

The Grace Eyre Foundation

Grace Eyre Shared Lives London

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Grace Eyre Shared Lives London is registered for 'personal care'. The service provides short and long term shared lives placements and day support to adults and young people with a learning and physical disability or mental health condition. Shared Lives is a model of support that facilitates people to live in the community, in the family home of their Shared Lives carer. Shared Lives schemes offer an alternative to both residential and more traditional care at home services for people who need personal care and support with their day to day lives. Care Quality Commission (CQC) does not regulate the accommodation provided for people; this inspection looked at people's personal care and support.

Grace Eyre Share Lives London recruits, assesses, trains and supports self-employed Shared Lives carers. An adult who needs support and/or accommodation moves in with or regularly visits an approved shared lives carer, after they have been matched for compatibility. Carers were supported by a management team and care coordinators based at the service's office.

Some people supported by Grace Eyre Shared Lives London did not receive a regulated activity from the service. The CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service supported 32 people and only four people were assisted with personal care.

This inspection took place on 30 October 2018 and was announced. This is the first inspection since the re-registration of the service in December 2017. The service was previously registered at a different address. At their last inspection in July 2017 the service was rated GOOD.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Guidance was available and followed by carers and care coordinators on how to support people to stay safe from abuse and any incidents and accidents occurring. Pre-employment checks were carried out to employ fit staff to take care of people. Systems were in place to determine the assistance people required to meet their care needs, including the support required with administration of medicines. The service ensured that cover was provided to support people if a main carer was on leave. Staff followed people's risk management plans to mitigate any potential risks to people. However, some assessments had to be carried out to review the risks that were well managed to ensure they continued to meet people's needs as necessary.

Care coordinators were provided with on-going guidance and support which meant they could carry out their responsibilities as required. People were involved and made the decision if they wanted to live with the matched carers. People were supported to access healthcare services when they needed medical attention.

Systems were in place to support people with their dietary requirements. The service monitored people's ability to make decisions for themselves as required by the Mental Capacity Act 2005 (MCA). However, some carers and care coordinators were not provided or up-to-date with the required training courses but the service took immediate action to address this.

People had their communication needs assessed and recorded which guided carers on the assistance they required to get involved in conversations and express their views. Carers were aware of people's spiritual needs and supported their religious beliefs. People had support to access community organisations for support to protect their rights where necessary. Carers assisted people in a way they could maintain their independence where possible.

People were supported to provide feedback about the service and raise their concerns and complaints should they have any. Carers felt confident to approach the management team for making changes to people's care if necessary. People's care needs were appropriately assessed and recorded which provided carers with guidance on the assistance people required. However, some care plans required updating with missing information such as people's allergies.

There was a good leadership at the service where carers felt well supported in their role. Policies and procedures were in place to support carers in delivering person-centred care for people. Care coordinators worked as a team and followed good practice to share information appropriately. Audits were regularly carried out to check if people's care records were up-to-date and reflected their care needs.

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. Risk assessments were in place to mitigate any potential risks to people's safety, but some risks had to be reviewed to ensure they continued to be well managed.

Carers and care coordinators were guided on how to record and report any potential abuse to people and incidents and accidents occurring.

Safe staff recruitment processes were in place to employ suitable carers to take good care of people.

People had support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Carers and care coordinators were supported to update their knowledge and skills, however they were not provided with some training courses required for the role.

Carers supported people to prepare food according to their choices. People had access to healthcare professionals when they needed it.

The registered manager followed the Mental Capacity Act 2005 (MCA) principles to support people in the decision-making process as required by law.

Is the service caring?

Good ●

The service was caring. Carers respected people's individual needs and assisted them in the way they wanted to be cared for. People had their religious and cultural needs identified and supported as necessary.

Carers were aware of people's communication needs and communicated to people the way they could understand them.

Carers encouraged people to take responsibility for the activities they could carry out themselves which supported their

independence.

Is the service responsive?

Good ●

The service was responsive. People's care needs were appropriately assessed and care plans guided carers on the assistance people required to meet their health needs. However, some care plans would be reviewed to ensure they were fully completed.

People had regular reviews to discuss the changes they wanted to make to their care.

People were provided with information on the complaints procedure and were encouraged to provide feedback about the services they received.

Is the service well-led?

