

The Grace Eyre Foundation

Grace Eyre- Choices, Sussex

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 17 and 19 May and was announced.

The Grace Eyre Foundation provides supports people who have a learning disability and/or a mental health need, through shared lives services, day care, housing and domiciliary support.

Grace Eyre Choices Sussex is a domiciliary care agency and provides personal care and support for adults with a learning disability living in their own home and in supported living accommodation in the Brighton and Hove and West Sussex area. At the time of our inspection around 155 people were receiving a service. The staff team help people to develop independent living skills. They can help with people learning to cook, budgeting, managing medication, personal care, accessing the community and aim to promote healthy lifestyles. Not all the people received the regulated activity of personal care.

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

There was a clear management structure with identified leadership roles. The registered manager was supported by a quality manager, five service managers and two team leaders each covering a geographic area, or a supported living service. The registered manager supervised the service managers and then supervised the team leaders in a geographic area. The service managers visited new people who wished to receive a service, undertook the monitoring visits and reviews and managed the team leaders and care staff within a geographic area. The team leaders managed a supported living site, undertook the monitoring visits and reviews and managed the care staff. One member of staff told us, "We talk and support each other. We come up with better decisions. We use each other's strengths."

The organisation was outstanding in the way they strove to ensure the service was 'service user led.' There were a range of forums and accessible information to support and enable people to give their views on the care and support provided, and to be actively part of the development and running of the service. People were listened to and encouraged to give their views, which were taken into account and used to shape the service. One member of staff told us, "The way they work with service users, they are included in everything. They are part of the staff interviews, and they are looking at having service users on the board. The company puts people first. It's about supporting people not the finances." Another member of staff told us, "We are light, open and transparent. We all make mistakes. It's a person centred approach. It's really trying to support customers to have a say in how the service will go and get as user led as possible. It's just been improving and improving."

People were supported by extremely kind and caring staff. One relative told us, "We are encourage their hearts are in the right place. It's heart-warming." Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and

increase their independence. One member of staff told us, "The client is our main focus, and we support them to achieve what they want from life. They are the most important part of the job." One person told us they were, "Quite happy with everything." People's care and support plans were detailed and reviewed regularly. Detailed risk assessments were in place to ensure people were safe within their own home and when they should receive care and support.

People told us they felt safe in the service. People were supported by care workers who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. One member of staff told us, "There is always good training opportunities." There were systems in place that ensured this knowledge was checked and updated. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Consent was sought from people with regard to the care that was delivered. All staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation. Where people were unable to make decisions for themselves, staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals and had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. Medicines were managed safely and people received the support they required from care staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

There was a detailed complaints procedure. The registered manager told us that they operated an 'open door policy' so people, their representatives could discuss any concerns. The office was based alongside in the same building as other of the providers services such as the day care service. People were encouraged to come and talk with staff in the office about the service and any concerns they had when they were visiting the building. We observed a lot of interacts between people and the staff throughout the day during our visit. One member of staff told us, "We have an open office policy. This has worked really well. They can come up and have a chat to us."

The registered manager, along with the quality manager, service managers and team leaders provided good leadership and support to the care staff. One member of staff told us, "Our team is great. I like coming to work. We work hard, but we do a good job." Another member of staff told us, "The person you support is always at the centre of the care." Another member of staff told us, "I feel supported. I can find someone to discuss things straight away. It's a good place to be, and gives us opportunities to develop and work is varied." Care staff told us communication was good in the service. One member of staff told us, "I communicate by email and get a fast response." Systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care, forums, and they were asked to complete a satisfaction questionnaire to help identify any areas for improvement. There was evidence as to how any feedback was acted upon and improvements made to the service provided.

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.

People's care records included support plans, and risk assessments.

People were supported by care staff who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected. All new staff were vetted and checks undertaken to ensure they were safe to support adults.

Medicines were managed, stored and administered and safely and audits were undertaken by staff in the service.

Good 

Is the service effective?

The service was effective.

All staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA).

There was a comprehensive training plan in place. All staff had the skills and knowledge to meet people's needs. They had a good understanding of people's care and support needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by care workers and people's likes and dislikes were taken into account.

Good 

Is the service caring?

The service was extremely caring.

