

The Grace Eyre Foundation

# Grace Eyre Shared Lives 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 21 August 2018 and was announced. This was the first inspection since a change in the existing providers registration following a move of the provider's offices. However, Grace Eyre Shared Lives Sussex was not a new service. It was still owned and managed by the provider as at our previous inspection. We last inspected the service on 20 June 2016 and rated the service as Good with Outstanding in Caring.

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 Sussex is registered to provide personal care for children sixteen years and above, adults and older people living in Sussex and Brighton and Hove. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

In shared lives, people who need support and or accommodation become a regular visitor to, or moves in with, an approved 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 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. Care and support was offered for long-term and short-term respite placements. A 'day share' facility was also available where people can go to a shared lives carers home for the day who provide care, support and activities. A kinship arrangement was also in place. This was where shared lives carers provide, 'Long arm' care and support to people living independently in their own homes. Approximately 80 people, of which 43 received the regulated activity personal care, were supported by 66 approved shared lives carers in the scheme. Not all the shared lives carers provided the regulated activity of personal care at the time of the inspection. But were supporting people with developing access into their local neighbourhood and helping develop people's life skills towards improved independence. Shared lives carers were supported and managed by shared lives staff employed by the scheme.

As part of the scheme staff were working on a pilot project to support care leavers from the age of 16 years plus within West Sussex. Shared lives staff had been collaboratively working with another local authority scheme also in the pilot. They were working with Shared Live Plus, the UK network for shared lives schemes on the policy and procedures to be followed. Staff were in the process of being recruited and trained. The pilot was not up and running at the time of the inspection so was not looked at on this occasion.

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 for the service with identified leadership roles. The registered manager was supported by three coordinators, a transition manager and administrative support.

Since the new registration there had been several changes with a new registered manager and changes in the senior staff team. A shared lives carer told us, "There have been a lot of changes and it has improved a lot. I did not feel very well supported. Now if I tell them anything they follow it up to see if the people or I need anything. (Registered manager's name and coordinator's name) are approachable. The (Registered manager's name) came out last week. He has had a lot to take on and he has done a lot to move it on."

The organisation was outstandingly caring as they strove to ensure the service was 'service user led.' There were a range of work opportunities, 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. These had continued to be developed to provide further opportunities for people to be involved in the service provided. People were enthusiastic and committed to the roles they had taken on. They spoke of being valued and enjoyed the opportunity to contribute to the running of 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 plans were detailed and reviewed regularly.

People told us they felt safe in the service. One person told us they felt safe because, "They are always there to help me out." People were supported by shared lives staff and carers who were trained in safeguarding adults procedures and knew how to recognise signs of abuse. Medicines were managed safely and people received the support they required from shared lives carers. Accidents and incidents had been recorded and appropriate action had been taken.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

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. People were encouraged to develop their independence in relation to life skills. The registered manager could tell us about one person who the shared lives carers had supported through attendance at healthcare appointments, and by providing information to make his own decision about any treatment required. People were supported to access a range of activities.

New shared lives carers underwent rigorous assessment and checks before being 'matched' with people who needed support. A member of staff told us, "We are really proud of how we match people." People's equality and diversity needs had been considered when they were matched with potential carers. People told us how they liked their accommodation and enjoyed living with their shared lives carers. One person told us, "I have a big bedroom. The best in the house." One member of staff told us, "It gives people a better life and a chance to be in a family environment. It's lovely for them."

People were supported by kind caring staff. One person described their shared lives carer as, "Nice, kind and caring." Another person said their experience in shared lives was, "The best got no complaints lovely here." Shared lives coordinators and carers were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Shared lives carers told us they were up-to-date with their training, "We have really good access to training," and "Training dates are booked. It's some E Learning and some class room training." They had received regular supervision and

appraisal.

There was a detailed complaints procedure. People knew who to talk to if they had any concerns. The registered manager told us that they operated an 'open door policy' so people, their representatives or shared lives staff could discuss any concerns.

