The Grace Eyre Foundation

Grace Eyre Choices Sussex

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8,13 and 16 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 17 May 2016 and rated it as Good with Outstanding in Caring.

The Grace Eyre Foundation provides support to people who have a learning disability and/or a mental health need, through shared lives services, day care, housing, and domiciliary support where people were supported in their own homes and in supported living.

Grace Eyre Choices Sussex provides personal care and support for adults with a learning disability, autism or mental health need in the community, living in their own home and in supported living accommodation in the Brighton and Hove and West Sussex areas. 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. At the time of our inspection around 200 people were receiving a service, of which 64 received the regulated activity of personal care. The staff team also help people to develop their skills for greater independence. They can help with people learning to cook, budgeting, managing medication, accessing the community and aim to promote healthy lifestyles, through a varied range of enjoyable leisure activities.

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

Since the new registration there had been several changes. Staff spoke of a move to new offices and the provider taking over the care and support provided in a number of new supported living sites. The service had grown quite quickly due to this. There had also been changes in the structure of the management team to support the larger service, which had not yet been fully embedded. A new computer system had been introduced and information was being transferred over with the view of being a paperless service. Although senior staff were auditing the care and support provided, some of the quality assurance for example, spot checks could not be fully evidenced as had not always been recorded. Information on the new system was not always complete and was still being updated, for example, staff supervision records. Feedback from staff was not always consistent as to the process to be followed or the forms to be completed. Recording, to give senior managers a clear oversight of the quality assurance which had been completed had not been fully maintained and there was a lack of oversight of the quality assurance process.

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. 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 achieve greater independence. People had care plans which had been reviewed. A member of staff told us, "In the community we try to match people with support workers and we have loads of success with that. Service users really value the consistency of staff."

People told us they felt safe in the service. People were supported by care staff who were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. Medicines were managed safely and people received the support they required. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

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 support 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.

There was a robust recruitment process in place. People were supported by kind caring staff. Care staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Care staff told us they were up-to-date with their training.

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.

Care staff told us that communication throughout the service was good. They told us they felt well supported by management and were positive and enthusiastic about their roles. A member of staff told us, "They are really good employers and good service providers." Another told us, "I love working for Grace Eyre. (Registered manager's name) is really supportive. The ethos is empowering and welcoming. Everyone is very supportive. (Registered manager's name) values her role and the need to run a quality service. She is passionate about that."

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.

People were supported by care staff who understood their responsibilities in relation to safeguarding. Medicines were managed and administered and safely

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

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. Staff had the skills and knowledge to meet people's needs. They had a good understanding of people's care and support needs.

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

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The provider strove to ensure the service was 'service user led.' There were a range of forums and accessible information to support and enable people to give their views on the care and support provided, which were considered and used to shape the service.

The service was outstanding in the way it cared about the people

they supported. People had their care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence.

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?

Requires Improvement

The service was not consistently well led.

Quality assurance was used to monitor and help improve standards of service delivery. However, processes and records had not been fully maintained to give a clear oversight of the quality assurance process.

The leadership and management promoted a caring and inclusive culture. Care staff told us the management was approachable and very supportive.

Grace Eyre Choices Sussex

Detailed findings

Background to this inspection

This inspection took place on 8,13 and 16 August 2018 and was announced. We told the registered manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection.

We did not request, on this occasion, the provider send 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 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 also requested feedback from eight social care professionals who had experience of working with the staff team.

During the inspection we visited the provider's office and spoke with the nominated individual for the provider, the registered manager, the two general managers, two service managers, two team leaders and five care staff. We spoke with three people who were using the service, and a relative. We visited two of the supported living services and spoke with five people using the service. We spent time reviewing the records of the service, including policies and procedures, five people's care and support plans, the recruitment records for three new care staff, compliments and complaints recording, accident/incident and safeguarding records. We also looked at the provider's 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.

Good

Is the service safe?

Our findings

People told us they felt completely safe and at ease with the care provided by the care staff.

Detailed assessments were undertaken to assess any risks to the person using the service and the staff supporting them, to protect people from harm. Each person's care and support plan had an assessment of individual risks due to their health and support needs. Where possible these had been discussed with people. The assessments detailed what the activity was and the associated risk, and there was guidance for staff to take to minimise the risk. There was an assessment of environmental risks to ensure a safe working environment for care staff.

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

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

Procedures were in place for staff to respond to emergencies. Care staff had guidance and were aware of the procedures to follow. They told us they would report any concerns to the office straight away. There was an on-call service available, so care staff had access to information and guidance at all times. They were aware of how to access this and those who had used this service told us it had worked well. A member of staff told us, "There is always someone at the end of the phone."