The service and organisation was outstanding in the way it cared about and for the people they supported. People had the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence.

Outstanding 

The organisation strove to ensure the service was 'service user led.' There were a range of forums and accessible information to support and enable people to give their views on the care and support provided. People were listened to and encouraged to give their views, which were taken into account and used to shape the service.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Is the service responsive?

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

The views of people and their representatives were sought and informed changes and improvements to service provision.

A complaints procedure was in place. People told us they knew who to talk with if they had any concerns, and they would feel comfortable raising them.

Good ●

Is the service well-led?

The service was well led.

Quality assurance was used to monitor and help improve standards of service delivery.

The leadership and management promoted a caring and inclusive culture. Care staff told us the management was approachable and very supportive. They felt supported. There was always someone available when they needed help or support.

Good ●

Grace Eyre- Choices, Sussex

Detailed findings

Background to this inspection

The last inspection was on 5 December 2013 where no concerns were raised.

This inspection took place on 17 and 19 May 2016 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, any complaints and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us with the planning of the inspection. We contacted two local authority commissioning teams to ask them about their experiences of the service provided. We contacted 14 people using the service and one relative over the telephone. We also received feedback from two social care professionals who had experience of working with the staff team.

During the inspection we visited to the service's office and spoke with the nominated individual for the organisation, the registered manager, the quality manager, the two service managers, a team leader and five care workers. We spoke with one person who was using the service. We spent time reviewing the records of the service, including policies and procedures, 10 people's care and support plans, the recruitment records for six new care workers, complaints recording, accident/incident and safeguarding records. We also looked at the provider's quality assurance audits and service development plans.

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the care staff. One person told us, "I feel safe," Another person told us, "Absolutely safe." Another person told us they felt safe because, "Staff do understand." The services own quality assurance completed in 2016 detailed the majority of respondents lived where they wanted to be and knew how to identify any abuse and where to raise any concerns.

Detailed assessments were undertaken to assess any risks to the person using the service and the staff supporting them, to protect people from harm. Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. Where possible these had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. There was an assessment of the environmental risks to ensure the safe working environment for care workers. The service managers and team leaders undertook regular reviews of the risk assessments. The registered manager was then able to monitor the completion of risk assessments for discussion at the supervision meetings.

The provider had a number of policies and procedures to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. All staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. One member of staff told us, "If I had any concerns I would ring up the manager." They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There were arrangements to help protect people from the risk of financial abuse. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people. One member of staff then showed us how they monitored that the procedures were being followed and records completed correctly as part of the regular review process.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The service managers, team leader and care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their

handbooks and were aware of the procedures to follow. They told us they would report any concerns to the office straight away. There was an on call service available, so care staff had access to information and guidance at all times. They were aware of how to access this and those who had used this service told us it had worked well. One member of staff told us, "It has been responded to promptly." There was a duty phone available for people to access 24/7 for guidance and advice. One person told us, "In an emergency we have on call staff via a phone call."

Where care staff had required additional support and guidance to manage behaviours that could challenge this had been provided. All staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Records we looked at confirmed this. Care staff had the opportunity to discuss the best way to support people through regular reviews of people's care and support and from feedback from other shared lives carers in team meetings, as to what had worked well and not worked well. From this the service managers and team leaders could look at the approach staff had taken and identify any training issues. Staff maintained records of changes in people's behaviours or preferences. Regular reviews of these changes enabled staff to be responsive and captured learning to reduce risks of further incidents. The PIR detailed work completed with one person who with their care staff have developed a set of guidelines that describe what all parties can do to continue to work effectively together in the event of any behaviour that challenges.

People told us they either self-administered their medicines or had help with administration from their care staff. One person told us, "Staff check on me in the morning, help make the bed and issue meds." Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in people's homes. Care staff told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. Service managers undertook regular checks of the administration of medicines as part of the review process in place. The completion of records was part of the checks completed. Where possible people were supported to self-administer through a risk management process.