Shared lives staff told us that communication throughout the service was good. The shared lives carers told us they felt well supported by management and were positive and enthusiastic about their roles. A member of staff told us, "I have known Grace Eyre for years. I like the shared lives. It's been difficult and they have had a whole new team and missed communication. A lot of information has changed. It's improved and the teams much stronger and communication has improved."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's care records included support plans, and risk assessments. These had been reviewed. Risks to the environment had been assessed.

People were supported by shared lives carers who understood their responsibilities in relation to safeguarding.

Staffing levels were determined by the number of people using the service and their needs. Shared lives staff were vetted and checks undertaken to ensure they were safe to support people.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

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. This was to ensure staff had the skills and knowledge to meet people's needs.

People were supported to maintain good health and had access to a range of healthcare professionals. Food and nutrition was monitored by shared lives carers.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The provider strove to ensure the service was 'service user led.' The range of forums and accessible information to support and enable people to give their views on the care and support provided had continued to be developed. People were listened to and encouraged to give their views, which were considered and used to shape the service.

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

The service had a rigorous assessment process before shared lives carers were 'matched' with people who needed support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

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

People had been supported to join in a range of activities.

The views of people and their representatives were sought. A complaints procedure was in place. People told us if they had any concerns they would feel comfortable raising them.

### **Is the service well-led?**

**Good** ●

The service was well led.

The management team promoted a caring and inclusive culture. Staff told us the service was well-led, and the management team was approachable and very supportive.

Quality assurance was used to monitor and help improve standards of service delivery were firmly embedded into practice.

# 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.

This inspection took place on 21 August 2018 and was announced. We told the registered manager a week before our inspection that we would be coming. This was because we wanted to talk with staff and people using the service. We also 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. 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 gathered feedback from three people by speaking with them over the telephone.

We used information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make'. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted two local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We contacted seven shared lives carers, and three people using the service over the telephone. We requested feedback from four health and social care professionals.

During the inspection we visited the provider's office and spoke with the registered manager and two coordinators. We also spoke with seven people using the service who were attending the Grace Eyre day care facility. We spent time reviewing the records of the service, including policies and procedures, four people's care and support plans, the recruitment records for two new shared lives staff, complaints

recording, accident/incident and safeguarding records. We also looked at action plans, quality assurance audits and service development plans.

This is the first inspection since a change in the existing providers registration following a move of the provider's offices.



# 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 when asked if they felt safe and why told us, "Yes I do because she's very understanding on any issues. I can inform her and she will deal with it."

Each person's care and support plan had an assessment of individual risks due to the health and support needs of the person. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. Arrangements were in place for health and safety checks to be completed on the shared lives carers' home. These checks were to ensure people using the service were living in a safe and maintained environment. The coordinators undertook these assessments and regular reviews of the risk assessments. The registered manager was then able to monitor the completion and quality of risk assessments at the coordinator's supervision meetings.

There were clear systems on protecting people from abuse. The registered manager was 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. Staff 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 had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. A shared lives carer told us, "I would tell Grace Eyre and take the person out of the situation."

There were arrangements to help protect people from the risk of financial abuse. Shared lives carers could tell us about the procedures to be followed and records to be completed to protect people. The coordinators then showed us how they monitored that the procedures were being followed and records completed correctly as part of the regular review process. One member of staff told us, "I check the finances and they check the receipts." Another told us depending on the system followed, "We go through the receipts and bank statements. Any queries we ask them to explain. Or we look in the cash tin then I check the money against the expenditure."

Feedback was received from a health and social care professional following their work with a senior member of staff on a safeguarding concern. They told us they had been supportive towards the person and the shared lives carer, and engaged well with them to ensure they were able to carry out the enquiry with full support from Grace Eyre.