Good ●

The service was well-led. The registered manager was involved in the day-to-day running of the service and supported carers and care coordinators to deliver person-centred care for people.

There was good communication between the care coordinators which ensured that information was shared as necessary.

Regular quality assurance checks were carried out to identify any improvements required

Grace Eyre Shared Lives London

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 30 October 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be in. This inspection was carried out by one inspector.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

During the inspection we spoke with one person who received a shared lives service. We also talked to the registered manager and two Shared Lives carers working for the service. We looked at care records for three people and reviewed records related to staff training and recruitment, safeguarding, incidents and accidents, management of medicines, audits and other aspects of the service management.

After the inspection, we contacted one healthcare professional asking for their feedback about the service delivery.

Is the service safe?

Our findings

Systems were in place to protect people from potential abuse and harm. Shared Lives carers and care co-ordinators were provided with training to ensure they safeguarded people as necessary. Carers told us that any concerns they had about people's safety were reported to the registered manager for taking appropriate action to keep people safe from abuse. Records showed that the registered manager was working in partnership with the local authority's safeguarding team where allegation of abuse was reported to them and people required protection.

Risk management plans were person centred and identified individual risks to people. Risk assessments were carried out to determine the likelihood and severity of the potential risks to people which helped the carers to determine the impact of these risks to people. Information was available on how to mitigate the potential risks to people in relation to nutrition, personal hygiene and social inclusion. However, although some risks identified were well managed and did not impact on people's daily activities, these risks required a comprehensive assessment to be carried out to ensure that people's care needs continued to be appropriately met and reviewed regularly. For example, where people had epilepsy and required support with mobility. We discussed this with the registered manager and were confident that this would be immediately addressed. We will check their progress at our next comprehensive inspection.

Health and safety assessments were carried out to ensure that the environment provided for people was safely maintained. Care coordinators were required to undertake regular checks of the premises where people lived making sure there were emergency procedures in place and followed as necessary, including fire safety.

People had assessments carried out to determine the support they required to meet their care needs. People received either long term, short term or day time support which was based on their individual needs. The service had carers on bank who stepped in when the main carers were on leave or sick and to cover emergencies. This meant that people were provided with the on-going support and the main carers had flexibility as necessary.

Safe carers recruitment processes were followed to ensure that the service employed suitable staff to work with people. Carers and care coordinators were required to undertake pre-employment checks which helped the registered manager to make safe recruitment decisions. Records showed that carers provided references and carried out a criminal records check before they started working with people.

People had support to take their medicines safely. Care plans included information on the assistance people needed to take their medicines as prescribed. Staff were required to complete the medicines administration record (MAR) sheets to confirm that people had taken their medicines. These were regularly checked for accuracy by care co-ordinators which ensure that people had their medicines administered in the correct dose and time.

Carers were aware of the actions they had to take to avoid risk of infection. Records showed that carers were

trained and had skills to protect people from cross contamination. One carer told us they implemented routines which helped the person they supported to maintain a clean environment as necessary.

Records were completed if an incident or accident took place and reviewed by the registered manager to ensure that appropriate action was taken to support people as necessary. Staff were required to complete an incident and accident form which included details of injuries sustained and involvement of other agencies such as emergency services. This helped the registered manager to ensure that people had the appropriate protection plan in place to prevent the incidents recurring.

Is the service effective?

Our findings

Shared Lives carers and care coordinators were provided with regular training courses to ensure they had the necessary level of knowledge and skills to support people effectively. A healthcare professional told us, "Some [carers] been in the service for many years and they have accumulated skills and knowledge along the way. [Carers] are also willing to continue training to update their skills and knowledge and I know that Grace Eyre is very strict about this." The registered manager told us they provided face-to-face and on-line training for carers to accommodate their different levels of ability to use computers. Records showed that carers and care coordinators had been trained in topics the provider considered mandatory, such as safeguarding, medicines management, health and safety and moving and handling.

However, records showed that carers and care coordinators were not provided with the Mental Capacity Act (2005) training. Some carers either didn't have or were overdue for the first aid and food hygiene training. The registered manager told us that before the carers and care coordinators started working with people they completed a comprehensive induction training and that their competencies were regularly checked to ensure their fitness for the role. Immediately after the inspection, the registered manager wrote to us to say that the necessary training courses were booked and would be completed by the end of November. We will check on their progress at the next inspection.

