

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

Date of inspection visit:
02 September 2022

Date of publication:
11 November 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Grace Eyre Shared Lives is registered to provide personal care to people living in the community, many of whom have a learning disability. In shared lives, people live together in a family home with an approved shared lives carer who provides daily support. People and their carers are matched together to ensure people's needs can be safely and suitably met. Shared lives carers were supported by staff directly employed by Grace Eyre Foundation. At the time of the inspection, Grace Eyre Shared Lives were supporting 33 people.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff and carers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to maintain and at times regain independence in areas which were important to them. Personalised communication plans were used to support people understand and make their own choices and a specialist team was formed to ensure important documents were accessible to everyone.

Carers and staff found creative and innovative ways to support people to develop new skills and engage in activities which were meaningful. There was a clear focus on people's strengths and care was planned and fulfilled according to people's needs and wishes. People were encouraged to pursue their interests and achieve aspirations and goals.

People were supported to be active and valued members of the local community, including partaking in voluntary work which had significant impact on a person's well-being and proactive work with organisations that shape support networks for the future. Staff and carers enabled people to access specialist health and social care support in the community and worked in partnership with them to maintain people's health and well-being.

Right Care:

People received kind and compassionate care from carers and staff who knew them well. People's privacy and dignity was protected, and they told us they felt safe living with those supporting them. Carers demonstrated a thorough understanding of people's individual needs, and all staff knew how to protect

people from poor care and abuse.

The service had a strong relationship with external agencies, for example, the local authorities and reported any significant events appropriately. People told us they felt able to express any concerns to carers, office staff or the registered manager. People who had individual ways of communicating, for example using Makaton (a form of sign language), could do so comfortably with staff and carers, as they had the appropriate skills to facilitate this. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff supported people to take positive risks.

Right Culture:

The ethos, values, and attitudes of management, office staff and the carers ensured people led confident, inclusive and empowered lives. Grace Eyre promotes the value of the organisation being led by those who use it. Two people who use the service were appointed ambassadors and involved in decision making and developing policies to drive improvement in the service. People received good quality care from those who were effectively trained to provide support. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

The support provided was tailored to people's needs by carers who knew and understood them well. Support was exceptionally responsive and allowed people to meet their aspirations and to live a quality life of their choosing. Carers, staff and management placed people's wishes, needs and rights at the heart of everything they did.

People told us they felt their views were valued and acted upon appropriately. This encouraged people to raise concerns immediately if they had any. The registered manager was keen to use any feedback to drive improvement and promote the organisations culture of inclusivity.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 13 December 2018.

Why we inspected

This inspection was undertaken as the service had moved to a new address and had not yet been inspected at their new location. We also wanted to assess whether they were applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Grace Eyre Shared Lives Sussex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by one inspector and one assistant inspector.

Service and service type

Grace Eyre Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2022 and ended on 7 September 2022. We visited the location's office on 2 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the registered office and met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people who use the service and contacted four relatives to gather their views. We spoke with two members of office staff and five shared lives carers.

We reviewed five people's care plans, including medicine records. We looked at two staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We sought feedback from two professionals who have regular contact with the service and we also contacted the local authority.

Is the service safe?

Our findings

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

This is the first inspection for this service under its new registered address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider, registered manager, office staff and carers all understood their responsibility to protect people from the risk of potential abuse. People told us they felt safe with comments such as, "Yes, I am safe" and "I'm able to call the office if I have any concerns."
- The service had a safeguarding policy and processes to guide staff and carers to keep people safe from harm. Carers completed safeguarding training and demonstrated a good knowledge of this when we spoke with them. The training provided them with enough information to identify abuse and take action to reduce the risks of harm.
- The registered manager followed the provider's safeguarding processes to investigate any allegations of abuse. There were processes in place to share concerns and the outcome of the investigation with the local authority safeguarding teams and the CQC.
- The registered manager and office staff actively identified learning opportunities for carers when incidents occurred or when things went wrong.
- There was a process for recording any accidents and incidents and these were shared with the registered manager who completed an investigation and analysis to identify any patterns or trends. Action was then taken to prevent the incident reoccurring.

Assessing risk, safety monitoring and management

- People were protected from harm and were not exposed to any unnecessary risks.
- People had an assessment to identify risks to their health and well-being. A plan was developed with clear guidance for carers and staff to help manage the known risks. Carers told us, "When [person] arrived all risk assessments were fully done to match us." A staff member said, "We try to keep people as safe as possible but it's also about supporting them to take positive risks where appropriate."
- Assessments identified risks related to people's mobility and health needs as well as money management and road safety. The shared lives carers' home was assessed for hazards and risks to people to ensure the environment was safe.