Procedures were in place for staff to respond to emergencies. Shared lives carers had guidance 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 a 24 hour on-call service available, so shared lives carers had access to information and guidance at all times. A shared lives carer told us, "They are always there if you need any help." Another told us, "(Registered manager's and coordinator's name) have been very good. They have come straight back to me. There is also an out of hours service." There was a business continuity plan which

instructed staff working at the provider's office on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Staff had taken appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. The PIR detailed, 'We have operations meetings to help improve our practice from a senior management level where we look at processes and share best practice. We encourage a no blame culture within the charity and encourage reporting of incidents and accident to help us improve the service and understand our duty of candour.'

Where shared lives carers had required additional support and guidance to manage behaviours that could challenge this had been provided. Coordinators and carers could 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 coordinators 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. One person told us, "She (The shared lives carer) gives me my medicine in the morning." We do not inspect how medicines are stored in shared lives carers' homes. Coordinators undertook regular checks of the administration and recording of medicines as part of the review process in place. Where possible people were supported to self-administer their medicines through a risk management process. One member of staff told us, "He gives me the weekly pill box and I refill it." A member of staff told us, "We audit all the time." Another told us, "We don't have a lot of people who have medicines. Most have blister packs which are more manageable for service users. Where people self-medicated risk assessments are completed on the care plan. We audit the medicines sheets every time we visit." 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.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these.

We saw there were skilled and experienced staff to ensure people were safe and well cared for. Staffing levels were determined by the number of people using the service and their needs. Comprehensive recruitment practices were followed for the employment of new staff. There were clear and safe recruitment processes in place for shared lives carers. When an enquiry was received from a member of the public about becoming a shared lives carer, an assessment process was completed. The application was processed and various checks were carried out including a criminal records check, references, finances and a health assessment. The personnel files of shared lives carers we looked at confirmed this. 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. Completed shared lives carer's assessments were produced and then presented by prospective shared lives carers and the coordinator 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.

# 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 when asked why they felt the shared lives carers understood their needs, "They do because if you ask them something for example, prescriptions they say leave it on the side and it goes (Prescription is filled.)" Another said, "Yes (Shared Lives carer's name) is wonderful." They had been asked to consent to their care and treatment.

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 had been given choices in the way they wanted to be cared for. Staff demonstrated a good understanding of the process and had completed training. Senior staff could tell us of people who had been supported with healthcare procedures as part of the best interest process. These had included attending hospital appointments with people and liaising with healthcare professionals.

People were supported by staff that had the knowledge and skills to carry out their roles. New shared lives staff had completed an induction and essential training into the service. A member of staff told us their induction had been detailed and had given them all the information they had needed. "There was a lot of shadowing, I was taken through the forms and went on the corporate three-day induction and the training involved with that. I was trained up on the assessment process." All new shared lives carers completed a thorough induction before they started work in the service. Induction training incorporated the requirements of the 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. This was confirmed in the records we looked at. Training and development opportunities were provided during the assessment process to ensure all training which the provider considered essential, was completed before a person was placed into their care.

Shared lives carers received ongoing training to ensure they had the knowledge and skills to meet the care needs of people using the service. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care. They told us they were up-to-date with their training, training was discussed as part of regular monitoring visits, they had received reminders as to when training was due to be completed, they received regular training updates and there was good access to training. Bespoke training had also been arranged for the shared lives carers as part of the matching process. A member of staff told us, "If we are matching, we have training for carers that can be accessed before the move. Good training and support helps carers take on new challenges." Training was accessible either through an E Learning package, by speakers coming to staff meetings or by accessing the local authorities training programmes.

The coordinators told us each had a group of shared lives carers they supported. They provided regular

monitoring visits and appraisal for the shared lives carers in their group through one-to-one meetings. These meetings gave shared lives carers an opportunity to discuss their performance and identify any further training or support they required and complete monitoring checks of the care and support provided, health and safety, finance and an annual review. A shared lives carer told us, "Every six weeks we meet up. It's about keeping everyone on board and informed. "There was a monitoring plan in place which the coordinators were following to ensure shared lives carers had received regular visits. The registered manager was then able to monitor the completion of monitoring visits and these were discussed in the coordinators' supervision meetings.

