

The London Borough of Hillingdon

Hillingdon Shared Lives

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?	Outstanding ☆

Summary of findings

Overall summary

About the service:

- Hillingdon Shared Lives provides respite care, short and long-term care and accommodation for adults and young people over the age of 16 years. People who used the service had a range of needs including learning disability, mental health needs or were going through a difficult period in their lives and needed care and support. The service enabled people to live in the community with families (shared lives carers) in their homes. Shared lives officers coordinated this care and supported the shared lives carers as well as the people receiving the service. At the time of our inspection 38 people were using the service, 14 of whom only required occasional respite stays. There were 24 shared lives carers providing a service and some were able to accommodate up to three people.

People's experience of using this service:

- An experienced registered manager had been leading the service for five years and they demonstrated a sound knowledge, passion and enthusiasm for their role and the service. They led a strong team of shared lives officers who were dedicated and provided a high-quality service for people who used the service.
- Feedback from people who used the service was extremely positive with regards to all aspects of their care. They were very complimentary about the shared lives carers who supported them and the service in general. They told us all their needs were met and that the shared lives carers treated them with the "utmost" respect and promoted their independence. They said they felt part of the family in their homes and were supported to lead active lives in the community.
- The provider was responsive to the diverse needs of people across the borough and had embedded the ethos of promoting equality, diversity and human rights across all areas of the service, from the recruitment of shared lives carers and the matching process between people and their shared lives carers.
- The provider had robust monitoring systems in place to ensure the service ran effectively, which included unannounced spot checks of the shared lives carers, internal monitoring visits and medicines audits.
- Shared lives carers demonstrated a in depth understanding of people's needs and preferences and treated them as individuals. The shared lives officers ensured there was a thorough matching process in place which helped to ensure that placements were appropriate and successful. People and their shared lives carers were given opportunities to meet and get to know each other before placements were finalised. Arrangement agreements helped to ensure that everyone was aware of their responsibilities and the support that people would be given.
- Care plans contained detailed information about people's individual needs, preferences and choices, and we saw evidence they were involved in the care planning and reviewing processes. People were supported to lead active lives, develop their life skills and take part in activities of their choice.

- People and shared lives carers knew how to complain about the service if they had a concern. Information was available in a pictorial and easy-read format.
- Where appropriate, people were consulted about their end of life choices and these were recorded in their care plan. Staff received training in end of life care.
- People who used the service told us they felt safe living with the shared lives carers, and they were treated well. They, the shared lives carers and shared lives officers, received training in safeguarding and there were policies and procedures to ensure people were protected from avoidable harm and abuse.
- Where there were risks to the safety of people who used the service, these had been assessed, and measures were in place to reduce the risk. Risk assessments and support plans were regularly reviewed and updated.
- Where people required support with their medicines, this was managed safely.
- There were robust recruitment processes for both shared lives officers and carers, and to ensure shared lives carers were suitable to provide care to people in their own homes. There was a thorough training programme which equipped shared lives carers with the skills they needed to perform their roles. Shared lives carers and officers received regular supervision.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were only deprived of their liberty to receive care and treatment when this was in their best interests.
- People were supported to have a healthy diet and their choices were respected. They had access to healthcare professionals and were supported to remain healthy.
- The service was exceptional at supporting people to express their views so that staff understood their preferences, wishes and choices. Regular meetings were facilitated and people were invited and encouraged to speak up in a safe space.
- Feedback from health professionals was extremely complimentary. The service worked closely with health and social care professionals and other associated professionals within the council, external organisations and agencies.

Rating at last inspection: Rating at last inspection

At our last inspection we rated the service good overall and outstanding in well-led.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue our ongoing monitoring of the service and visit again in line with our schedule of inspections based on the rating of Outstanding, or sooner if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Hillingdon Shared Lives

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an inspector 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.

Service and service type:

Hillingdon Shared Lives supports people to live with Shared Lives Carers (SLCs) within the SLC's home in their local area. The service is part of the local authority services. The scheme recruits, trains and supports self-employed SLCs to provide care and support to adults and young people with a range of needs including learning disability and mental health needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days' notice of the inspection site visit because the location provides a shared lives service, there is a small team working for this service and we needed to be sure someone would be available.

