

The Grace Eyre Foundation

Grace Eyre- Shared Lives, Sussex

Inspection report

36 Montefiore Road
Hove
East Sussex
BN3 6EP

Tel: 01273201900
Website: www.grace-eyre.org

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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 20 June and was announced.

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

Grace Eyre Shared Lives Scheme is registered to provide personal care and support, and provides a service in the Brighton and Hove, East and West Sussex area. The care and support can be for long or short term accommodation and short breaks. In shared lives, an adult over 18 years of age who needs support and/or accommodation becomes a regular visitor to, or moves in with, a registered shared lives carer. Together, they share family and community life and in many cases the individual becomes part of a supportive family. Shared lives carers and people they care for are matched for compatibility, personality, lifestyle knowledge of the carer to meet the needs and preferences of the person living with them and can develop real relationships. The shared lives carer acts as 'extended family', so that someone can live at the heart of their community in a supportive family setting. Approximately 79 people were supported in the scheme. Day share is also provided. This is where a shared lives carer can offer support in their home during the day for up to three people who do not wish to receive a traditional day service. An activity is provided for example, a social engagement, trips into the community, cooking or crafts. Not all the people received help with the regulated activity of personal care, but may be supported with for example, community participation and support with travel. Shared lives carers are supported and managed by a team of staff employed by the service based at the services office in Montefiore Road.

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 managed two shared lives schemes run by the provider, and divided their time between both schemes. Staff told us the registered manager was always accessible and contactable when working at the other scheme via email or by telephone. One member of staff told us, "We are always checking in with him." In this scheme the registered manager was supported by two deputy managers who were qualified social workers and who ensured initial assessments are carried out with new shared lives carers and worked with people who wished to receive a service. They set up new placements and worked with transitional cases where people were transitioning from children's to adult services, with more complex cases, and led on any safeguarding issues identified. There were three shared lives co-ordinators, who undertook individual visits monitoring and supporting the shared lives carers, and they reviewed the care and support of the person or people in the placement. Each worked within a geographic area.

The organisation was outstanding as 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.

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. 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. One shared lives carer told us, "We have detailed care plans. We get reviews quarterly. We can call up with any issue and they will come and discuss and look at the plan and update if necessary. (Person's name) has been with us for 18 years so we know her inside out, although we have the care plans we know her very well as you can imagine." Another shared lives carer told us there was a, "Regular review with the support worker and (person's name) to ensure all is ok."

People told us they felt safe in the service. People were supported by a shared lives coordinator and carers who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. One member of staff told us, "We have online training which is ok, and are trained in safeguarding and know what to do and who to contact." 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. Shared lives co-ordinators and carers 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. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

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 the shared lives carers. There were systems in place to ensure that medicines were administered and reviewed appropriately.

New shared lives carers underwent rigorous assessment and checks before being 'matched' with people who needed support. Peoples cultural needs were taken into account when they were matched with potential shared lives carers. People told us how they liked their accommodation and enjoyed living with their shared lives carers. One person told us, "I like where I live it is nice." Another person told us, "I like it here." Another person told us, "I am very happy in my home. It's beautiful I would not want to leave there it's my home. She is my carer, but she's my family." Another person told us, "I love my bedroom and TV." One shared lives carer told us, "She has lived here for three years and it works very well." People were supported to express their views and were involved in decisions affecting them. People were supported to stay in touch with family and friends.

People were supported by extremely kind and caring staff. One person told us they when they asked their shared lives carer, "Can I have a talk with you, and she says of course anytime. If there is anything I want to know she sits down and talks with me." Another person told us, "There is no other better scheme." Shared

lives co-ordinators and carers were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. The majority of staff told us that communication throughout the service was good. One shared lives carer told us, "We get good communication from Grace Eyre." The shared lives carers said they felt well supported by management and were positive and enthusiastic about their roles. One shared lives carer told us, "It's hard work for everyone at Grace Eyre, but it's all good and everyone cares."

There was a detailed complaints procedure which was also produced in an accessible format to help people access the information they needed if they had any concerns they wanted to raise. The registered manager told us that they operated an 'open door policy' so people, their representatives or shared lives staff 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 inspection.