Staffing and recruitment

- The registered manager had systems in place to ensure there were enough shared lives carers to meet people's specific needs. People were matched with carers based on their common interests, and people had the opportunity to meet the carer before agreeing to move in with them.
- There were robust recruitment processes in place, so experienced shared lives carers were employed to provide appropriate and safe care and support to people.
- Pre-employment checks took place to ensure staff and carers were suitable to be employed. The checks

included the previous job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where support was needed, people were supported by carers to have their medicines as prescribed to meet their needs.
- The registered manager had understood and supported carers to follow best practice described in the NICE guidance.
- Carers received training and had regular competency checks to ensure they remained safe and able to support people with their medicines.
- The office staff collected and audited each Medicine Administration Record (MAR) to identify and manage any concerns with administration and to also ensure MARs were accurate and did not contain any errors. A carer told us, "They do come round and check that all is going well and we're doing things right." The registered manager had oversight of this and was able to check medicines records were completed and accurate.

Preventing and controlling infection

- The provider had a robust infection prevention and control policy which was up to date and in line with the current government guidance.
- We observed office staff taking steps to minimise infection risk given the recent pandemic. For example, using hand sanitiser and wearing personal protective equipment (PPE) when suitable.

Is the service effective?

Our findings

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

This is the first inspection for this service under its new registered address. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed, and they received support that was in line with standards, guidance and law. These assessments and discussions were used to match people with carers that were most suitable to meet their needs.
- People were involved in any decisions that needed to be made about the level of care they required and encouraged to make decisions.
- Regular care plan reviews and monitoring visits took place; this provided people with the opportunity to discuss what was working well and if any changes needed to be implemented. People told us they felt able to be open and honest with office staff and were fully involved in their care.

Staff support: induction, training, skills and experience

- Both staff and carers received regular support and were provided with training, learning and development opportunities as a measure of enhancing their skills and experience.
- People told us they were confident that both staff and carers knew their roles well. One said, "They are all very good, good people to work with."
- Office staff were thoroughly inducted into their roles, received regular supervisions and appraisals. One staff member told us, "I get supervision once a month. I feel confident and competent in this role. I get the opportunity to reflect with other staff which I value."
- Carers told us they felt supported and valued in their roles. One told us, "The training is exemplary. It teaches us everything we need to know about supporting people and it is refreshed all the time."

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

- People's needs for nutrition and hydration were recognised and the relevant support measures to maintain good levels were implemented. People told us they were actively involved in making their own meals were possible, "I like cooking and helping out, sometimes I need help and [my carer] will help me."
- People's care plans contained relevant information and guidance around nutrition and hydration and how carers needed to support them whilst still promoting independence when safe to do so.
- Dietary support needs were regularly reviewed, and advice and guidance was sought from external professionals such as speech and language therapists where needed.

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

- People received consistent, effective and timely care. Staff worked well with other services and professionals to support people to maintain good health and well-being.

- People had health actions plans and were referred appropriately to external health and social care professionals, such as GPs, to help them to live healthy lives. People played an active role in maintaining their own health and wellbeing. A person told us, "I have [name of health condition] and can see the doctor whenever I need to, but I manage it myself mainly."
- People were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.
- People's health and well-being was routinely reviewed; carers and staff were responsive to any change in need and escalated any concerns as they presented.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider and registered manager understood and complied with principles of the MCA and Deprivation of Liberty Safeguards (DoLS).
- People's care plans contained the relevant level of information in relation to people's capacity; consent to care and treatment was clearly documented and followed.
- Office staff and carers had received the necessary MCA training as a measure of developing their knowledge and understanding of the legal framework and principles.

Is the service caring?

Our findings

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

This is the first inspection for this service under its new registered address. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by carers who knew them well. People told us they felt well treated and supported and received care that was centred around their equality and diversity support needs. One person said, "They know my relationship is important to me so support us to go out together regularly." Another told us, "I'm supported to make my own decisions, I do what I want and [carer] knows what I like".
- Carers provided respectful and dignified care. One staff member told us, "Building rapport with people is vital, we give people and carers time to get to know each other to ensure it is the right fit. We ensure people are involved right the way through the process."
- Staff and carers understood the importance of providing tailored care that was centred around the people they were supporting and their needs. We have referred to this in more detail in the responsive key question.