What we did:

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service such as the Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used

this information to plan the inspection.

During the inspection we spoke with 10 people using the service and eight shared lives carers. We spoke with other staff including the registered manager and three shared lives officers. We contacted four other professionals after the inspection to seek their feedback and received a response from two of them.

We reviewed a range of documents and records including five care records for people who used the service, four staff records, as well as other records related to the management of the service such as incidents and accidents, complaints and audits.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt comfortable, safe and secure within their current shared lives carers' family homes. One person told us, "I feel very safe and secure." People who used the service were given contact information so they could report any concerns about their safety. This included out of hours contact numbers. We saw there had not been any safeguarding concerns in the last year. We saw that a complaint from a service user had been appropriately addressed and included notifying the local authority's safeguarding team. A shared lives officer told us they learnt from this incident and ensured they increased their spot checks to ensure any concerns would be identified and addressed without delay.

Assessing risk, safety monitoring and management

- Where there were risks to the safety of people who used the service, these had been assessed. Each area was rated in terms of risk, for example acceptable, adequate, achievable and unacceptable. Each risk assessment included measures in place to mitigate the risk. Areas assessed included, 'Service user accessing the community independently', 'Service user remaining at home unsupervised', 'personal care needs' and 'relapse in mental health'.

- The registered manager told us, "We ensure that people are encouraged to take positive risks. We educate the carers about semi-independence and how to promote independence. For example, we supported a young person to become independent and [they] are now in [their] own flat. We taught [them] daily skills etc."

- The provider ensured people were protected from the risk of fire. Each shared lives carer had a fire plan so they knew what to do in the event of a fire. The provider ensured the shared lives carers were trained in fire safety, were aware of people's needs and how to facilitate an evacuation in the event of a fire. Shared lives carers' homes were expected to have a fire blanket and regular checks were undertaken by the shared lives officers to ensure this was in place and appropriately checked.

Staffing and recruitment

- All new staff were taken through a rigorous assessment process before being recommended as potential shared lives carers. This included taking up references, obtaining a medical reference, a Disclosure and Barring Service (DBS) check, and several home visits to assess the applicant's suitability, experience, skills and attitude. A recommendation report was taken to the service's panel for scrutiny.

- There were regular multidisciplinary panel meetings to look at new shared lives carers becoming approved and able to offer a home to people. The registered manager told us, "Recruitment panels runs every three months and are similar to foster care panels. We include service users on panels so they can ask

questions and have a view of the applicant. We also include other managers who have different experiences and backgrounds."

Using medicines safely

- The shared lives carers received medicines administration training and this was refreshed annually. The provider had a medicines policy and procedures in place. Some people using the service were supported to take their medicines and these were recorded on Medicines Administration Records (MARS) charts. We viewed a sample of these and saw they were completed appropriately and correctly. The shared lives officers carried out regular audits of the stock of medicines and the MAR charts and we saw evidence of these. Where people were able, they were supported and encouraged to self-administer their prescribed medicines. We saw that support plans included a 'medication instruction information' where specific instructions were recorded.

Preventing and controlling infection

- Shared lives carers received training in infection control. The shared lives officers carried out regular spot checks of the home environment to make sure it was clean, hygienic and hazard-free. We viewed a sample of the checks and saw these were thorough and included checks of any manual handling equipment such as hoists, profiling beds and wheelchairs. The registered manager told us it was the shared lives carers' responsibility to ensure any manual handling equipment checks were undertaken by external contractors, and the responsibility of the officers to check these are done in a timely manner. We saw evidence that the checks were undertaken as required.

Learning lessons when things go wrong

- Shared lives officers told us they were notified of any incidents and accidents by the shared lives carers. These were recorded on a 'need to know' form. These included the date and time of the incident, location, description and action taken. For example, where a person was unwell, we saw they had been admitted to hospital for treatment. Records showed that regular updates were noted to include the person's progress until they were discharged from hospital.