The registered manager, along with the deputy managers and shared lives co-ordinators provided good leadership and support to the shared lives carers. One member of staff told us, "They (Grace Eyre) are good what they do and people like you from the CQC. It makes me happy that people are cared and looked after as they should always have been. You all do a great job to ensure they get the care and support they need and they are just like you and me." When asked if the service was well led one member of staff told us, "Definitely. We have a brilliant, open and accessible team. There is always someone to talk to and run things by." Systems were in place to audit and quality assure the care 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 shared lives carers who understood their responsibilities in relation to safeguarding. Staff knew what action to take if abuse was suspected. Shared lives carers 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.

There was a comprehensive training plan in place. All staff had the skills and knowledge to meet people's needs. All staff had an understanding around obtaining consent from people, and had attended training on the Mental Capacity Act 2005 (MCA). 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 intake was monitored by shared lives carers 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.

Each shared lives placement had involved a thorough matching process to ensure the requirements of the person and the shared lives carers were met. Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Is the service responsive?

Good ●

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. People told us they knew who to talk with if they had any concerns, and they would feel comfortable raising them.

People had been supported to join in the local community and access a range of activities.

Is the service well-led?

Good ●

The service was well led.

The leadership and management promoted a caring and inclusive culture. Shared lives carers told us the management was approachable and very supportive. There was always someone available when they needed help or support.

Quality assurance systems were in place, and was used to monitor and help improve standards of service delivery.

Grace Eyre- Shared Lives, Sussex

Detailed findings

Background to this inspection

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

The last inspection was on 12 December 2013 where no concerns were raised.

This inspection took place on 20 June 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 a further inspector who gathered feedback from people supported by the service, and from the shared lives carers by speaking with them over the telephone.

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 five shared lives carers, and two people using the service over the telephone. We also received feedback from four 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, a deputy manager, two shared lives co-ordinators and a representative from the organisation's human resources department. We spoke with five people who were

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 five new shared lives staff, 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 shared lives carers. One person told us, "I am very happy in my home." 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 shared lives carers 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 and the provider had arrangements in place for health and safety checks on the shared lives carers' home to be undertaken. These checks ensured people using the service were living in a safe and maintained environment. Shared lives co-ordinators undertook regular reviews of the risk assessments. The deputy managers were then able to monitor the completion of risk assessments for discussion at the shared lives co-ordinators' 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. The deputy manager and shared lives co-ordinators told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with shared lives carers about how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One shared lives carer told us, "Any concerns I would have I would call my placement officer/Grace Eyre. If not happy with the response I would contact the CQC and safeguarding department at the local council." Another shared lives carer told us, "Safeguarding, any concerns I would contact the share lives worker/management at Grace Eyre."

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 deputy manager, shared lives co-ordinators and carers 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. One shared lives carer told us if necessary they would, "Take it further if necessary to the council."

There were arrangements to help protect people from the risk of financial abuse. Shared lives carers were

able to tell us about the procedures to be followed and records to be completed to protect people. Shared lives co-ordinators then showed us how they monitored that the procedures were being followed and records completed correctly as part of the regular review process.

Procedures were in place for staff to respond to emergencies. Shared lives carers had guidance to follow in their handbooks and were aware of the procedures to follow. The shared lives carers told us they would report any concerns to the office straight away. There was an on call service available, so shared lives carers had access to information and guidance at all times. Shared lives carers were aware of how to access this and those who had used this service told us it had worked well. There was a duty phone available for people to access for guidance and advice.

Where shared lives carers had required additional support and guidance to manage behaviours that could challenge this had been provided. Shared lives co-ordinators and carers 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. Shared lives carers 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 shared lives co-ordinators 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.

Medicines were ordered, administered and stored safely. We do not inspect how medicines are stored in shared lives carers' homes. However, shared lives carers told us medicines were locked in cupboards in their home. Shared lives carers told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. One person told us, "She double checks each day what I have to take." Administration of medicines was recorded on a medicines administration record sheet. (MARS.) One member of staff told us, "I assist with medication and ensure I complete the MAR sheet. I have had training in how to do this." Shared lives co-ordinators 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. One shared lives carer told us, "I no longer deliver medicines. (Person's name) self-medicates with no problems, she was risk assessed to self-medicate. All the information is in the care plans." Another shared lives carer told us, "I assist with the blister pack for (Person's name) and complete the MAR sheet, when administered. They used to self-medicate but now needs support."