Where care staff had required additional support and guidance to manage behaviours that could challenge, this had been provided. All staff 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. Care staff had the opportunity to discuss the best way to support people through reviews of people's care and support and from feedback from other care staff in team meetings, as to what had worked well and not worked well. Groups of staff also kept in contact with each other using applications on their work telephones, sharing updates and guidance what had worked well or not so well. From this senior staff could look at the approach staff had taken and identify any training issues.

People either self-administered their medicines or had help with administration from their care staff. We do not inspect how medicines are stored in people's homes. Care staff told us they had undertaken training in the administration of medicines, and demonstrated a good understanding of the policies and procedures to be followed. Senior staff undertook regular checks of the administration of medicines as part of the review process in place. The completion of records was part of the checks completed. Where possible people were supported to self-administer through a risk management process.

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. A member of staff told us, "We have discussed infection control at team meetings. There are posters up on the wall, detailing safe practice, and use of gloves etc."

We looked at the recruitment of staff working in the service. The registered manager told us of the difficulties in staff recruitment and there were staff vacancies. Comprehensive recruitment practices were followed for the employment of new staff. We looked at the recruitment records for staff recently recruited, and we checked these held the required documentation. New staff had completed an application form, been interviewed, written references had been sought and a criminal records check had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to protect adults. To ensure people were at the centre of the service, people were part of the recruitment process and were part of the recruitment panel during the interview process. New staff we spoke with confirmed the process followed.

Care staff, where possible, were always introduced before they started working with a new person. Staffing levels were determined by the number of people using the service and their care and needs. The registered manager told us, "We won't take a referral outside of our capacity." Staffing levels could be adjusted according to the needs of people, and we saw that if required care staff supporting a person could be increased if their care needs changed. Senior staff showed us how calls were rostered where people worked in the community. They told us the senior team met each morning, "We work together very closely. At the start of the day. We look at the unallocated list, and who is available to cover and best to cover depending on people's needs and preferences. If a support worker has met the person if not we will arrange a shadow shift." Another member of staff told us, "They try to allocate people who have met you. They take a lot of time to get to know the service users and what they need to live their lives fully. We constantly get information about what they do." Staff working in the supported living services told us there was consistency and adequate staff on duty to meet people's care and support needs. A member of staff told us, "We are a good little team. They always have the same staff."

Good

Is the service effective?

Our findings

People told us they felt care staff understood their care and support needs, and provided a good level of care.

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 one person for whom a best interest meeting had been held. They had then been supported to move onto further accommodation. The member of staff told us the best interest meeting had worked well, with health and social care professionals, family members and Choices staff getting together to discuss the best way forward to support this person.

People were supported by care staff that had the knowledge and skills to carry out their roles. The registered manager told us all new care staff completed a thorough induction before they supported people. 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. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. New staff we spoke with confirmed the process followed. A member of staff told us, "The induction was brilliant. It's about adapting what you have learnt. I could not fault them."

Care staff received 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. This was provided by a mix of training provided by the local authority, through independent trainers, in house training and online (E Learning) training. Training included medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. They had received training to help support people with a learning disability and mental health needs. Care staff told us about additional training which was provided to meet individuals specific care needs. For example, a member of staff spoke about Epilepsy training they had just attended. They told us they were up-to-date with their training, training was discussed as part of the supervision or regular reviews completed, they received regular training updates and there was good access to training. A member of staff told us, "They give really good training." Records we looked at confirmed this.

There was a supervision and appraisal plan in place which the senior staff were following to ensure staff had received regular supervision and appraisal. Senior staff told us they each had a group of care staff or

supported living facility they supported. They provided regular supervision through one-to-one meetings which included an annual appraisal. These meetings gave care staff an opportunity to discuss their performance and identify any further training or support they required. There were also regular staff meetings for care staff to attend, meet each other for support and receive guidance and updates about any changes to the service. The care staff told us there was good communication, and when they called the office there was always someone available to provide guidance and support to help them provide effective care to people. A member of staff told us of their manager, "We catch up every week. She is always at the end of the phone. I have supervision two monthly."
Senior staff told us they attended regular staff meetings and communication in the service was good. They told us they felt well supported and had been able to access further training to support them in their role.

Staff had a good understanding of equality and diversity and told us how people's rights had been protected. 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. They could describe the support provided for one person who was in the process of transitioning.

People told us they liked the food provided. Where required, care staff supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans provided information about people's food and nutrition needs. Where possible people either prepared some of their food or helped with the cooking. A visiting health and social care professional commented positively on the person-centred care which had been provided. They had observed one person who was cooking their own meal with background support.

People had been supported where needed to maintain good health and have on-going healthcare support. People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to have an annual health check with their GP, and to make their own healthcare appointments when needed.

Outstanding ☆

Is the service caring?