The coordinators told us they attended weekly staff meetings and communication in the service was good. A member of staff told us, "You feel you can make suggestions and chat about how things might work. We all bring empathy and understanding to the role and how to effect change for carers." Another told us, "We have one to one with (Registered manager's name) we work closely together. But they're in the building so always available to talk to. It's a very good team, and we all help each other. Where situations might arise, we can ask, do you think I should have done it this way? Or people might suggest another way which was more productive." Another told us, "We try to help each other. (Registered manager's name) has been really supportive with the challenging cases. We have been going through the procedures together. This has been brilliant and taken us through all the processes. We have put together some checklists. A little training bible. It's real progress around training new staff. We have all led and input on this. We discuss and (Registered manager's name) puts it into the process."

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 senior staff 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.

Staff had a good understanding of equality and diversity and told us how people's rights had been protected. A member of staff told us, "We support people to be who they want to be." Senior staff could tell us about this year's Brighton & Hove Pride Parade. They described how staff and people had joined forces to represent the disabled LGBTQ community and to promote 'strong and supported relationships' for people with learning disabilities at the UK's biggest Pride Festival. Trustees had been changing their working practices and now had trustees with learning disabilities on the board. There were also further plans to develop the membership of the trustee group. The PIR detailed, 'We have plans to increase the diversity of people that attend the shared lives panel as panel members, we live in an area that has a high demographic of LGBT people and work with many people with a learning disability or mental health need that have other protected characteristics. We are looking for more people to join our panel with the right experience or a different background to the current panel members.'

One person told us, "My carer does my meals. Too much sometimes can't always eat it all. It's lovely and we get a choice." Food and nutrition formed part of people's care plans and risk assessments. Shared lives carers told us they provided people with a well-balanced, and 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. A shared lives carer told us, "She has soft food or the food is cut up. She is also diabetic. I don't stop her from having a

pudding, I just buy smaller ones." Where possible, people were being supported with food shopping, menu planning and preparation and cooking. A shared lives carer told us, "He loves cooking. He has done cookery courses and is good at health and safety."

People had been supported to maintain good health and have ongoing healthcare support. A shared lives carer told us, "I support them to access the GP, optician, and the dentist. They all want me to go. We also do the annual MOT." Another told us, "Any doctor's appointment I go with her. They check her bloods quite frequently. She has an annual well woman check as well." One person told us, "My carer takes me to the doctors and to the hospital."

## Is the service caring?

### Our findings

Staff were outstanding in their support of people to be involved in the organisation, to express their views and to achieve their individual goals. People told us the staff were exceptionally caring, friendly and helpful. One person told us, "They do everything kind." Another said, "I've been here a long, long time. I have a good time at home, good time at the day centre. Just a happy person." Another said, "I love my shared lives arrangement because I am one of the family." A comment received directly by the service detailed, 'I have been living with my shared lives carer for 18 years. She is really nice and it's a lovely environment with a big garden I get the bus three times a week and have a voluntary job in a golf shop.'

The Grace Eyre Foundations focus was to ensure the service was user-led. Great effort was made to ensure people were listened to and the care and support provided met their individual needs. The PIR detailed, 'Grace Eyre's approach to supporting people is underpinned by our strong values to put person centred care at the heart of everything we do. Grace Eyre's charter sets out what people require from us to support them better, such as: living healthy lives, have strong and supported relationships and support to access travel. 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, "(Person's name) is supported by the carer who has taken the role of showing the new person the local area and introducing him to the local community. (Shared lives carer's name) has a great sense of pride about this and it shows that shared lives are more than just the relationship between the carer and the person being supported. Often it's the networks around us that create the good quality of life people need along with the carers support and experience."