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 deputy managers 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. However, we found records of any discussion to clarify gaps in service had not been made. We discussed this with the representative from the human resources department and the registered manager who provided this information, and confirmed has been rectified and record made of any discussion. 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."

There were clear and safe recruitment processes in place when recruiting new shared lives carers. When an enquiry was received from a member of the public about becoming a shared lives carer, a deputy manager would visit the person to discuss the application process and carry out a home check to ensure the person had a suitable accommodation. All prospective shared lives carers had an interview with a regional manager within the organisation to undertake an initial evaluation and to outline the expectations of the service. The application was processed, which was completed over a period of three to six months, when various checks were carried out including a criminal records check, references, financial and a health assessment were sought. These assessments were carried out to ensure that any person placed with the shared lives carer would be safe and protected from any possible risks, such as the carer being in ill health or loss of their home through repossession. Completed shared lives carer's assessments were produced and then presented to the local shared lives panel for scrutiny and approval. When approved the shared lives carer would then be matched to a person depending on the type of placement and care they wanted to provide. The personnel files of shared lives carers we looked at confirmed this. The deputy managers then monitored any vacancies and used this information when receiving and accepting referrals for new people wishing to join the scheme.

Is the service effective?

Our findings

People told us they felt the shared lives carers understood their care needs, and provided a good level of care. One person told us, "(Name) my carer, she is very nice and here for me." They had been asked to consent to their care and treatment. The shared lives carers told us they always asked for people's consent before assisting with any support. People were supported by staff that had the knowledge and skills to carry out their roles.

All staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. Shared lives co-ordinators and carers 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. Staff told us where a best interest assessment had been undertaken to support one person in the decision making process where they had wanted their ears pierced.

The registered manager told us all new shared lives staff, and carers completed a thorough induction appropriate to their role. For shared lives carers training and development opportunities were provided during the assessment process to ensure all essential training was completed before a person was placed into their care. This was confirmed in the records we looked at. 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. One member of staff was able to describe their induction to ensure they had the support and knowledge to undertake their role. They told us they had met with everyone in the service, gone through the policies and procedures and undertaken the required training. They then had a period of two to three months shadowing a deputy manager in the processes to be followed. They told us, "It was nice and gradual. I always have someone to talk with. I feel very supported."

Shared lives co-ordinators and carers 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 a local authority, through independent trainers, in house training and E Learning (online) training. One member of staff told us, "E Learning I find is fantastic. Can be completed early or late during the day." Another member of staff told us, "We introduced E Learning to help with accessibility of training." Another member of staff told us, "It's more accessible and can be done in your own time. This is reviewed after six months to see who needs help with completing this." 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 or mental health care need. 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. Training records we looked at confirmed this. One member of staff told us, "We keep up-to-date with online training courses. They are good." Another member of staff told us, "Carers are getting better and better and relating the policies to their work. The E Learning has really helped."

There was supervision and appraisal plan in place to ensure all staff had received regular supervision and appraisal. Shared lives co-ordinators told us they each had a group of shared lives carers they supported. They provided quarterly supervision through one-to-one meetings which included an annual appraisal. There was a key focus for each visit, health and safety, finance, health and wellbeing and personal development. There was also regular contact with shared lives carers through regular telephone contact and unannounced visits. These meetings gave shared lives carers and opportunity to discuss their performance and identify any further training or support they required. The deputy managers were then able to monitor the completion of supervisions and appraisals, and these were discussed the shared lives co-ordinators' supervision meetings. There were also periodic staff meetings for shared lives carers to attend, meet each other for support and receive guidance and updates about any changes to the service. The shared lives carers told us when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. One shared lives carer told us, "Any concerns I have or any support I need, I just call Grace Eyre. They really care and are there for us when we need them." Another shared lives carer told us, "No concerns with Grace Eyre, all fine. If I have any concerns or need help I can just call them and they are good like that."

The shared lives co-ordinators told us that the team of co-ordinators worked well together. They had received regular supervision from a deputy manager and felt well supported. Group meetings had recently been set up. One member of staff told us, "It's been really useful. We know what's going on in the office." Another member of staff told us, "We explore what we can improve, for example the carers meetings. We are trying to make it a more interesting event."