- Lessons were learned when things went wrong. For example, where one of the placements broke down, the registered manager told us they analysed and discussed what went wrong. As a result, they improved their assessment processes and increased the frequency of their reviews to make sure any early concerns were ironed out. This helped ensure the placements were successful. The registered manager told us, "We look at patterns or trends. We look at near-misses and learn from them."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People who used the service spoke highly of the shared lives carers who supported them and said their needs were met. One person told us, "What I've got is good. Communication is good, the setup is good, there's not much else they could do" and another said, "I'm settled with [Shared lives carer], I very much feel at home there."

- Shared lives carers also spoke enthusiastically about the service they worked for. One shared lives carer told us, "This is one of the best schemes. Everything gets resolved. They are genuinely there to help and support. Nothing is too much trouble. It's a pleasure working for them" and another stated they "felt supported."

- People's needs were assessed before they started using the service. Areas assessed included mobility, personal care and continence, eating and drinking, day activities and independent skills. A level of dependency was calculated, and this determined how the designated shared lives carer could meet the person's needs. We saw people who used the service were involved in the process. Care plans were developed from the initial assessments and regularly reviewed.

Staff support: induction, training, skills and experience

- People who used the service told us they were supported by carers who knew them well and how to meet their needs. The shared lives carers we spoke with told us they felt well supported in their role and received the training they needed. One shared lives carer stated, "I feel well supported in every way" and another described the provider as being "Very strict on training" which was "Up to date."

- We saw that the shared lives carers received regular training and refreshers and each had their own individual training plan. Training was delivered by e-learning or classroom based. Courses the provider identified as mandatory included, moving and handling, first aid, fire awareness, safeguarding adults and food hygiene. They also received training specific to the needs of the people they supported. This included risk assessment, be safe at home, MCA/DoLS, dignity in care, equality and diversity, conflict management and de-escalation and effective report writing. We viewed the training matrix which showed that training was monitored and up to date.

- Shared lives officers were expected to undertake all mandatory training, to keep their skills up to date. Additional training specific to their role included business continuity planning, effective communication, positive behaviour support and safe relationships.

- Shared lives carers and officers received monthly supervisions from their line manager to discuss any concerns they may have. They also received a mid-year and end of year review where their progress was discussed and any progression in their professional lives. The registered manager told us they encouraged staff to progress within the service and this had so far been successful.

- Shared lives carers received regular reviews and spot checks undertaken by the shared lives officers in their home. This was usually unannounced and included checks on the safety of the home, medicines and record keeping. Any concerns were discussed and addressed without delay. However, one of the shared lives officer told us communication was very good between them and the shared lives carers and any concerns were brought to their attention straight away. The shared lives officer undertook an annual carer review, where they looked at any changes in the household or carer circumstances since the last review. For example, where a shared lives carer was moving away, the shared lives officers ensured the person they supported was happy with the change and wanted to remain living with them.

- The registered manager told us they had introduced development days for all the shared lives carers, established or new, and these had been a great success. They added, "We have also introduced a carer's training day covering things like raising awareness in a range of subjects including, preventing child sexual exploitation, trafficking and GDPR (General Data Protection Regulation). There is also a service users' workshop which includes complaints, budgeting, health and safety etc." We saw evidence of this in the documents we viewed.

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

- People's nutritional likes and dislikes were recorded in their care plan and people who used the service told us their choices were respected. One person's care plan stated, "I like all foods. I love McDonalds. I like chicken, beans on toast and omelette" and another stated, "I am not keen on rice except fried rice". The shared lives carer told us they supported people to have a well-balanced diet and supported them to develop their skills in food preparation and cooking if they were able to take part in this. Where people required special diets for cultural or religious reasons, this was recorded and respected.

Adapting service, design, decoration to meet people's needs

- Shared lives carers and officers worked together to ensure the homes were suitable for the needs of people who used the service. This included making suitable adaptations where necessary. Where people's needs changed or increased, some shared lives carers had made structural changes to their homes to meet the person's needs so they could remain living with them. For example, one shared lives carer had built a ramp and another had an extension built to their house.