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. People had been able to take jobs in the organisation, such as interviewing for new staff, doing presentations, running training, joining committees talking about important things like risk or housing, planning events like Purple Club House (Grace Eyre's own theatre), a new facility since the last inspection, or the Annual General Meeting. 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. Since the last inspection this has now also included the opportunity to be a member to vote about big decisions, becoming a trustee, or joining a committee to make decisions, for example, the Purple Playhouse Theatre Advisory Group. All shared lives staff and management were fully committed to this approach and found innovative ways to make it a reality for each person.

The registered manager and coordinators could tell us about one person who since the last inspection was part of the health and safety risk committee, and the team who audited the services offices and were due to complete another audit. They were also on the Purple Club House steering group. The person told us how much they had enjoyed being part of the team and they were enthusiastic of their responsibilities and experiences. They told us, "I am doing the checks for both buildings. I work with (Staff member's name). I am actually working for Grace Eyre." They also said, "I like to make decisions' around the centre and I can do this when I'm part of a group, I can help make things better for people."

People were actively supported to be part of the recruitment process when recruiting staff to help ensure that they recruited the right staff to provide support and who embraced the values of the organisation. Two people told us about how they enjoyed being part of the recruitment panel and the decision-making process. They spoke about how they felt valued and how they felt they played an important part in the recruitment process by helping in the selection of the right person for the job. This was important to them and the people they lived with who would be working with them. One told us, "I like to interview people as I like to pick the people that work with me in the day centre and I feel I'm helping Grace Eyre." Another told us, "I like doing interviews as I feel important." They also told us how much they enjoyed working on the Grace Eyre reception, "I love helping people on reception and people come there for help." A new member of staff told about their interview experience and how the person was part of the process, "He asked me two or three questions and made comments and notes."

The registered manager told us of another person who worked within Grace Eyre. They said, "When I spoke to (Person's name) who works in Grace Eyre and is in a shared live arrangement he felt very confident and happy to have a job helping others. His carer has encouraged him to take on more activities at Grace Eyre and volunteer in the arts hub a further new development within the organisation and the employment project. (Person's name) said he has picked up lots of skills when speaking to the public who had come to the shop when selling the art work. They also worked in with people with more complex needs in the day service. (Person's name) is in a long-time shared lives arrangement. Supportive carers have encouraged him to be much more independent than when he first moved in. This steady and consistent approach has enabled him to help others and build confidence in his work in Grace Eyre." The person told us, "I like helping people especially (Person's name) who I have helped and work with in the day service, it's really good my work."

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 group had worked on the organisation's person centred charter. This charter embedded the organisation's values of empowering people who received 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 wanted. 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 worked on the drafting of the accessible version of the person-centred charter. An ambassador was just starting work with people in shared lives as part of the updating of the service user guide.

All staff went to considerable lengths to promote people's 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. Social media had been used extensively to get the message out to people and get their feedback on the care and support provided. The use of social media was also used to post out information and communications to help connect care staff in the community and inform them for example about training and practice changes. The staff team had also created a video about the service with the help of people who used the service. They were finishing an accessible video for people needing a



service.

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 in shared lives played an active role in this group and were supported to maintain relationships with people that mattered to them, or maintain contact with their family. A monthly events calendar was drawn up with a range of activities which people could join in meet up with friends and meet new ones. One person told us, what was important to them about attending the group, "I like getting together with friends."

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, "She is always kind, she comes and supports me. I am respected it's a two-way thing." 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 could 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 staff treated them with dignity and respect. A member of staff told us, "I do the back and the bits she can't do. It gives her her dignity."

Care records were stored securely at the service's office. Information was kept confidentially and 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 shared lives 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. 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. One person told us, "They've got an understanding about me and what I need. If I needed anything else they would put it in place."