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

- People were supported to express their views and were involved in decisions about their care.
- People were involved in their placements from the outset. They were involved in the pre-assessment process, given the opportunity to meet with a number of carers to establish who suited their needs best. They were then supported to devise their own care plans and were involved in regular reviews.
- People were supported to complete quality surveys and be actively involved in ensuring both their, and others care was person-centred. People were routinely asked about the care they received and encouraged to provide feedback and suggestions to help drive the service forward.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. One person told us, "I have my own space in the house, my privacy is respected."
- Carers ensured that people were provided with choice, were empowered to remain independent and treated with compassion. One person was supported to run their own bath, something which they had been struggling with in the past but now encouraged to do safely. The person told us, "I love that I can run my own bath and have it when I want."
- Care records contained specific information about the dependency needs of the people they supported and how best carers could promote their independence and privacy.

Is the service responsive?

Our findings

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

This is the first inspection for this service under its new registered address. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service enriched people's lives by supporting them to access a variety of stimulating and engaging activities that truly reflected their individual interests. Staff and carers were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. One person who had a history of isolating themselves was supported to volunteer at a local shop which broke the circle of them having limited interactions and had a significantly positive impact on their well-being.
- People told us they were encouraged and motivated by staff and carers to reach their goals and aspirations. One person told us how they loved being involved in animal care. During the pandemic lockdowns, they were still supported to take part in this, and their carer used innovative ways to ensure it continued in line with government rules. The person told us this had significantly and positively impacted both their mental and physical well-being. They went on to use this experience to enter competitions both locally and nationally and won a number of awards as a result which they were very proud to achieve.
- People were supported with their sexual orientation and identity without feeling discriminated against. People had been supported to take part in the recent pride festival. Staff and people had innovatively worked together to create a slogan which was important to them, "Equal Able Sexual". This promoted the message that people who were supported by Grace Eyre have the same rights as anyone else and should be able to build and maintain relationships. This had been displayed in nightclubs and at LGBTQ+ events across the city. People were supported to maintain relationships that were important to them, such as being discreetly helped to go out on dates.
- Staff and carers showed a commitment to ensure people could maintain interests which were socially and culturally vital for them. One person was supported to give a talk to other people who use the service about their religion and what special events occurred throughout the year. The registered manager told us, "It was a real positive all round, [person] got to speak passionately about something very important to them, and others learnt more about the subject."
- Staff helped people to have freedom of choice and control over what they did. One person had not seen their parent for a long time, which was something they wished to do. Staff and carers were able to ascertain this and understood how important it was to the person. They worked with the person and the local authority to reinstate contact. The person told us that it was often the highlight of their week.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider took great care to ensure people were supported by carers they had things in common with.

They took their time to get to know people and understand how they wanted to be supported. Staff and carers provided people with personalised, proactive and co-ordinated support in line with their needs and wishes and found creative ways to enable people to live full and active lives. An innovative and robust person-centred approach was evident to support people to discuss and plan how to reach their goals and aspirations. A kinship scheme had been developed to, with the support of a carer, enable a person to live with their child meaning they no longer needed to live in a mother and baby unit.

- People were proactively supported and encouraged to develop a future plan, which covered where they were now and where they would like to be. Staff and carers worked closely with the person, their family and other professionals to establish what was important to the person and to set long term goals. Two people who used the service aspired to live independently, so Grace Eyre worked with them both to safely make the positive transition into sharing a flat together. This started with helping them develop independent living skills such as cooking, right through to supporting them to manage a tenancy. The success of the support provided had meant they were now living independently which had a significantly positive impact on their well-being.
- Grace Eyre had a strong vision to provide a service which was led by the people who used it, to ensure care was truly person-centred. Two people had been appointed as ambassadors within the organisation, working with their friends and colleagues to build a community where people were respected and treated as equal citizens who fulfil their aspirations and goals. One person spoke of their pride about becoming an ambassador, they told us, "We get to make a difference and promote how important it is that people receive support that is really what they want. We should be supported how we want to be supported. It's good we can do this for everyone."
- People told us that they were fully involved in the development of their care plan, and this was shaped and individualised to them. These included what and whom was important to them, what they liked and disliked, their achievements and goals and aspirations for the future. One person told us, "I can do what I want to do, when I want to do it. My care plan is just that, MY care plan."
- The provider and registered manager were exceptionally responsive and promoted person-centred care which had a positive impact on people's well-being and increased their independence. Staff empowered people to be active citizens and have equal rights in their local and wider community. People were invited to work with the National Development Team for Inclusion to shape community services which support those with learning disabilities for the future.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Grace Eyre ensured people had access to information in formats they could understand. The service employed a group of people with lived experience to check through all policies and reports to ensure that easy read formats were available for people who use the service. People told us that being able to access policies and reports helped them feel part of the service.
- People were supported to communicate in a way that was meaningful to them and this was clearly documented in their care plans. This included using visual items such as photographs, which helped people know what was going to happen during the day and help them make daily decisions. Carers understood how important this was to people.
- The provider had funded electronic tablets for those who benefitted from this accessible technology and were isolated, to allow them to connect online with others. This allowed them to take part in social groups such as the Grace Eyre Friendship group, an online forum where people could interact, do quizzes and get to