Care staff were always introduced before they started working with a new person. One member of staff told us, "We are always introduced first." Care staff told us there was good continuity of staff covering care calls and there was time allowed to travel between each call. One person told us, "I see the same staff and know their names and they know me. Another person told us they had, "Regular staff." One member of staff told us, "I am working with about ten people on a regular basis. I shadowed all of them originally. If travel time is not working out we can always discuss with the manager." Another member of staff told us, "I am on time otherwise I would go and discuss this with my manager." There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their care and needs. Staffing levels could be adjusted according to the needs of people, and we saw that if required care staff supporting a person could be increased if their care needs changed. A service manager showed us how calls were rotered. They told us the system used highlighted individuals preferences to be considered, such as if a person had specifically requested the care call be undertaken by a male or a female worker. It also flagged up any call which were waiting to be covered so these were not missed being allocated. The service manager told us they allowed for travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times. If care staff were running late with their calls people were notified. The manager informed us there had not had any missed care calls, and this was confirmed by the people we spoke with. If care staff were unable to attend an appointment they informed the manager in advance and cover was arranged so people received the support they required.

We looked at the recruitment of staff working in the service. Comprehensive recruitment practices were

followed for the employment of new staff. The registered manager and quality manager had the support of the provider's human resources department when recruiting staff. They told us that all new staff had been through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. We looked at the recruitment records for staff recently recruited, and we checked these held the required documentation. New staff had completed an application form, been interviewed, written references had been sought and criminal records check had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to protect adults. To ensure people were at the centre of the service, people were part of the recruitment process and were part of the recruitment panel during the interview process. New staff we spoke with confirmed the process followed. One member of staff told us their interview was a full day, which included a panel of eight people using the service. "When we are taking on a new carer the service users are part of the panel. Also for new staff there is always a panel."

Is the service effective?

Our findings

People told us they felt care staff understood their care and support needs, and provided a good level of care. One relative told us, "They are open to enquiries, suggestions and trying to get it right. They are making every effort." People had been asked to consent to their care and treatment. The care staff told us they always asked for peoples consent before assisting with any support.

All staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. All staff told us they had completed this training and had a good understanding of consent, and what procedure to follow if people lacked the capacity to make decisions about their care and welfare. One person told us, "Permission is asked before anything is done to me." When asked what care staff would do if a person refused their care and support, one member of staff told us, "Find out why they say no, and have to understand why before we react." Another member of staff told us, "Try to tell them it's a good idea and they would benefit from this and try to encourage them." Another member of staff told us, "We can't make people do what they don't want to do. We try to work with the benefits." Another member of staff told us, "I try to encourage them, and how they like to be supported." One member of staff was able to tell us about a best interest meeting to help support one person who was staying up late and not sleeping, working on line, and then not being able to engage during the day. The meeting was to ensure the safety of the person on line and to help them make a well balanced decision.

People were supported by care staff that had the knowledge and skills to carry out their roles. The registered manager told us all new care staff completed a thorough induction before they supported people. New care staff told us they had recently been on an induction. This was confirmed in the induction records we looked at. One member of staff told us, "(Service manager) was always on hand to discuss any problems." Another member of staff told us about their induction which was, "It was very thorough. It was a good start." Another member of staff told us during their induction, "Everyone one has been really kind and helpful." Induction training had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One member of staff told us, "I have done a few shadowing shifts." Another member of staff told us they had had enough time shadowing care staff before they went out on their own, "They have been really, really good with shadowing. They all want you to feel confident before you go out on your own."

Care staff received training to ensure they had the knowledge and skills to meet the care needs of people using the service. This was provided by a mix of training provided by the local authority, through independent trainers, in house training and online (E Learning) training. Training included moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. They had received training to help support people with a learning disability. Additionally care staff told us about additional training which was provided to meet individuals specific care needs. For example where there had been more complex moving and handling required. They told us they were up-to-date with their training, training was discussed as part of the supervision or regular reviews completed, they received regular training updates and there was good access to training. Records we looked at confirmed this. One member of staff told us, "I feel happier and we are confident people have the right training." Another member of staff told us, "There is plenty of scope and opportunity for training." Another member of staff told us, "The managers check what courses we have done."