- The provider ensured they used technology to promote people's independence and keep them safe. For example, one person was assessed and provided with an electric wheelchair so they could go out independently. Another person who was deaf, had a vibrating bed fire alarm for night time and for day time, flashing lights which would go off in the event of a fire. Some people were offered GPS watches, (which they had consented to), to ensure that they could be found in the event of them getting lost when out in the community.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were assessed and recorded in their care plans. We saw that people were encouraged and supported to attend regular health checks in line with good practice guidance in supporting people to maintain good health. People who used the service confirmed they were supported to

attend appointments and had access to healthcare professionals. Records we viewed confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Shared lives carers and officers received training in the MCA and Deprivation of Liberty (DoL). We saw that, where people lacked the mental capacity to make decisions or needed continuous supervision, the provider had made applications to the Court of Protection for formal arrangements to be put in place where necessary. Where possible, people had consented to their care and support and had signed their agreement. Information about the shared lives service was available in an accessible format, to ensure that where possible, people were making informed decisions about their placement.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service spoke highly of the shared lives carers who supported them. Their comments included, "I love it. It's like a second family", "I like living with [Shared lives carer]. I am not going anywhere else" and "I feel part of a family." Some people had lived with the same shared lives carer for many years. One carer told us, "[Person] grew up with my own children and is part of the family." The person added they enjoyed a long term, stable family home which included family dinners and birthday parties. Another person told us they had formed a long-term bond with their shared lives carer and said they were, "Kind, sweet and caring" and they "Got on very well." They added, "I love her like a step-sister, she is a lovely lady, very kind and patient."

- The shared lives officers carefully assessed people's interests and preference to ensure they found suitable shared lives carers who could offer a positive experience for people looking to live within a family environment. For example, they took into account a people's cultural needs and preferences. This included matching people with English as a second language with shared lives carers who could speak their primary language and provided support with regards to their cultural background.

- Where possible, the shared lives carers placed young people with carers who had experience of fostering. One person who used the service had been living with their foster carer who then became their shared lives carer. This meant that there was continuity and the young person felt they belonged in the family environment.

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

- The service was person-centred, inclusive and empowering. The registered manager and shared lives officers spoke of treating people with respect and demonstrated an understanding of equality, diversity and human rights. The feedback from people and shared lives carers confirmed this. People were consulted about their gender preference. They were also asked about their cultural and religious needs and specific dietary needs. This was taken into consideration during the matching process. For example, a person who used the service was supported to fast for Ramadan by the shared lives carer who provided appropriate meals at requested times. They also ensured appointments and meetings were timed sensitively so as not to conflict with their religious practices.

- People were introduced to their shared lives carers and were given a trial period to see how they got on, and if the placement was likely to succeed. People were given at least two possible options so if the first placement did not work out, they would not have to wait long before being introduced to another shared

lives carer.

- People were supported to express their views and opinions about the service through questionnaires and regular meetings. We saw these were undertaken regularly and the results indicated people were happy.
- On the day of our inspection, we saw some positive and friendly interactions between people who used the service and the shared lives officers and registered manager. They chatted happily about their lives and activities and it was clear this was a normal occurrence. People told us they liked visiting the office and seeing everyone.

Respecting and promoting people's privacy, dignity and independence

- The shared lives carers told us they supported and encouraged people to remain as independent as possible, and helped them develop life skills and build relationships. One person said, "I am content. It is very good. I am supported." Another person who used the service told us the support they received from the shared lives carer had enabled them to rebuild their life and become semi-independent. They had developed many interests and were involved in voluntary work which they described as "Very therapeutic". They told us they had aspirations of moving into full time employment and knew shared lives would give them "a helping hand". The registered manager told us that another person who used the service, with support and patience, had eventually managed to move into their own flat. They added that they kept in touch with the shared lives carer and often visited them.
- The shared lives carers provided people with their own bedrooms and supported them to personalise these as they wished. This enabled people to feel valued and helped them settle in. People were required to spend short periods of time with respite shared lives carers, when their regular shared lives carers were away or needed a short break. One person who lived with dementia needed respite for a month. A shared lives officer told us to ensure the person did not feel disorientated, they transported all the person's belongings to their new room so it did not look any different. This helped ensure the person was happy and felt safe.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Planning personalised care to meet people's needs, preferences, interests and give them choice and control

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People who used the service told us the service was responsive to their needs and communication was "excellent". One person said, "They are very good. Always there for us" and another stated, "I can ring them anytime. If I have a problem, it will always be resolved. They do respond quickly to needs."