Potential new shared lives carers were assessed and, once accepted, were 'matched' with people who needed short or long-term care and support. The aim of the service was, 'To match the personality, lifestyle, skills and knowledge of the carer to meet the needs and preference of the person living with them.' The assessment process through to acceptance could be a lengthy process as the deputy managers took account of people's needs, wishes and preferences and the lifestyle of the families who applied. Meetings were set up and trial visits arranged so that people and families felt comfortable with each other and got to know each other better. This helped ensure a good match was made and people were placed with shared lives carers who could meet their needs and support them effectively.

People told us they liked the food provided. One person told us, "She (the shared lives carer) does all the cooking. I help out. It's beautiful food. We have a choice. She knows all my likes and dislikes." People's likes and dislikes were recorded in their care and support records and any associated health needs were clearly documented. One shared lives carer told us, "I ensure they have choices and of course they have favourite meals. (Person's name) is curry, but the gentleman I also care for doesn't like this. So I ask him what he would like and he loves sausage and mash." Another shared lives carer told us, "I make sure (person's name) has what he likes. I am trained in healthy eating and follow nursing recommendations for him. This ensures he is eating healthily." Food and nutrition formed part of people's care and support plans and risk assessments. Shared lives carers told us they provided people with a well-balanced, nutritional diet. Some people required special diets, for example, coeliac, or a reducing diet, and advice was sought from the dietician and other healthcare professionals. Shared lives carers told us how people with special dietary

needs had their needs met, they had received training in food safety and were aware of safe food handling practices. The PIR detailed support given to people, for example, for one person who began choking when eating was referred to the Speech and Language team (SALT) and a risk management plan with updated care and support plan and risk assessments had been put in place.

Where possible people either prepared some of their food or helped with the cooking. One person told us, "Cooking yes I like cooking. I like cakes and making them." One member of staff told us the person they supported, "Eats anything, but frightened of open flames. So I have the gas on low to get her involved gently stirring what we are cooking and reassuring it is fine." Another member of staff told us, "(Person's name) has her likes and dislikes. She sometimes comes shopping in the evening as she is always busy out and about. She has access to drinks, and needs to sit down to make a drink. So we have a one cup machine, you put the mug under it and it makes a drink, so is easier and safer for her. We make cakes together which she enjoys."

People had been supported to maintain good health and have ongoing healthcare support. One person told us, "My carer at home supports me with my health and GP appointments." People's care and support plans detailed their health and wellbeing needs including regular checks ups and whether support was required. The registered manager told us of the support given to one person who had never been to a dentist before and their shared lives carer went with them to the local dentist to meet with the staff there have a look around. The shared lives carer and the dentist reassured the person that nothing would happen without their consent and they would be informed about their treatment and would know what would be happening. They now have regular check-ups. One member of staff told us, "We ensure his healthcare appointments are up-to-date and he attends when he needs to." The PIR detailed a shared lives carer had identified healthcare needs for the person they were supporting, which was then identified as undiagnosed diabetes. Following this the person had been successfully supported by the shared lives care to manage this and follow a weight reducing diet.

Is the service caring?

Our findings

People were very happy with the care and support provided. One person told us, "My carer, she is really nice and helps me when I want help and does things for me." Another person told us of their shared lives carer, "She is very nice and here for me." Staff were highly motivated and overcame obstacles to deliver kind and compassionate care. One visiting professional told us of their experience with a shared lives carer, "They have been therapeutic in their way and responsive to urgent situations. They have gone well above board with the support they have provided." 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, "The person you support is always at the centre of the care."

Shared lives 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 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. The PIR detailed, 'We consider the interests of the person and how the carers can meet these needs e.g. liking animals, activities in the community, hobbies, skills development in money management, domestic skills, increased confidence in accessing the community and any other needs as outlined by the person and their care plan'. Shared lives staff told us how they worked very hard to match shared lives carers with people they were supporting. For example, the registered manager told us of one person who was living in accommodation which was not suitable for their care and support needs, and did not have enough support going in to meet their on-going needs. They were unkempt and not eating well and were offered a shared lives placement. They were supported to meet with the shared lives carer and the other people in the house, and after a period of deliberating they decided to accept the offer of the placement. They enjoyed a good relationship with their shared lives carers and have made friends in the home, whom they have able to engage in a number of activities with. At their six week review they said, 'When I found out I was going to live with my carer I just thought thank god! I love the house and I get on really good with the other people who live here.' One member of staff told us, "We are all here for them. We try hard to meet their needs."