Systems were in place to provide on-going support to newly employed staff. The two care coordinators working for the service, were recently employed and on probation at the time we inspected the service. Records showed they had regular meetings with the registered manager to discuss their developmental needs and check their competencies required for the job, including knowledge of the provider's policies and procedures and the systems used to ensure safe care for people. Carers also received support through regular assessments carried out by the service which meant that their work was monitored as necessary.

A comprehensive assessment was carried out to match people with carers making sure they received the necessary level of care. A healthcare professional told us, "The service model is very good for people with moderate needs who require a "family like" environment." Carers were required to be approved by the shared lives panel which was assessing their suitability for the scheme and if they had values required to support people well. A matching process was used to identify a carer that a person would get on well with. People were given information about the carer, including a 'carers profile' and were supported to visit the potential carer in their home which helped them to decide if they wanted to move in with the carer. This ensured that people were given a choice of where they wanted to live.

Processes were in place to help people to manage their money effectively. People were supported by carers to monitor their everyday expenditure and the carers ensured that every purchase was accounted for. Records showed that care coordinators had regularly reviewed people finances to minimise the risk of financial abuse.

People had support to prepare the meals of their choice. People's care plans included information related to people's dietary needs, including the meals they liked and the support they required to meet their

nutritional needs. Carers told us they knew people's food preferences and that they supported people to make meals of their choice daily.

Records showed that people had access to healthcare services when they needed it. The registered manager told us that carers had a responsibility to monitor people's health needs and where necessary made arrangements and supported people to attend the necessary medical appointments. Carers were aware of an emergency procedure and told us they would call ambulance should they recognised changes in people's health which required immediate action.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that there was a good system in place to support people in the decision-making process. Records showed that the registered manager involved the local authority if people required support to make more complicated decisions, for example related to their finances or having an operation. Where people required help to make every day decisions, the registered manager had carried out the mental capacity assessment themselves and arranged the best interests meeting if it was decided that the person lacked capacity. For example, if the decision had to be made in relation to a person's holiday destination and finances to cover it.

Is the service caring?

Our findings

The shared lives carers were aware of people's preferred communication needs. One carer said, "Oh I know when [the person] is happy or unhappy. [The person] smiles and uses gestures to tell me what she wants. If [the person] is not happy I can see it on her face." We observed a carer communicating with a person. The carer ensured that they had the person's full attention and were facing each other before they started communicating. The carer used simple language which encouraged the person to engage in conversation because they understood the questions asked. In response, the person used facial expressions and gestures to tell us they were happy with the carer and the support provided.

People were provided with opportunities to access community organisations for support which ensured that their rights were protected as necessary. A healthcare professional said, "This is a valuable service and I have seen improvement in quality of life of young people who have been through tough times." The registered manager told us they worked in partnership with charity organisations that provided services to people supported by Grace Eyre Shared Lives London. Records showed that a person was supported by an advocate who fought for the person's right to have their care needs met safely.

People had support to maintain their independence where possible. One carer told us, "I try my best to let [the person] to be independent. I am learning every day and I found out that [the person] can do a lot for herself that I didn't know about when I met her." Care plans had information on the activities people could carry out themselves, including tasks related to household chores and personal care.

People were supported to meet their needs in respect to religion and culture. One carer told us they found out that a person was interested in going to a church and currently they were looking for the most suitable church to attend. Information was available on the support people required to meet their cultural needs, for example the movies they preferred to watch.

We found that people were treated with dignity and respect. One carer told us, "I am learning a lot from [the person], she is telling me how she wants things to be done. I always close the door when supporting [the person] in the bathroom. [The person] likes to put a dressing gown on after the wash to protect her dignity." Personal information about people was kept safe. One carer said they only shared information with third parties on a need-to-know basis and if authorised by the registered manager.

Is the service responsive?

Our findings

A healthcare professional told us, "The carers I work with are very skilled and knowledgeable about their clients. They even teach the social and health care professionals about the care."

Care plans were detailed and covered areas that were applicable to people's care needs. Carers were provided with information about people's likes and dislikes, routines, preferences, and goals that they wanted to achieve. People had their health needs identified and the support needed to meet their conditions, for example in relation to their nutrition. The care plans also included guidance for staff regarding the assistance people required with personal care, for example with dressing and washing themselves. However, the care plans we viewed were not always fully completed, for example in relation to people's allergies, even though we found out that these people did not have allergies. We discussed this with the registered manager who told us they would immediately review the support plans to ensure that all information was recorded as necessary. We were satisfied with the registered manager's response and we will check their progress at our next comprehensive inspection.