- The whole team was passionate and dedicated to make a difference to people's lives. The shared lives officers and registered manager demonstrated examples where their hard work had greatly contributed in improving people's lives. For example, a person who used the service had been homeless when they came over from abroad and had limited English. During their placement, it came to light that they had close relatives although the person had initially denied this. Over many months, the shared lives carers and officers worked with the police and the care management team to encourage and support the person to start contact with their family members. Slowly, they were supported to build a rapport with them and found they also had extended family they did not know existed. Over the following months, the person and their family members spent time together to get to know each other. This had a positive impact on the person's health and wellbeing, such as learning to trust people and enjoying their life.

- Another person, who had always been hard working and active became depressed when a serious illness affected their quality of life. The shared lives officers ensured they carefully matched the person with a suitable shared lives carer who was highly motivated to support the person and improve their quality of life. The shared lives officer demonstrated that in the past ten months, with time and patience, the person had regained confidence, independence and was enjoying life again. Their changed lifestyle had greatly contributed to improving their family relationships.

- The service was also supporting younger people between 16 and 18, some of whom had been in care, and others who had come from abroad by themselves. The shared lives officers told us supporting younger people had been successful. For example, a young person lacked confidence and found it hard to trust others because of failed foster placements. The shared lives officer told us that at the start of the placement, they were too scared to leave their bedroom. However, they told us that over time, with a great deal of time, patience and care, from shared lives carer, they had started to integrate and trust again, and were now participating in social activities with them such as bowling, cinema and shopping. They were also receiving an education. Recently the person had been presented with an award to celebrate their dedication to college and self-improvement. This had further improved their self-esteem and wellbeing.

- During the assessment stage, 'Service user guides' were provided to people outlining what the service offered. These were available in an easy-read format. Shared lives officers were also available to give verbal

information about the service. People told us they were encouraged to participate in all aspects of their care and care planning and we saw evidence of this. This included which type of placement or carer would be best suited to them and any language or cultural needs. People were supported to access external services such as education, work and training.

- Care plans were developed from the initial assessment. These were detailed and personalised and included how people wanted to be supported in every aspect of their lives, such as their health requirements, important people, preferred routines and leisure activities. People were consulted about what they liked to do in their spare time. For example, one person stated, "I like to go for walks and go on small errands for the carers" and "I like having naps."
- People we spoke with told us shared lives officers were readily accessible for advice and support anytime they needed this. One person said they could contact the shared lives officers 24/7 and said, "Someone's always there", "Always at the end of a phone" and "Urgent matters are dealt with." A shared lives officer confirmed they encouraged people to call them if they needed advice or had a concern. They gave an example whereby a person whose condition caused them to get very anxious and agitated sometimes called the office to speak with the shared lives officers to air their worries. The shared lives officers told us they knew that when the person felt this way, things could get worse quite quickly and they needed support without delay. They told us, "We go and meet [Person] locally and discuss [their] concerns. We try to help straight away to de-escalate the situation." This showed that the shared lives officers were aware of people's needs and responded to these appropriately and quickly.
- People were empowered and supported to take part in a range of activities of their choice. The shared lives carers treated people as family. For example, they took them on holidays, activities and events out. Some people were engaged in work or college. The registered manager told us it was an expectation that people would do something constructive and enjoyable in their day. A plan was agreed at the beginning of the placement to make sure people took part in what was suitable for them. Some people had outreach workers who supported them to access the community and take part in a range of activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures and people were aware of these. Complaints forms were available in an easy read format. There had been no complaints received since our last inspection.
- The provider kept a record of any compliments received. We saw a range of these. Comments included, 'We would like to thank you for the support you have given [Person] over the last 12 years', 'Many thanks to you and all the shared lives staff for arranging a great day out yesterday'. A social care professional had reported that a person using the service 'Could not have received better care'.