People were actively supported to be part of the recruitment process when recruiting staff to help ensure that that they recruited the right staff to provide support and who embrace the values of the organisation. For example, people formed part of the recruitment panel and actively participated in the recruitment process. The registered manager told us, "We have a number of people that enjoy being part of the panel and they show a willingness to ask questions and engage with the prospective new carers. The people in the panel appear to enjoy feeding back to the supporting member of staff about what they liked or did not like

about the carers. The questions vary from person to person and when they are answered different people on the panel may ask for more information, or echo what has been said."

The Grace Eyre Foundation 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 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 shared lives 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 at Grace Eyre, and discuss ways to support and encourage people to give their views about the service. The registered manager told us of one person living in the shared lives scheme who was an extremely valuable member of the team bringing their experience from living in shared lives. They told us, "(Person's name) is passionate about making sure people are listened to and very proactive in discussions within the group, they have high expectations of Grace Eyre's services." This had gradually had an impact on how staff see the people they support and increased aspirations for the types of decisions and roles they can 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, and Directors of the organisation have set up a risk committee of people with learning disabilities to feed into and monitor the organisational risk strategy.

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 so the organisation's staff had guidance about how to ensure the service provided was as people wanted. For example, the organisations person centred charter. The group had actively worked on the planning of the organisation's 'annual general meeting', and 'service user day' 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 organisation's 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 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 Shared Lives Scheme 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 Shared Lives Scheme staff provided people with choice and control around the care they received. People told us 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, 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. All shared lives 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 staff, and how they centred their care on people's needs and support. One person told us, "(Name) my carer, she is nice and helps me when I want help and does things for me". 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 their shared lives carer was, "Absolutely kind and caring." The registered manager was able to tell us of the support given to one person who was due to go into hospital for a procedure. The shared lives carer was supporting a person to shower when she noticed a lump. The shared lives carer explained they would have to see the GP about the lump and they would arrange an appointment. The person was supported to visit their GP, and the shared lives carer talked with them about what the lump might be and what may need to happen and an appointment at the hospital was arranged. The shared lives carer went to the appointment with the GP and consultant and supported them to have all the information they needed to make an informed decision regarding their procedure. They talked through any questions or worries that they may have. On the day of the operation the shared lives carer went to the hospital to support and reassured them. The shared lives carer held their hand while the person was anesthetized ready for the procedure, and was there when they woke up and stayed with them during the day.

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. All 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 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 matter. Staff were very enthusiastic, fully aware of the purpose of the service, and committed to meeting the individual needs and aspirations of people. One member of staff told us, "We are all here for them. We try hard to meet their needs." Another member of staff told us, "We involve the service users at different levels. They can talk to us about anything and everything." People told us they were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support they received. 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.

People are supported to participate in family life when living in the shared lives scheme. For example, for

one person who has been married for 25 years, their wife now lives in a nursing home. The shared lives carers have supported him on a regular basis to visit by arranging the date and time, providing transport and offering emotional support both before and after the visit. These visits have been important as they are a time when he can spend some quality time with the person closest to him, where he has not been rushed and has been supported with communication if he wishes it. On their 25th wedding anniversary the shared lives carers supported a visit to his wife. They bought them some presents including a mug with a picture of their wedding day on, they have valued these visits. He finds it difficult to express himself, though the shared lives carers note the changes in him when he has visited.

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 staff treated them with dignity and respect. 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 when providing personal care. Staff had ensured the guidance for shared lives carers contained in people's support plans promoted their privacy and dignity. Records we looked at confirmed this. People told us they felt the shared lives carers treated them with dignity and respect. Shared lives carers 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 when providing personal care. One shared lives carer told us, "I support (person's name) with personal care ensuring privacy dignity. I support her with washing her back and hair. We would leave her to do the personal care side of things." Another shared lives carer told us, "(Person's name) needs full care with hygiene, I need to show her what to do all the time to remind and encourage her. I always knock before I go in bathroom to see if she needs help. Giving her privacy and dignity, always ask permission and seek consent."

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 staff.