know one another throughout the pandemic.

- Staff and carers had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication in different formats. They had undertaken training in areas relevant to the person they were supporting and their communication needs. Some carers had been trained to use Makaton (a form of sign language) and others in the use of Picture Exchange Communication System (PECS).

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff and carers supported them to do so. One person told us, "I have made a complaint before and it was taken seriously. They supported me and my carer to talk it through and now I'm happy."
- The service treated all concerns and complaints seriously, investigated them and learning lessons from the results, sharing the learning with the whole team and the wider service.
- We saw that full and robust investigations were undertaken when concerns were raised. There were clear communications between people and the registered manager, which included face to face meetings where appropriate. The provider devised action plans and gave clear explanations about what would be done in response to matters raised, and where learning took place this was also included.

End of life care and support

- At the time of inspection, the service was not supporting anyone at the end of their life. However, there were details of people's wishes in their care plans where applicable.

Is the service well-led?

Our findings

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

This is the first inspection for this service under its new registered address. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider and registered manager had nurtured a person-centred culture in the service, where staff treated people as individuals, upholding their rights and encouraging and enabling them to live their life as they wanted.
- People were supported to have access to the appropriate care that they needed, in the right location, taking into account their personal choices and preferences. People's decisions were respected and acted on. One person said, "They are good people to work with, and that's just it, we work together to get the best result. [Registered manager] is great and really has our best interests at heart."
- There was an open and inclusive approach to the running of the service. Staff morale was good, they felt recognised and supported in their role by management and were free to express opinions.
- A member of staff said, "We have really regular meetings where we have candid discussions about where we need to improve. We have a real focus on how we can make the service more accessible for people and their carers. That's important to us all and is one of the reasons I love working for Grace Eyre."

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

- People, carers and staff all voiced confidence in the leadership and direction of the service.
- Staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks for carers were regularly completed. Staff were given the opportunity to reflect on their practice and this underpinned their professional development and well-being practices.
- Effective quality assurance processes were in place. This gave the provider and registered manager an overview of the service, helping ensure people received safe, quality care and support. This included audits of various aspects of the service, such as medicines, accident and incidents, and care plans. Some checks were overdue, but the registered manager had identified this and had an action plan to address this. Any issues identified were listed on the service's action plan to be rectified.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things went wrong.

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

- The provider and registered manager promoted a strong ethos of person-centred care. They engaged and involved people, relatives, carers and the local public about the quality and safety of care being provided.
- Quality surveys, visits and telephone calls were regularly undertaken to ensure people were receiving high quality care. It also enabled matters to be reviewed and analysed to identify areas of strength but also areas of improvement.
- Staff told us they felt valued and supported in their roles. One staff member told us, "I feel appreciated and valued, I am always praised."
- People and their carers provided us with positive feedback about their experiences of care. One person said, "The coordinators come to see me at home, to check everything is ok. I like that." A carer told us, "I would just pick up the phone, they are so supportive, it feels like we have support 24/7. Nothing is ever too much trouble and we have a clear line of communication." Another carer added, "We all work together to provide the best possible care for [people]. Even if there's something wrong, we have open conversations about it so it can be sorted straight away."

Working in partnership with others

- Staff worked closely with colleagues from health and social care services so people could have access to consistent care and advice when required. Staff and carers were aware of and working to best practice guidance for supporting people with a learning disability and autistic people.
- Records showed that staff frequently contacted health and social care professionals for support and advice for people when their needs had changed.