Our findings

The Grace Eyre Foundation's focus was to ensure the service was user-led. Staff were outstanding in their support of people to express their views, and to be involved. People and relatives told us the staff team continued to be exceptionally resourceful, caring, friendly and helpful. One person told us, "They help you to do things better. We do things together with the staff." A member of staff told us," It's about living life and not just about providing care." Another told us, "They are understanding, listening to people well. They are willing to be flexible. Grace Eyre will listen and try to help. Giving people a chance and the opportunity to develop." The registered manager commented, "I want us to be working together. It really opened the staff/manager divide. Much more linear working, equality and empowered staff and service user empowerment. We are all here together and learning together, co-operative working. Everyone has great ideas. It may not work, but let's look at the opportunities."

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 such as 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 the staff and management were fully committed to this approach and found innovative ways to support and make it a reality for each person.

Since the last inspection senior staff had been inviting people to talk at staff meetings and share their knowledge. One person gave a talk about Down Syndrome to the staff in a recent team meeting. Following the team meeting, the person told staff, "I enjoyed doing it as I know a lot about Down Syndrome as I have it. I want people to know we are the same as everyone and that we need to challenge people that stare at us. It felt good doing the talk made me feel important and listened to."

We spoke with one person who had regularly been a member of a staff recruitment panel. They were very enthusiastic and excited about their role and what it meant for them to be part of the 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 in their home. They had asked questions which had been important to them. They told us, "I interview the staff for the job with (Staff member's names.) I am quite good at that. I ask the staff the same questions, 'Are you a good team player.' I feel in control. I sometimes let them know they have got the job. I show them around and introduce them to everyone. I really feel part of the team." They also told us since the last inspection they had been part of a recruitment day in Brighton of new staff, and said, "We do an open day. We did a stall to bring in more new staff. I went on the stage and talked about what

Grace Eyre does to look after people and tenants." The registered manager told us they had found involving people in an interview helped to give new staff members more insight into who they might be supporting, and allowed the interview panel members the opportunity to observe interactions between people and interviewee to help select the right person for the job. The person also told us of their other role in the service by supporting the manager, "I work with (the manager's name) in the office. I do the shredding." They had enjoyed doing this. They had a set time to complete the task and told us they had enjoyed working with the staff team to complete this.

An ambassador scheme was in place, 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. One person provided feedback on their role as an ambassador gave us feedback on how they had enjoyed this role and had valued being able to give their views and told us, "I have been an ambassador for Grace Eyre for half a year now. My role is to represent Grace Eyre and contribute my ideas of how it should be run. I have recently been speaking to staff to find out how they communicate with each other at work and whether is effective. I like being an ambassador for Grace Eyre and enjoy working with (staff member's name.)"

Staff ensured they took care to maintain and promote people's well-being and happiness; for instance, staff in the organisation were concerned as they had identified some people were losing their friendship networks as there had been more restricted access to day care facilities in the town. They had set up and facilitated friendship groups which were user led groups and facilitated friendships and networks to help people avoid social isolation and develop peer support groups. These groups had proved to be very successful. People were supported to maintain relationships with people that mattered to them, or maintain contact with their family. Great effort was made to ensure people were listened to and the care and support provided met their individual needs. One member of staff told us, "It comes down to choice. It's about achieving the end goal and if needed finding another route." One person told us of their experience joining in the group, "I like the friendship group, we go out and do different things. I went to see an Abba and Michael Jackson tribute band. The friendship group also arrange outings to Donatello's and have a walking group, I don't join the walking group as I mostly like going to the shows."

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. For example, the organisations person centred charter. This charter embedded the organisation's values of empowering people who receive care and support as well as highlighting customs of how to treat people with compassion, kindness, dignity and respect. Some of these customs included supporting people to have a healthy lifestyle, being flexible to a person's needs, helping a person to have strong and supportive relationships, being listened to and supporting people to live the lives they want. The following were some of the people's expectations; 'Staff should be polite and on time; Staff should listen to us; not take away people's independence; should be patient; should have training; should support me to do the things I like to do.' This group had actively worked on the drafting of the accessible version of the person-centred charter. The group was about to look at the 'Service User Guide.'

People were consistently positive and highly praised the kindness and the caring attitude of the care staff, and how they centred their care on people's needs and support. They were happy and liked the staff. People told us they were treated with kindness and compassion in their day-to-day care. They told us they were extremely happy with the care and support they received. Staff were extremely positive about the service

and told us about the flexibility of the staff team to ensure people received the care and support they needed. People valued their relationships with the care staff and felt that they often went 'the extra mile' for them, when providing care and support. They told us they felt really cared for and that they mattered.

Senior staff had ensured the guidance for care staff contained in people's support plans promoted their privacy and dignity. Records we looked at confirmed this. Care 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. One member of staff told us, "It comes back to communicating well. It's their house and we treat it as their home.".