There was a supervision and appraisal plan in place which the service managers were following to ensure staff had received regular supervision and appraisal. Service managers told us they each had a group of care staff they supported. They provided regular supervision through one-to-one meetings which included an annual appraisal. There was also regular contact with care staff through regular telephone contact and unannounced visits. These meetings gave care staff an opportunity to discuss their performance and identify any further training or support they required. One member of staff told us, "Our relationship is quite good. We can always talk quite frankly about what's going on in the service. What's going well and not so well. He is good support for me. I can reset and refocus and work out a plan." The registered manager or quality manager was then able to monitor the completion of supervisions and appraisals, and these were discussed the service manager's supervision meetings. There were also regular staff meetings for care staff to attend, meet each other for support and receive guidance and updates about any changes to the service. The care staff told us there was good communication, and when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. One member of staff told us, "I feel supported .I can find someone to discuss things with straight away." The service managers told us that the team of service managers worked well together. They had received regular supervision from the registered manager or the quality manager and felt well supported. Group meetings were held monthly and there had been opportunities to attend management training to support them in their roles. One member of staff told us, "It's an environment where you can put forward ideas. We all work together."

People told us they liked the food provided. Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. One member of staff told us how they tried to use plenty of vegetables when preparing people's meals. Where possible people either prepared some of their food or helped with the cooking. One person told us there was, "Good staff support, and staff watch us cook our meals."

People had been supported to maintain good health and have on-going healthcare support. They all told us if they needed to see the doctor or dentist the care staff would support them to book them an appointment. One person told us, "Staff help me make appointments due to my speech impediment." The PIR detailed an easy to use pro-former called 'Seeing my GP' had been developed. Laid out in table format with pictorial depictions, there were areas that allowed for the person description of why they were there, what the GP had said, what the person must do, what the care staff need to do and what should their family and or friends need to know following the visit to the GP. This had been designed to facilitate communication between all parties involved in a person's health visit and on-going health care support. People's care and support plans detailed their health and wellbeing needs including regular checks ups and whether support

was required. One person told us, "Staff help me book appointments." One member of staff told us, "All the people we support have a health action plan. Any concerns and we go to the GP." Another member of staff told us, "We support clients to regular health checks and GP appointments. If people are unwell they usually tell me if anything is wrong. We also observe and note any changes in routine."

Is the service caring?

Our findings

People were very happy with the care and support provided. One person told us, "Lovely staff, I am very appreciative." One relative told us, " They do everything particularly well. They are open to enquiries, suggestions and trying to get it right. They are making every effort. We are encouraged, their hearts are in the right place. It's heart-warming." Staff were highly motivated and overcame obstacles to deliver kind and compassionate care. One member of staff told us, "I love everyone I support." All staff had a caring, compassionate and fun approach to their work with people with whom caring relationships had been developed. They ensured people were empowered to live how they wanted to and promoted their independence. One member of staff told us, "We may be a bit rough around the edges. But nothing gets in the way of anyone living their life the way they want to."

Staff ensured they took care to maintain and promote people's well-being and happiness; for instance staff in the organisation were concerned as they had identified some people were losing their friendship networks as there had been more restricted access to day care facilities in the town. They had set up and facilitated friendship groups which were user led groups and facilitated friendships and networks to help people avoid social isolation and develop peer support groups. These groups had proved to be very successful. People were supported to maintain relationships with people that mattered to them, or maintain contact with their family. Great effort was made to ensure people were listened to and the care and support provided met their individual needs. One member of staff told us, "The way they work with service users, they are included in everything. They are part of the staff interviews, and they are looking at having service users on the board. The company puts people first. It's about supporting people not the finances." Another member of staff told us, "The client is our main focus and we support them to achieve what they want from life. They are the most important part of the job."

People were actively supported to be part of the recruitment process when recruiting new members of staff, to help ensure that they recruited the right staff to provide support and who embraced the values of the organisation. For example, people formed part of the recruitment panel and actively participated in the recruitment process. The organisation received the following feedback from one person who had been a member of a recruitment panel, 'I like doing interviews, it's something different. I get to chat to the new staff about their interests, football and that, one of the new staff member's likes Chelsea and I'm a Crawley fan. I can find out about what they like and if we have similar interests. I like it because I feel like I know them when they start coming to my house. I ask questions about cooking in the kitchen and safety. I would definitely help again.' The registered manager told us they had found involving people in an interview helped to give a potential new staff members an impression of who they might be supporting, and allowed them to observe interactions between people and interviewee to help select the right person for the job. New staff members were put at ease when they started knowing that they have someone in the service that they have already met. It had also aided with matching new staff with people once in post. Potential new staff members were also asked to complete a one page profile before shortlisting so that they could share what's important to them with people to see how this matched with their values and needs. This had helped with the employment of new staff members to identify who had a natural rapport with people who use the service. The registered manager told us they found it had empowered people rebalancing the stereo typical

managers, staff, service user hierarchical structure, and reinforced the organisation's values of working 'with' people rather than doing things 'for' people.

