were met by the adaptation, design and decoration of the short breaks accommodation. There were areas set aside for people to take part in activities or relax and a sensory room. These areas could be accessed by all people, using mobile or ceiling track hoists if necessary. The short breaks support was accessed by different people on different days. The environment was adapted on a daily basis by staff to ensure that it was totally personalised to the needs of the people that were currently staying. Staff undertook specific preparation each day, before people arrived to ensure that the communal areas and their bedrooms were matched to people's needs in a way that would enhance their enjoyment and safety during their stay. For example, the kitchen in one of the bungalows was prepared, and items that posed a risk or caused some people anxiety removed to enable all people to have safe access; this increased their independence in making their own drinks and snacks. The registered manager told us that the service had seen a reduction in incidents caused by people's anxiety, since undertaking this daily preparation as people now had the freedom to access the kitchen when they chose.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people. One member of staff said, "We have training in mental capacity and understand how important it is for service users to be supported to make their own decisions if possible." People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) and in the community fall under an order from the Court of Protection.

## Is the service caring?

### Our findings

People were treated with care, compassion and great kindness across all parts of the service. People and their relatives told us that they were very happy with the support they received. One person using the shared lives support said, "I love going to [Carer's name], they're my friends." The relative of a person using the shared lives support told us, "They [shared lives staff] totally go above and beyond, they're so approachable, you never feel like you're asking a silly question and nothing is too much of a problem." A relative of a person using the short breaks support said "[Person's name] loves it to bits; I wouldn't want them to be any other place. They talk about the staff when they're not there, they absolutely love the staff."

Staff and carers were passionate about providing friendly and caring support to the people using the service. One member of staff said, "I always focus on whether I would be happy for my own family member to be cared for here and I would." People were relaxed in the company of staff and carers and clearly enjoyed being with them. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing their support the way they wanted.

People's choices in relation to their daily routines and activities were listened to and respected by staff and carers. The staff and carers we spoke with had passion and pride for the successful support that they were providing to people. One member of staff said, "Everyone gets a choice in all areas of their lives and a chance to show what they can do." Staff and carers understood each person's preferences and encouraged positive activities to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported them in a way that was individually designed to reduce this. People had family members who were able to support them with decisions when required, and when this was not possible, support to access advocacy services was available.

People were supported to be as independent as they were able to be. Staff and carers encouraged each person to achieve as much as they could by themselves. A member of short breaks staff said, "We always make sure we promote people's independence, we don't just do things for them, we get them to do it, and it doesn't matter if it takes longer." People who used the shared lives support were supported by their carers to improve their life skills. For example, one of the shared lives carers told us how they encouraged the people they supported to help prepare dinner by chopping up the vegetables.

Staff and carers respected people's privacy and dignity. One member of staff told us, "I get everything prepared before supporting someone with personal care; I make sure I have their personal belongings and toiletries ready and make sure they are supported to wash, dry and dress appropriately." All the staff we spoke with understood how to respect a person's privacy and dignity. Care plans described the support that people required in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

## Is the service responsive?

### Our findings

People received excellent care and support that was completely personalised to their choices and needs. People and their relatives consistently praised the exceptional support they received from staff and emphasised the responsive and person centred way their care was provided. A relative of a person accessing the short breaks support said, "The service is amazing, the staff are outstanding and always at the end of the phone whenever we need them." Another relative of a person accessing shared lives support said, "[Person's name] was very involved in deciding how their support would be provided. [Shared lives staff] came out several times to make sure they were happy and [Person's name] had lots of opportunities to express what they wanted." A member of staff told us, "We are all very passionate and engaged with people, we build relationships and people can do what they want, when they want to. All people need motivation and inspiration, we break down choices so people can understand and decide what they want to do."

We spoke with a health care professional about their opinion on the service. They told us, "I cannot speak more highly of what they do. They go above and beyond what they need to do; the staff are so skilled and supportive and they are excellent at working with other professionals and families."