Care plans included information on the support people required to communicate. A great level of information was available on how to support people to engage in conversations and what their responses meant, for example the sounds a person was making to tell their feelings. Care records included pictures and were written in simple language to help people to understand information as necessary. Records showed that people had a speech and language therapist to support them with communication needs as required.

Records showed that regular review meetings took place to check if the placements provided for people were suitable and met their care needs. A healthcare professional told us, "The service is good in alerting about changes in needs and raising requests for reviews and reassessments." People and their Shared Lives carers had met with the care coordinators quarterly to talk about the arrangements in place and if there were any changes required. This ensured that people were provided with opportunities to discuss their care and support needs regularly.

People were encouraged to be a part of the local community. People were supported by their carers to explore and book the activities of their choice. One carer told us they supported a person to go swimming. Records showed that people were regularly attending day centres which helped them to socialise and build relationships.

Systems were in place to encourage people's involvement in making decisions about their care and support needs. People were asked to fill in questionnaires providing feedback about the quality of the support delivered to them. The service facilitated 'service user forums' which had an elected president aiming to involve people in making strategic decisions about their care. People were provided with an easy to read complaints procedure should they need to raise a concern to the Grace Eyre Shared Lives London and the local authority.

Issues arising were dealt with quickly as necessary. Carers told us that any requests for additional support were promptly reviewed and met by the service. One carer said, "We are getting tremendous support from the managers." Another carer told us that any concerns they raised were dealt with "swiftly and quickly." A healthcare professional said, "The service is very responsive to feedback and use it to improve the service. [The registered manager] provides updates on what they are doing as a result." The registered manager said and records confirmed that any complaints received were logged and investigated which ensured that issues raised were dealt with accordingly.

People were provided with opportunities to discuss their end of life wishes. The registered manager told us they recently talked to people about their funeral plans and how these would be covered from their savings.

Is the service well-led?

Our findings

The culture of the service was person-centred and supportive to the Shared Lives carers working for them. Carers told us they worked in partnership with the management team aiming to provide good care for people. One carer told us, "I find [the service] very good. The managers are trying to move things on and they educate us rather than telling us what to do. We are well looked after." Another carer said, "The manager is very supportive. I do get the support and [the registered manager] gets back to me to sort out issues when I need them to." A healthcare professional told us, "The managers have worked extremely hard in building registration of new carers as well as supporting the existing ones."

The registered manager led the service by example. From the conversations with the registered manager, we found them knowledgeable, transparent and committed to their role. The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law and these were sent in good time. Our records showed that the registered manager was always proactive in up-dating the CQC about the on-going investigations and the actions taken to support people to remain safe.

Systems were in place to ensure effective communication and information sharing within the team and with other agencies. A healthcare professional told us, "The service is very good with communication either by phone or emails. The carers are also responsive and where I have seen barriers, they have acted to improve." Regular team meetings were facilitated by the registered manager to discuss issues arising in the service delivery, including the systems used to store confidential information about people. Care coordinators used verbal handovers and emails to pass on information to each other to ensure consistent care provision for people.

There was a clear management structure in place with defined roles to monitor the quality of the services provided for people. The registered manager was supported by two care coordinators who had a responsibility to monitor the support people received in carers' homes. The care coordinators visited people regularly to check if the placement was meeting their health and safety and social care needs. The registered manager told us that any changes identified during these visits were reported and recorded as necessary to ensure that action was taken accordingly to reflect people's support needs.

There were regular quality assurance audits undertaken to monitor the service delivery. The service used an electronic system for recording information about people, including any safeguarding concerns raised and complaints received. The registered manager used this data to produce a quarterly report which was reviewed by the provider who checked that appropriate action was taken to address people's individual needs.

Grace Eyre Shared Lives London worked with relevant agencies to enhance people's social inclusion. The registered manager told us they sought partnership working with the local community to ensure that people had access to minority groups that were relevant to them, including charity organisations that supported people's religious and cultural needs. The service also had links with the job centre for guidance and support to recruit suitable staff to take good care of people.