The Grace Eyre Foundation's focus was to ensure the service was user led, and documentation detailed, 'We are unique in that all our services are actively person-centred. We listen to people when they tell us what they want.' There was a strong, visible person-centred culture and care staff demonstrated they were exceptional at helping people to express their views so they understood things relating to the service from their points of view. All staff and management were fully committed to this approach and found innovative ways to make it a reality for each person. For example, the organisation had staff recruited to be dedicated to facilitating people's involvement in the service. This was achieved for example by, an 'ambassador scheme', where people could apply to be an ambassador and represent their area or service, lead on involvement in the organisation, and discuss ways to support and encourage people to give their views about the service. Staff in the organisation received the following feedback from one person who had been made an ambassador. (Person's name) said they were not confident with new people, or talking to a group. Since they started as an ambassador they had visibly grown in confidence and raised their expectations about what they could ask from managers and Grace Eyre. This included, recently an occasion when they had decided to go directly to a senior manager to request a meeting to look at a service. The registered manager told us this was fantastic for this person, and also showed the managers the level of responsibility, initiative, and ability to make informed decisions the ambassadors had. This had gradually had an impact on how staff saw the people they supported and increasing aspirations for the types of decisions and roles they could play within the organisation. This has led to the creation of an 'expert relief worker' role to employ more people with learning disabilities, the organisations Trustees have been changing their working practices ready to have trustees with learning disabilities in 2017, Directors of the organisation have set up a risk committee of people with learning disabilities to feed into and monitor the organisational risk strategy, and Grace Eyre Choices Sussex staff have been setting up more tenants meetings to enable more people with learning disabilities to lead the decision making processes in the organisation.

There was a 'service user involvement forum' initiated to help facilitate open communication between people using the service and staff. This was led by an independent user involvement worker who regularly reported feedback from the group to the senior managers in the organisation to help with the development of the service. People had been encouraged and supported to be able to comment on and help develop key policies and procedures followed by the organisation and influence the care and support provided. This was to ensure the organisation's staff had guidance about how to ensure the service provided what people wanted. For example, the organisations person centred charter. The group had actively worked on the planning of the organisations 'annual general meeting', and 'service user day' on the agenda and to get more people involved. Attendees at the 'service user day,' were asked open ended questions to find out what was important to people to be used in the charter. The responses were collated and worked on then sent to all people using the service to comment on. Workshops were held with people to talk about the format, the content, and how to promote the charter. The 'service user involvement forum' had worked on further development of the organisations person centred charter. This charter embedded the organisation's values of empowering people who receive care and support as well as highlighting customs of how to treat people with compassion, kindness, dignity and respect. Some of these customs included supporting people to have a healthy lifestyle, being flexible to a person's needs, helping a person to have strong and supportive relationships, being listened to and supporting people to live the lives they want. The following were some of the people's expectations; 'Staff should be polite and on time; Staff should listen to us; not take away people's independence; should be patient; should have training; should support me to do the things I like to do.' This group had activity worked on the drafting of the accessible version of the person centred charter.

All staff went to considerable lengths to promote peoples independence by providing information in

different formats to ensure people had the information they needed which was accessible to them. The 'service user involvement forum' had also looked at ways to help people comment on the service approach through accessible and paper free surveys. The ambassadors reviewed the charter and talked about how the organisation could measure outcomes. The organisation received the following feedback from an ambassador, "I think we need to get it out there and being used. Certain group's first then other groups so they can see it working. I think the charter is good it shows what people want and managers are listening to it." The ambassadors suggested a team of mystery 'shoppers', and one to one interviews, which have been set up to start in October 2016 as part of the organisation's quality team quality assurance processes followed. The impact on the service has been the Grace Eyre Choices Sussex team have been 'buying in' to the charter as it has been written by the people they support, the organisation's quality team have embedded the charter headings in how the organisation measures all they do.