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. The coordinators then undertook the initial assessment, and discussions then took place about the availability of a suitable placement and the person's individual care and support needs. A member of staff told us, "We have an assessment from social services, and we then complete a support plan. This can take a number of visits. We then arrange a tea visit which is informal. The second visit we leave the person with the carer. The third visit is dinner and a stay over." The coordinators told us people were offered three choices of potential shared lives arrangements. A member of staff told us, "Our big thing now is offering choices. We give three choices of where they want to live." One person told us, "Yes I am aware when I moved in there was a care package and care plan and I actually signed that."

Where possible people had been involved in developing their care and support plans. Where people could confirm this, they told us they felt they had been listened to and their needs were considered. One person told us, "We have a care plan at daycentre and at home. The placement officer comes out every so often and I go to meetings about what I want to say." 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 the shared staff told us this information was regularly updated and reviewed. This information ensured shared lives carers understood how to support the person in a consistent way and to feel settled and secure. A member of staff told us, "We now have a keyworker in day care who we can go to for an update. They now come to reviews which is important for everyone. It's more meaningful for the service users. They can share differences of how people are at home or in the daycentre. It keeps us in the loop as well." A shared lives carer said, "Care plans are updated when they come. It's always being updated." Shared lives carers demonstrated a good level of knowledge of the care and support needs of the people. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, where people had identified healthcare needs.

When asked what the service did well a health and social care professional told us, the registered manager and shared lives carers had a good understanding of learning disability and how to support people and understand their needs. There was a wide range of shared lives carers who had varied skills and strengths to support different people. The paperwork including the care plans, were person centred.

People had benefited from a staff team who took account of their communication preferences and needs,

and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. The PIR detailed, 'We work with families and the person's network to build a picture of the preferences and needs of the person. We have people that are able to verbally communicate but may not be able to tell the scheme or carer if their needs are being met. We work with the speech and language therapist's and other professionals to create communication aids, Makaton (A version of sign language) or sensory aids to let us know if the person is happy and fulfilled in their life. We involve advocates and IMCA's (Independent mental capacity assessor) and involve the social work team to support best interest decisions when needed.' This was evidenced in the care plans we looked at. A member of staff told us how senior staff were practicing a Makaton sign at each staff meeting to ensure staff kept up their skills and said, "One of the service users use Makaton. I like to drop some Makaton in on the conversation."

Shared lives staff enabled people to live life to the full and do things they enjoyed. People were supported to attend a range of activities. Some people attended day-care, others undertook paid or voluntary work either within Grace Eyre or in the nearby area. Where appropriate the shared lives carers supported people with their schedule for the week. This provided the stability and consistency of communication required by some people to help them to make choices. A shared lives carer told us for one of the people they supported, "He has a very structured week. He is the best house mate ever. He has a full routine. He has a paid job Monday to Friday." Another said, "(Person's name) is out five days a week. She does pottery, collages, cooking, knitting all sorts of things. She has had her meal in the evening and does mainly knitting in front of her television. Anything about animals she likes and the soaps." One person told us about the activities they joined in, "Knitting class Mondays, Tuesdays crafts and library, Wednesdays knitting in the morning and help in textiles in the afternoon, Thursday mosaics whole day, Fridays wool culture and relaxations. At the weekends shopping on the bus, hair done I enjoy that. I am very happy indeed."

People were supported to participate in family life when living in the shared lives scheme. For example, a comment received directly to the service detailed, 'I decided to move out of home because I wanted to be more independent. My new shared lives arrangement is great. It makes me feel good. I love my ensuite bathroom. I do my own washing and I like to cook. My favourite is chicken korma. I also go out shopping.' A comment received directly to the service from a shared lives carer detailed, 'The best thing about being a carer is supporting someone to be independent. It gives them the confidence to be able to work and be involved in their local community.'

Technology was used to support people with their care and support needs. Coordinators made referrals for assisted technology when identified. For example, they could tell us about a sensor mat which had been sought for one person to be positioned next to their bed. Shared lives staff were working with the organisations new computer package. They spoke well of the increased opportunity to access information such as training and recruitment information to inform their visits to the shared lives carers.