People were placed at the very centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to achieving something. The entire staff team were committed to using Positive Behaviour Support (PBS) to improve people's quality of life by minimising the use of restrictive practices and reducing the use of restrictive physical interventions. Staff told us, "We focus on enabling people to make their own choices and as a result we have seen a reduction in anxiety and behaviours of concern." For example, one person who used the short breaks service experienced high levels of anxiety, which often led to behaviours of concern. Staff worked with the person holistically, accessing support from multidisciplinary professionals in health, psychology and day services to support the exploration of physical health issues, their mental health and family situation. Staff then developed strategies to ensure the person had a positive experience when they visited the service. As a result, the number of incidents and intensity and duration of incidents greatly reduced. The person was able to access the community more frequently and had more control over the planning of their stay and the staff that supported them. In addition, their health needs were being met more effectively and the service was in regular contact with their family to help support them with any changes, which may affect the person.

There was a clear person centred ethos in all of the care and support provided to people and the service personalised their support for all aspects of a person's life. For example, staff at the short breaks service attended a daily handover, before people arrived for their stay. The needs of each person who had stayed the previous night and those that were due to arrive that day were discussed in detail. We observed a handover taking place and staff demonstrated extensive knowledge of the needs and preferences of people. People who accessed the service had a mixture of complex physical and behavioural support needs and staff were allocated specifically to support people on an individual basis. Staff described in great depth how they would provide personalised support that would enable each person to make the most of their stay. This ensured that staff were fully prepared to support the person they had been allocated to and could tailor

their stay specifically to their needs and preferences. One staff member described in detail the best way to support the person they had been allocated to support with their meals. Eating and drinking could cause the person frustration and impact on their safety and well being; the member of staff knew exactly how to present the food, what adapted crockery and cutlery was required and how to intervene sensitively if the person was rushing. They described how they would use hand over hand support to help the person to slow down, which would enable them to enjoy their food, whilst minimising their frustration.

Support was personalised to make sure people's daily routines and preferences were considered. Staff adapted the support they provided to ensure people had the opportunity to do the things they enjoyed. One person's relative told us, "[Person's name] absolutely loves going [to the short breaks service]. The staff understand what they enjoy, they love going on the mats in the sensory room and using the computer. The staff also read with [Person's name], all their favourite books." The person's relative had peace of mind knowing that their relative was being well supported and enjoying the time they spent at the service. A member of staff said, "We make sure that all the people who stay are able to do the separate things that they want to do rather than treating them as a group."

Staff recognised the impact of change on people and the need to adapt the service they provided to people's individual needs. For example, one person using the service had been refusing their medicines. Staff undertook a review of their day at home and it was identified that they had their evening meal earlier than it was provided at the service. Staff offered the person dinner at the earlier time and found that the person was then ready to take their medication at the time prescribed. The service then undertook a review of all people's individual routines at home to see if amendments were also required for them.

People chose the room that they wanted at the short breaks accommodation and this was then their room each time they stayed. Staff prepared the room prior to their stay to ensure they felt comfortable with familiar objects around them. Staff had worked with occupational therapy staff to ensure that people had access to the same supportive equipment as they were used to having at home. For example, one person used particular equipment to de-sensitise them when in bed and enable them to have better quality sleep; we saw that this was set up for their stay at the short breaks service.

The service also used monitors, door alerts, and cameras to monitor people's well being and ensure that staff could attend to their needs promptly. The use of this technology minimised the intrusion of staff in people's personal space and enhanced people's privacy and independence. For example, one person required a high level of monitoring from staff due to their complex health needs and at times found this frustrating. Prior to coming to the service, they had not accepted the use of monitors, meaning that staff had to check on them frequently. Staff explored the different options available and found a discreet sensor that was less intrusive; therefore enabling the person to live safely with less physical monitoring by staff. Where this type of support was in place and the person lacked mental capacity to consent a best interest meeting had taken place and a DoLS was in place.

The service had a very clear understanding of people's social and cultural diversity. All the staff we spoke with were extremely knowledgeable about each person's beliefs and preferences, and were able to tell us in detail how they supported people with choices that met their cultural needs. Staff at the short breaks service were aware of people's specific dietary requirements and preferences and the people staying at the service chose the food that would be on the menu. The shared lives service had recruited a diverse mix of shared lives carers so that they could offer a wide choice of support to people, for example, people with young families, couples and people from different cultural backgrounds.