People were empowered to make their own decisions and staff respected the decisions they made. People told us they were involved in developing their support plans which were written in a way they could understand. The registered manager and Grace Eyre Choices Sussex staff provided people with choice and control around the care they received. People told us they that they were free to do very much what they wanted. The care and support plans described how people wanted to receive their support, what they liked to do themselves and told us who were important to them and things they liked to do. People's records clearly guided staff on how to support them to ensure they were able to make choices and decisions about their everyday life. Where possible people had discussed with staff their preferences in relation to how they preferred to be supported and their preferences were incorporated into their daily routines. For example, for one person the registered manager told us all staff worked with them and their family to create a care and support plan that would reflect their personal preferences in areas of support including gender preferences. Where possible they ensured that their preferences are respected and had provided a team of six female care staff who met the person, trained with them and respond to their increasing health and support needs. There was a section in their care and support plan headed, 'Routines that are important to me to be followed.' Staff told us how people were encouraged to influence their care and support plans.

People were consistently positive and highly praised the kindness and the caring attitude of the care staff, and how they centred their care on people's needs and support. They were happy and liked the staff. People told us they were treated with kindness and compassion in their day-to-day care. They told us they were extremely happy with the care and support they received. One person told us, "Good staff, I am always happy." Another person told us, "Staff are very understanding." Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. Staff were extremely positive about the service and told us about the flexibility of the staff team to ensure people received the care and support they needed. People valued their relationships with the care staff and felt that they often went 'the extra mile' for them, when providing care and support. They told us they felt really cared for and that they mattered. One member of staff told us, "There has never been an issue for covering any shifts due to the flexibility of staff. For example staff changed shift to allow a person to go to Thorpe Park." People told us they were treated with kindness and compassion in their day-to-day care. Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this.

Senior staff had ensured the guidance for care staff contained in people's support plans promoted their privacy and dignity. Records we looked at confirmed this. People told us they felt the care staff treated them with dignity and respect. One person told us, "Privacy is good." Another person told us there was a, "Good level of privacy, staff are good." Care staff were able to describe in detail how they supported people who used the service. They said they always asked for people's permission before undertaking any personal care, and how they maintained the person's dignity. One member of staff told us, "I always knock on people's

doors before entering." Another member of staff told us, if a female member of staff was not available to support with personal care where identified they prompted people from behind the door.

Staff in the service had received a number of compliments about the service. These included, 'Thanks for everything. Thanks for providing a great service,' 'For the good work (name) did enabling (name) to go on his annual sailing holiday,' 'Thinking outside the box and for creativity,' and '(Name) has supported me and gone above and beyond the call of duty and what is expected of any manager and helped me with difficult situations and various challenges.'

Care records were stored securely at the service's office. Records kept electronically needed a password to access and paper records were stored in the locked office. There were policies and procedures to protect people's personal information. People received information around protecting their confidentiality and there was a confidentiality policy which was accessible to all care staff.

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the review of their care and support. One person told us, "I am involved in my reviews and my mum used to be included before she went into a home." Detailed care and support plans were in place. People knew who to talk to if they had any concerns. One person told us, "If I have concerns I speak to support staff."

A detailed assessment had been completed for any new people wanting to use the service. People were referred to the service through a local authority assessment team. A social care assessment was completed by a social worker/care manager which provided the initial assessment of people's care and support needs. This identified the care and support people needed to ensure their safety. The service managers undertook the initial assessment, and discussions then took place about the availability of and the person's individual care and support needs.

Where possible people had been involved in developing their care and support plans. One person told us, "My carer and I am involved in care plans." Another person told us, "Care plan done by staff and I help." Where people were able to confirm this and told us they felt they had been listened to and their needs were taken into account. Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. All staff told us this information was regularly updated and reviewed. This information ensured that care staff understood how to support the person in a consistent way and to feel settled and secure. For example in one care plan detailed the person required support with their healthcare appointments and medicines administration. The care plan detailed 'To attend appointments and plan questions ahead of time for healthcare professionals.' Care staff demonstrated a good level of knowledge of the care needs of the people. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example where more complex moving and handling was part of the care provided an external professional had completed a moving and handling risk assessment and provided training to the team of staff providing the care.