End of life care and support

- Where appropriate, people were consulted about how they wanted to be cared for at the end of their life. This was recorded in their care plan. Care plans included a 'My end of life plan'. This recorded the person's religion, whether they had a will, people who were important to them, where they wanted to end their life, if they wanted to be buried or cremated, favourite colours, if they wanted flowers at their funeral, and what kind of music they wanted for the service. This was signed by the person who used the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

- People who used the service told us they felt included and involved in the running and development of the service. People were supported to attend bi-monthly 'Service users' workshops'. These included information about complaints, safeguarding, first aid, equality and diversity, money skills, managing emergencies and safe self-administration of medicines. The workshops had been designed to promote self-advocacy and increased independence for people in areas of their choice.
- There was strong evidence the workshops had positive impact on people who used the service. For example, one person was unaware they could call 999 in an emergency, and using role play in a first aid workshop, they were able to confidently identify the difference between an urgent and less urgent situation, and when to contact the emergency services. This new skill had increased the person's confidence and independence.
- The money skills workshop enabled people to use role play currency to purchase items, use the correct money and receive the correct change. The workshop helped to identify any additional support which people needed in terms of managing their money. They also provided an opportunity for the shared lives officers to identify any safeguarding concerns regarding finances and highlight these with management. The registered manager told us, "The feedback received from people was excellent as they had found them fun and they enjoyed the 'shopping experience'".
- We saw evidence that some workshops had helped enable people to become more independent. For example, following a travel training workshop, a person who used the service decided they would like to start taking the bus and tube to get work in London. With support, they were able to plan the route and times they needed to leave, looking at the timetable and the connections between the bus and train. Their respite carers helped them to practise the route until they felt confident in using transport independently. Similarly, another person who had a lack of awareness of hazards and an anxiety about crossing roads was supported to recognise hazards and cross safely until they were confident enough to access the community by themselves. This meant that they had become more confident and were enjoying going out independently more often.
- The registered manager told us, "The workshops have been hugely beneficial for the service users as they have supported them with information in key areas. The service users have enjoyed the workshops provided and have been pleased that they have been offered in areas which are relevant to their lives."

- The provider was constantly striving to improve the service for the benefit of people who used it. They had a robust annual development plan based on the Care Quality Commission's key lines of enquiry. The development plan was detailed and thorough and aimed to drive improvement. Each section included an action plan with timescales. We viewed the current plan and saw that all actions had been completed appropriately and as planned.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The feedback from people, shared lives carers and external professionals continued to be that the service was exceptionally well-led. Their comments indicated that there was an open culture at the service which was willing to work with stakeholders to achieve exceptional outcomes for people. Comments from people included, "I am lucky to be in shared lives", "Shared lives is very good", "This scheme has good communication and contacts" and "I just wish other institutions would be the same."

- The shared lives carers told us they felt highly supported by the shared lives officers and registered manager. Their comments included, "I really feel appreciated. They are polite, always thankful", "Shared lives has gone from strength to strength" and "If a placement does not work out, there's no condemnation, you haven't failed." One shared lives carer described the service as a "Well-oiled machine."

- The wellbeing of people who used the service was at the heart of the service, and the registered manager and shared lives officers used their knowledge, skills and background experience to work together, get to know each person and aim to meet their individual needs. For example, when a person, who had always been active and independent, required a service following a serious health condition, the shared lives officers and carers worked as a team and involved the person and their family members to ensure they could meet the person's needs. Although initially reluctant, with time and patience, the person had accepted that the placement was beneficial. The registered manager told us, "This was difficult but the staff worked hard to meet [The person's] needs and [they] are now very happy with [their] placement."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider demonstrated a commitment to continuous improvement. They had started to provide a service integrating young people of 16-18 years. We saw that they had thoroughly prepared for this before offering the service. For example, we saw that the training provided to the shared lives carers was now covering relevant subjects to include the care of children, safeguarding children, child sexual exploitation, prevent radicalisation, trafficking and knife crime. The shared lives carers' employment checks included the relevant criminal checks for working with children.

- The registered manager told us they worked with residential children's homes and children's services to ensure a smooth transition onto shared lives. They added they also worked closely with schools and ensured either the shared lives carer or shared lives officer attended Personal Education Plan reviews. The registered manager told us, "All 16+ placements are very closely monitored particularly in relation to social risks and education." The service was currently supporting six younger people, and we saw evidence that these placements were successful and had improved their lives.