Staff were provided with opportunities for learning, development and reflective practice on equality and

diversity. Following training in equality and diversity further discussions were initiated in staff meetings to identify how the service could improve its practice in this area. Staff decided to involve people and their families in discussions and hold cultural days to explore different cultures and religions. The service had an improvement plan in place to continue this work; this involved regular discussions on equality and diversity in team meetings and including information on equality and diversity in the regular newsletter that was sent to people and relatives.

The service had taken innovative steps to meet people's information and communication needs. Staff had an in depth knowledge of people's communication needs and understood the importance of accessible information for the people they were supporting. One member of staff said, "If I'm giving verbal choices, I talk in a way appropriate for that person, maybe use simple language, talk slowly, give people time to process what I have said. We also learn different forms of sign language as people know different ones and some have their own adaptation of sign language."

Extensive communication plans and tools were available that were tailored to each person. For example, some people used a mixture of pictures and sign language to initiate and receive communication; these were explicitly detailed in people's care plans. Some people had communication books that contained the individual signs that they used and understood; staff ensured that these were available for people to use.

The shared lives support was totally person centred and committed to providing people with care and support that enhanced their life and well being. Throughout the inspection, the feedback provided by people and their families was overwhelmingly positive and praised the unique benefits the service provided to people. People felt empowered by the matching process and the amount of autonomy they had experienced when choosing who would support them and the way in which the support would be provided. People told us, "I chose [carer's name] as they were the person I wanted to be with, they're lovely." And, "This is very good, brilliant, we have more events and there's more to do." And, "I could have chosen [Carer's name], but I preferred [Carer's name], so that's who I stay with. We do lots on the weekend, we go out, watch DVDs; I like watching the wrestling."

People's relatives also praised the service, saying, "We've been involved as much as we want to be, the staff are always available to talk to us. They [shared lives staff] have supported us to go at our pace. There is total flexibility about [Person's name] having overnight stays and that's what they need." And, "The matching process ran very well [Person's name] was given total choice to decide who they wanted and had plenty of tea visits [visits with the shared lives carer at home], to make sure they were happy with their choice."

Shared lives carers also spoke very positively about the way the shared lives staff had facilitated the process and the ongoing support they provided. They were enthusiastic and passionate about their roles and the positive impact they were having on people's lives, they told us, "Right from the beginning the emphasis was placed on how people were matched and the importance of making sure it was the right match for the person; that's why it has worked so well." And, "I think this service is lovely, doing this is one of the best decisions I've ever made." And, "Communication [with the shared live staff] is fantastic, they are great, always at the end of the phone. They also visit us regularly and sit and chat with us all together [shared lives carer and people accessing the service]."

The innovative nature and willingness to provide a service that was centred on meeting people's diverse needs in a truly person centred way had resulted in hugely positive outcomes for people. For example, one person chose a placement with a carer who had previously worked with them in a different capacity. The person found it difficult to communicate verbally with people and had never communicated verbally with the carer prior to choosing them as their shared lives carer. The carer had knowledge of different techniques that they could use to support the person to communicate and the person now speaks to the carer and their

family when staying with them. The carer told us that since using the service the person had become more relaxed and grown in confidence; they said, "[Person's name] is much more interactive with me and my family, when we go out they are more comfortable, more able to get their own food and drink and make more independent choices."

The service had devised a very personalised and innovative approach to supporting people with social interaction and activities. Many of the carers already knew people who were now using the shared lives service from their work in learning disability services in the local area. One carer wanted to be able to offer a group of friends a chance to continue with activities that they had previously enjoyed doing together when they attended day services. They spoke with the people about what was important for them and created an experience where they meet for the day once a week to play music as a band and then have a game of football. During the inspection, we observed their band practice; the enjoyment and enthusiasm of all the people involved was inspirational.