People and their representatives could give their feedback on the care provided through a range of forums and by completing regular quality assurance questionnaires. The organisation also used social media to share its message and seek feedback from people using the service.

Peoples' end of life care had been discussed and planned through the review process to ensure people's

wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

The 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. When asked if people had had any concerns one person told us, "I complained one of the clients opened a letter for me not hers. It didn't happen again." Two complaints had been received in the last year which were dealt with appropriately.

## 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. A shared lives carer told us that when asked what the service did well, "Helping us keep the records up-to-date. They are always there if you need them. They give the clients a good life. They make sure they have a safe secure home by employing the right carers."

There was a clear management structure with identified leadership roles. The registered manager was supported by three coordinators, a transition manager and administrative support. A member of staff told us, "(Registered manager's name) is very visible and helpful and you can talk to him about things. He has wide experience which is good for the carers. A good knowledge base." Another member of staff told us, "We have had a lot of changes and things are improving." Another told us, "(Registered manager's name) is really good to work with. I feel confident to call when I need anything." A further member of staff told us, "I feel well supported by (Registered manager's name) 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. Feedback from a health and social care professional spoke of a well-managed service, good working relationship with the provider, and senior managers being helpful and responsive.

The registered manager, coordinators and shared lives carers worked closely with external health care professionals such as GP's and the local learning disability and mental health teams. Visits and reviews were recorded in people's care and support plans. Feedback from a health and social care professional spoke of an easy referral when they had requested respite care for one person. They commented that staff had worked hard to ensure the person was appropriately matched with a shared lives carer who would understand their needs and provide appropriate care and support. Equally, if the service was unable to provide support, the registered manager had explained why.

This is one of two of the provider's shared lives schemes. Senior staff spoke of links which had been developed with the provider's other scheme in London. Opportunities were created for people being supported to have breaks in London or Brighton. Senior staff could tell us about one person who had enjoyed a stay in Brighton which had led to them moving into the area as they had enjoyed it so much. Links had also been developed with Grace Eyre Housing and the local authority to provide accommodation for people who wanted to become shared lives carers. A shared lives carer could tell us how this had worked well for them and enabled them to become a shared lives carer.

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

The organisation's vision and mission statement was incorporated into the recruitment and induction process of new staff. This was, 'Grace Eyre's vision is for a society where people with learning disabilities are respected as equal citizens, are part of and contribute to their communities, and where people can fulfil their dreams and wishes. We will work towards Grace Eyre being led by people with learning disabilities and through that deliver high quality housing, support and activities in their local communities'. 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 shared lives carers assessment process and regular supervision ensured that the shared lives carers understood the values and expectations of the provider. The registered manager told us, choice and control was at the heart of all conversations. 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.

Senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They completed regular reviews of the care and support provided and records were completed appropriately. Shared lives carers' meetings were held periodically throughout 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. A shared lives carer told us, "Every three months there's a chance to meet up with the other carers. We see how things are going. You find out things. One compliment received in the service about a meeting detailed, 'One of the best meetings I have attended. I liked the agenda, the presentation and the layout of the seating. The meeting was managed well.'

The registered manager and coordinators 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, staff recruitment and training. They could show us that any areas identified for improvement had been collated into an action plan, with progress against actions updated regularly.

The provider had statistical information collated to keep them up-to-date with the service delivery. The registered manager could attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service. The registered manager and coordinators attended the Shared Lives Plus regional and national network meetings to discuss their knowledge and practice with other schemes. A member of staff told us, "We all have a chance to go to the Shared Lives Plus meetings. You meet other schemes and hear what they are doing." The registered manager could tell us that by following the sharing of information, with regards to changes and improvements which had been made to the health and safety format used as part of the review with shared lives carers.

The registered manager had regular supervision and support from the nominated individual for the organisation. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the need to provide 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.