Working in partnership with others

- The registered manager and their team were creative and thought of a number of ways to raise money for the benefit of people who used the service to help develop the service. The registered manager told us they started fund raising about three years ago and said, "Last year we received one of the highest honours from

the council by being given funding from the Leadership Initiative Funding. This was to recognise the 30-year anniversary of the scheme and the supportive and unique relationships between the carers and service users." A shared lives officer added that all the money raised was then spent directly on people who used the service and shared lived carers to undertake a variety of activities. Activities people participated in last year included a coach trip to Margate, Christmas meal out, royal wedding celebrations and fireworks and Halloween fun. The registered manager added, "The fundraising activities have prevented isolation and have helped expand both carer and service user peer groups." They added that fundraising events gave members of the public the opportunity to meet shared lives carers and had generated carer applications.

- The registered manager and shared lives officers were committed to raise awareness about the service. They worked closely and in partnership, collaboratively with health and social care professionals and other associated professionals within the council, and external organisations and agencies. These included the mental health and learning disability teams, the hospital discharge team and the occupational therapy department.
- The registered manager had been in post for five years and was experienced in the social care sector. They were committed to developing their skills and had achieved qualifications in health and social care. They used these skills to continue to develop and improve the service and share their knowledge with the shared lives officers. They told us, "I always wanted to grow this service. I am the most passionate about shared lives. It works." They added that having a good team and working with them was the key to making the service successful.
- The registered manager had recently been promoted to a higher position within the London Borough of Hillingdon and was shortly leaving the service. They told us they were sad to be leaving but was happy to leave the service is "Good hands". At the time of our inspection, a new manager had been seconded to the position and was shadowing them.
- Feedback about the registered manager was extremely positive. One of the shared lives officers told us, "There is no other [Registered manager]. [They] are one of the best bosses I've ever had. Flexible, supportive. One phone call and [they] are there. You never see [them] under pressure. [They] just handle every situation. We've learned a lot under [Registered manager]" and another said, "I feel very supported. I felt part of the team from the beginning. [Registered manager] always has time for me."
- There were robust processes in place to help ensure the service continued to run efficiently and people who used the service were safe from harm. The shared lives officers and registered manager undertook regular audits and we saw these were thorough. Audits included checks of people's files to ensure care plans and risk assessments were reviewed and updated appropriately. There were also staff files audits and medicines audits. We saw that any identified shortfalls were addressed in a timely manner. In addition, the provider undertook monthly monitoring visits and these were recorded. We viewed the last three visits and saw that all areas were compliant and excellent comments were recorded.

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

- The culture within the service was one of support and transparency. The registered manager told us, "Culture is achieved by everyday chats, supervisions, putting together the development plan so everyone knows how to work in the same direction. Regular appraisal, so each staff member knows the expectation. Continuous training and providing opportunities for staff to develop and feel valued." They gave us an example whereby a staff member was given the opportunity to undertake some management duties but did

not feel it was the right direction for them. However, the staff member told us they were grateful to have been given this opportunity. The registered manager added, "Secondment works within the company."

- People who used the service were consulted about the service, what they liked or disliked or any concerns they may have. We saw a questionnaire which was sent in September 2018. The results showed that people were overall extremely happy with the support they received from the shared lives carers and stated they wanted to remain living there. Comments included, "Yes I have anything I like, pie and chips" and "I am very happy here."
- Shared lives carers were also consulted. We looked at the most recent surveys and saw that their responses showed a high level of satisfaction. External professionals were also consulted and gave feedback about the service. The registered manager told us they discussed this feedback with the team and ensured that they took appropriate action where improvements were needed.
- People who used the service were given a shared lives guide and this was available in an accessible format. This included information about what shared lives meant, the suitability of carers, their involvement in the person's care and support, any house rules, cost, living arrangements and any other questions or concerns people may have. Prospective carers were also given a guide to inform them about their role and any questions they might have. People and shared lives carers were kept informed and were sent a quarterly newsletter. This provided information about the service, any news or events planned and any changes and a list of emergency and useful phone numbers.
- There were regular team meetings. Issues discussed included any issues regarding people using the service and shared lives carers, health and safety, referrals and new applicants. There were also regular meetings for shared lives carers where discussions included any organised trips, health and safety, training and any event planned, such as the Christmas lunch. We saw that a joint 'carers and service user meeting' had been carried out in December and included a festive lunch. There were monthly managers' meetings where the services and people who use them were discussed.