The assessment and care planning process involved detailed conversations with people and their families to ensure that care plans fully met people's needs and expectations. Care plans were based on the positive ethos of PBS and reflected people's likes, dislikes and preferences. Care plans were reviewed regularly and provided a clear picture of each person's support needs. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. One staff member said, "We provide individualised support because we build the support plans with the person and their family." The care plans we saw reflected this, for example containing information on people's triggers and behaviours, proactive strategies and personal objectives that people wished to be supported to achieve.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The registered manager told us that the service focussed on the importance of reflecting on and learning from complaints and the people, we spoke with confirmed this. One person's relative commented, "It's very, very good, the staff are lovely. It's lovely to be able to talk to them, they take on board what you say and do their best to deal with things." We saw that complaints had been recorded, and people had received a detailed, prompt response that had dealt with the issues raised. For example, we saw that a complaint had been made by one person's relatives in relation to medicines management. In response to the complaint, the service involved an outside professional to work with staff to improve the way the person's medicines were managed. The service provided a full account of their investigation and the improvements they had made. In addition to the service's in house complaints procedure people could complain directly to the provider and information on how to access this was shared with people and their relatives.

## Is the service well-led?

### Our findings

Throughout the service, there was an ethos that placed people at the heart of everything. People, their relatives, shared lives carers and staff were fully consulted and empowered to be involved in the running of the service and the things that affected them. Feedback was overwhelmingly positive, relatives of people using both the short breaks support and shared lives service spoke highly of the way the service was run, saying, "The service is fantastic it's been an absolute lifeline and I really can't fault it at all." And, "I cannot think of any improvements they could make to the service, it's everything [Person's name] needs."

The registered manager talked to us about the people using the service and had a clear passion and drive to provide a quality service for the people using it. They told us they were consistently looking to drive improvement with the support of the provider. The service had undergone a transformation with the development of the shared lives service. The provider and registered manager had worked together to achieve this positive change that empowered people to have maximum control, choice and flexibility regarding how their support needs were met. The registered manager was knowledgeable and involved in all aspects of the service; we observed the registered manager interacting with people at the short breaks service and people were clearly used to seeing them in the service and enjoyed the time they spent with them.

All the staff we spoke with told us the registered manager always listened to them and supported them to do their job in the best possible way. One member of staff said, "The service is run really well, everyone works together as a team. I love working here, there's always someone you can turn to if you need help." Another said, "We are taken seriously and listened to, it's empowering the way we are always improving things."

The registered manager and senior staff had a keen interest in continuous development, for the service, and all those involved with it. They were keen to grow their own knowledge, expertise and best practice of shared lives services. They regularly attended stakeholder meetings and events to share ideas and information. Senior staff also regularly provided workshops for shared lives groups, to impart their own knowledge and expertise and help other schemes to improve. Shared lives staff had also carried out research into recognised best practice in other schemes and had produced a carer's handbook. This on-line resource was provided to carers to ensure the latest updates of policies and procedures relevant to them were always available and accessible.

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from people, relatives, shared lives carers and staff. The service had implemented different, creative ways that they could engage with people. These included regular meetings on a formal and informal basis, training events and surveys, which were used to drive improvement. We saw that relative feedback forms were sent out so that family members could comment or make suggestions about the service. Where feedback requiring action was provided, staff contacted the person to discuss their feedback and improvement plans were implemented detailing how any changes required would be achieved. For example, staff at the short breaks service were currently working on the actions needed to improve the way people's clothing was organised and returned after their stay.

The service worked creatively and innovatively to ensure that the feedback process was implemented in the most effective way for people. Staff working in the shared lives service had noticed that they were not receiving very high levels of feedback from people using the existing pictorial accessible feedback form. They consulted with people and their carers and amended their request to include photos and information about the things they had enjoyed doing with their carers that month. We saw that people had engaged more fully with this process and provided the service with more feedback.