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they were involved in the review of their care and support. Detailed care and support plans were in place. One member of staff told us, "The care plan is up-to-date and detailed and person centred, update regularly with reviews." Another member of staff told us, "The care plan is reviewed with (Person's) involved and kept up-to-date to her needs." People were encouraged to be as independent as possible and had developed strong links with their local community. They were supported in this by their shared lives coordinators and by shared lives carers.

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 deputy managers undertook the initial assessment, and discussions then took place about the availability of a potential placement and the person's individual care and support needs.

There were detailed care and support plans in place. Where possible people had been involved in developing and the review of their care and support plans. One shared lives carer told us, "The care plan reviews are every six to eight weeks. We all sit down to discuss them with (Person's name). I find them to be very detailed and helpful and up-to-date." Some 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. Records we looked at confirmed this. One person told us, "(Shared lives co-ordinators name) does the review. We all sit together and talk about what we want." This information ensured that the shared lives carer understood how to support the person in a consistent way and to feel settled and secure. Shared lives carers 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 one person had been prone to falling out of bed an occupational therapist had been requested to visit. They had made suggestions to help stop this happening. Their advice and guidance had been implemented and had been really successful in stopping this practice

People were supported to attend a range of activities. Some people attended day-care, others undertook voluntary work for example in a local charity shop. People were supported to have leisure activities for example going to football matches, visiting the theatre, attending local clubs, and to accompany shared lives carers on family holidays or to go on holidays independently where possible. The services own quality assurance completed in 2016 detailed respondents thought they had been supported to access the community and access a range of activities. One person told us, "We are doing exercise this morning. But I like painting pictures it's my favourite."

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. The outcome of the questionnaire had been collated to help identify and address any issues highlighted. Additionally a service user forum was held to listen to people's views. One member of staff told us, "We involve service users at different levels. They can talk to us about anything and everything. The service user forum is really, really service user led."

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. One person told us, "If I am unhappy I go to (Person's name) or my keyworker. They are kind to me." Another person told us, "If I am not happy I can talk to my new keyworker." There had been no complaints received in the last year. 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." Another member of staff told us, "It's really good service users come up and talk to us. I like it as you have that time with people. It's very person centred." No complaints had been received during the last year.

Is the service well-led?

Our findings

People were actively involved in developing the service and their views were sought. People told us they would definitely recommend the service and that it was well led. One shared lives carer told us the service was, "Management are good, email and communicate with letters. Good with keeping us up-to-date, and work well together." Another shared lives carer told us, "Grace Eyre are very good, new faces come and go with staff there, but they keep you up-to-date, we are invited to meetings to keep us up-to-date, and the new manager is up to speed and knows the staff."

There was a clear management structure with identified leadership roles. All the shared lives staff told us they felt the service was well led and that they were well supported. When asked if the registered manager was accessible one member of staff told us, "(Registered manager's name) is always on email or the telephone." Another member of staff told us, "We would like to see him more, but he always keeps in contact and he does respond." 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, "Management are very good, any issues they will always help and support us." Another member of staff told us, "(Registered manager's name) has got brilliant ideas, direction and he is structured in his approach." The majority of 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 was 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, deputy managers and shared lives co-ordinators 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.

Shared lives co-ordinators monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing quarterly reviews of the care and support provided and records were completed appropriately. The shared lives carers assessment process and regular supervision ensured that they understood the values and expectations of the provider. Standard expectations ensured that individuals were supported as part of the family, included in family meals and to be included in shopping and outings if they wished. One shared lives carer told us, "Twenty-four years (Person's name) has been with us, she is part of the family." Another shared lives carer told us, "It's easy to see how we have moved into being more service user led."

Shared lives carers 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. The minutes from the last meeting detailed a guest speaker had attended and talked about changes to safeguarding procedures following the care act. Shared lives carers 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 attended the 'Southern Shared Lives Plus' network, and staff attended the national 'Shared Lives Plus' workshops to ensure they were kept up-to-date with current and future training requirements for shared lives carers. The registered manager, the deputy managers, shared lives co-ordinators and carers worked closely and flexibly with external health and social care professionals supporting people. Feedback we received confirmed from professionals confirmed this. One visiting professional told us, "I have had a good relationship with (Name of staff) and they have liaised quickly with me."

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.