People and their representatives were asked to give their feedback on the care provided through and through quality assurance questionnaires which were sent out annually. The last questionnaire completed in 2016 detailed people who responded felt safe in the service. The outcome of the questionnaire had been collated with an action plan, which staff followed to address any issues highlighted. Additionally a service user forum was held.

The compliments and complaints system detailed how any complaints would be dealt with, and timescales for a response. It also gave details of external agencies that people could access such as the Care Quality Commission and Local Government Ombudsman. This was also provided in a pictorial easy read format for people with communication difficulties. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. Where one person had raised a concern this led to the registered manager ensuring the mobile phone policy was reissued to all Choices

staff highlighting personal mobile use was unacceptable whilst supporting people. One person told us, "If I have concerns I speak to support staff." There had been five complaints received in the last year, which had all been responded to satisfactorily.

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought. People were encouraged to be as independent as possible and had developed strong links with their local community. People told us they would definitely recommend the service and that it was well led. One member of staff told us, "Staff if any support is needed it is provided. I can always pick up the phone and someone will help me. I am never afraid to raise anything that has gone wrong."

There was a clear management structure with identified leadership roles. All the staff told us they felt the service was well led and that they were well supported. Staff told us systems were being developed and improved and were more structured and easy to follow. For example the records kept for staff training, supervision and appraisal. This included the implementation of a new computer system which would make it easier to draw off statistical information to be used in the development of the service, and that will enable easier access to reports in a pictorial easily read versions of an individual's goals. One member of staff told us, "I feel well supported by (registered manger) as a manager and in what I do. Staff are getting the training now. The training matrix has been brilliant now we have access to this. People can always have contact even though the service is getting bigger." Staff told us they felt there was good communication between all the staff.

Policies and procedures were in place for staff to follow. Senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

The organisation's mission statement was incorporated in to the recruitment and induction process of new staff. This was, 'To support people with learning disabilities, and/or mental health needs to enjoy personal freedom, be respected for their contribution to society and be treated as equals within the communities in which they live. To be led by people who use our services and support individuals to gain skills, knowledge and independence enabling people to achieve their dreams.' Within the staff induction training the Code of Conduct for Social Care and Health workers, confidentiality, human rights and expectations around caring attitudes was covered. Staff were very enthusiastic, fully aware of the purpose of the service, and committed to meeting the individual needs and aspirations of people.

The Grace Eyre Foundation had developed, 'Our Plan for 2014-2017' for 'Achieving Our Dreams.' This detailed three promises the organisation was working towards achieving which were, 'Service users will lead the way,' 'We will be financially sound,' and 'We will make a difference and measure the quality and impact of our work.' There were systems in place to drive improvement and ensure the quality of the care provided. The registered manager, quality manager, service managers and team leaders carried out a range of internal audits, including care planning and review, checks that people were receiving the care they needed, progress in life skills towards independence, medication, health and safety, and incidents and accidents. They were able to show us that any areas identified for improvement had been collated into a work plan, with progress against actions updated regularly.

Service managers and team leaders monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. The care workers recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider.

Staff meetings were held periodically through the year and were used as an opportunity to discuss problems arising within the service as well as to reflect on any incidents or accidents that had occurred. One member of staff told us, "It's a sounding board to bounce ideas off." For example, we had one person who needed to reduce their diet. We looked at strategies we could use to provide healthy options and discourage snacking. If we all said the same thing it would work, and did work." Another member of staff told us, "With lone working it is good to have the staff meeting to discuss views on how to support people." Care staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop and influence the service.

The registered manager, the quality manager, service manager, team leaders and care staff worked closely and flexibly with external health and social care professionals supporting people. Feedback we received confirmed from health and social care professionals confirmed this.

The registered manager had regular supervision and support from the nominated individual for the organisation, and provided updates on any staff performance issues, safeguarding, complaints, incidents, any disciplinary investigations, changing needs and circumstances of people, personal performance, training needs, financial issues and any other business. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. We discussed this with the registered manager during the inspection who demonstrated an understanding of their responsibilities.