The service was well organised and staff were all confident in their roles and responsibilities. The service had developed many of its staff into senior roles and provided specialist training to staff so that expertise was available across all areas of the service. The management of the service had an in depth knowledge of the staff team and recognised when staff required increased support with new initiatives and provided this. For example, when PBS was first introduced staff feedback following their initial training was that they were unclear about how to support people and felt anxious about using their knowledge. Twice weekly PBS workshops were implemented, led by senior staff from within the service. Staff discussed how they were feeling, any challenges they had experienced whilst delivering care and shared positive outcomes and achievements. These workshops resulted in staff growing in confidence and during the inspection staff were proud to describe their experiences using PBS; some senior staff were also training as in house coaches in PBS.

The ethos of PBS was clearly at the heart of the ethos and culture of the service. Staff were proud of the improvements they had seen since using this approach and clearly had a deep conviction regarding the positive outcomes they could support people to achieve by following the principles of PBS. One member of staff told us, "We are passionate about using this approach, we have seen so many improvements since learning about PBS, and the reflective practice meetings really help your understanding." All the staff we spoke with felt the service was an excellent place to develop and grow as an employee.

The service had achieved incredible outcomes for people, and supported people to live their lives how they wished with the support of staff. The staffing team in the short breaks service were not afraid to give intensive support to people and their families when this was required. Performance and risks were carefully monitored, particularly with challenging placements, to ensure progress was being made and the risks were being successfully managed. For example, the short breaks accommodation also provided emergency support to people at short notice. One person who had accessed this service had experienced significant trauma in their life and had made huge progress since being supported by the service.

The staffing team promoted the service and went beyond expected requirements to ensure the service was sustainable and to help others improve. The service was involved in various projects, for example, senior staff in the short breaks service had carried out cross working with children's services in the area to improve the support provided to children with learning disabilities. They introduced PBS, made recommendations for improvements to practice and presented these at a multi-disciplinary meeting. Following their recommendations, positive behaviour support training was implemented for staff.

Senior staff in the shared lives services were involved in work to promote a smooth transition for children leaving foster care who required additional support. Staff from the shared lives had met with the local fostering team to consider the needs of young people that may move from fostering to shared lives in the future and plan for this. They were supporting a foster carer who wanted to continue to support the children in their care through to adulthood and become a shared lives carer; plans were in place to support this transition over the next two years.

The service was an excellent role model for other services and worked in partnership with other services to

improve people's experiences of care. They had recently provided peer support to a service that delivered a similar type of support to the short breaks service. Senior staff had shared their knowledge and skills to enable the service to improve.

Relationships with professionals were nurtured to the benefit of people using the service and staff were empowered to make decisions that would help improve people's lives. The registered manager and staff team worked hard to collaborate with professionals to improve care outcomes for people. Staff attended multidisciplinary team meetings on a monthly basis, with day services staff and health colleagues, including, physiotherapy, speech and language therapy, the diet and nutrition team and occupational therapy staff. Information from these was shared with staff to ensure that people were provided with support that met their needs in the most holistic way possible.

The service was an important part of its community and developed community links to support the needs and preferences of people. For example, the local social club for people with learning disabilities had been forced to close as no one could be found to manage it. The service took over the management, re-opened the club and provided a member of staff to support the service user committee to run it. They facilitated the management of the club until a service user group could be found to take over. A number of people and relatives we spoke to during the inspection referred positively to attending the club as an enjoyable social experience where people could meet up with their friends.

Successful governance systems were in place to promote an inspiring service that provided high quality individual care and support for people. Senior staff were required to complete their own audits, for example on people's medication, the environment, health and safety and staff training. The registered manager maintained thorough on-going oversight of these audits. The service was extremely efficient at acting when shortfalls were identified, on a short or long term basis, and had a good understanding of how to achieve sustained improvement.

The registered manager had plans in place to target any areas that could be improved and these were shared with the people that used the service, carers and staff at appropriate intervals. For example, the service wanted to improve the way in which it supported people and staff's equality and diversity. As part of an improvement plan, the service had held equality and diversity workshops for staff, which included discussions around empathy, discrimination and communication styles. Staff reported that they had found these workshops extremely helpful as a team building exercise enabling them to have a better understanding of each other's unique culture, background and beliefs. Now that staff had an understanding of the work required this was to be developed into a wider consultation with people and their families.