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

Good

Is the service responsive?

Our findings

People told us they felt included and listened to, heard and respected. They also confirmed they or their family were involved in the review of their care and support. Detailed care and support plans were in place. People knew who to talk to if they had any concerns. A relative told us, "The carers providing one to one care are really, really good. There are good interactions. The carer is always speaking, encouraging and talking to her." When asked what the service did well a visiting health and social care professional said, "The service engages with the people who they provide care with well and encourages independence, finds ways to be inclusive of the people they are supporting."

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

Where possible people had been involved in developing their care and support plans. Care and support plans were comprehensive and gave detailed information on people's care needs their likes/dislikes/preferences and explanations as to how this should be provided. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. All staff told us this information was regularly updated and reviewed. This information ensured that care staff understood how to support the person in a consistent way and to feel settled and secure. A member of staff told us, "We have so much information in case we need it. "Care staff demonstrated a good level of knowledge of the care needs of the people. Where appropriate, specialist advice and support had been sought and this advice was included in care plans.

Feedback from a health and social care professional was of person centred care being provided and of staff who had encouraged people's independence. Observations of an interaction between a staff member and one person was friendly and 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. Senior staff told us of work with the speech and langue therapist's and other professionals to create communication aids, the use of Makaton (A version of sign language) or British Sign language, and sensory aids. One person's care plan described how their communication board was important to them and of the best way to support the person with this.

Care 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. A relative told us how their daughter was supported to attend day care. They said, "We are really, really happy. She is happy going there. She loves people and being with people." Where appropriate care staff supported people with their schedule for the week. People spoke of a range of activities they were involved in. One person explained how staff were working with them to plan their birthday party. Another person told us how they had just been shopping with the care staff. A third person said. "I play in a football team. I am in goal and a striker. I go to the gym, the shopping centre, and go to the local centre where I play pool and talk with my friends."

Technology was used to support people with their care and support needs. Senior staff made referrals for assisted technology when identified. Care staff were working with the organisations new computer package and use of mobile phones to share work schedules and information on the care to be provided.

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 was not an area of care provided very often. However, where needed people's wishes had been discussed and planned through the review process to ensure these were recorded and respected. The registered manager told us, where people lived in the community, "Usually people go into hospital or a hospice, with our staff supporting alongside."

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. Where any concerns had been raised these had been dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

People told us about the service and that it was well led. One member of staff told us, "I feel super valued by the managers at Grace Eyre. I have gone up through the company. I have been supported to learn and grow. I am still learning, I am confident. I can't speak highly enough about this. I have learnt off the managers." When asked what the service did well a member of staff told us of the provider, "They value the team and the people we support. The core of Grace Eyre is to listen to people from the management down to the staff. Staff are inclusive and passionate about people we support. Everyone is equal and treated the same. Grace Eyre like to lead on new ideas. They are not frightened of change." However, despite the positive comments we found areas in need of improvement in relation to quality assurance.

The registered manager and senior staff 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 supervision 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. However, the service had grown quite quickly and to support this increase, there had been changes in the structure of the management team to support the larger service, which had not yet been fully embedded. Senior staff were still learning their new roles. A new computer system had been introduced and information was being transferred over with the view of being a paperless service. It was still in the process of being transferred and updated. Although senior staff were auditing the care and support provided, some of the quality assurance for example, spot checks could not be fully evidenced as had not always been recorded. Information on the new system was not always complete and still being updated, for example, staff supervision records. Feedback from staff was not always consistent as to the process to be followed, timescales for completion or the forms to be completed. For example, of the provision of supervision and the completion of environmental risk assessments. Recording to give senior managers a clear oversight of the quality assurance checks completed had not been fully maintained. There was a lack of oversight of the quality assurance process. A member of staff told us, "We have grown quite quickly and are catching up. We need to get the systems up and running. This was an area in need of improvement.

There was a clear management structure with identified leadership roles. All the staff told us they felt the service was well led and that they were well supported. A member of staff told us, "There's lots of opportunities for progression and training. I feel well supported at any time of the day. I know there will always be someone there. The registered manager will always get stuck in if needed. We really work well as a team." Staff told us systems were being developed and improved and were more structured and easy to follow. For example, this included the implementation of a new computer system which would make it easier to draw off statistical information to be used in the development of the service, and that will enable easier access to reports in a pictorial easily read versions of an individual's goals.

The registered manager, senior staff and care staff 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 a well-managed service, good working relationship with the provider, and senior managers being helpful and

responsive.

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. Care staff had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

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 recruitment process, ongoing training and support ensured care staff ensured this. The registered manager told us, choice and control was at the heart of all conversations.

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. Staff 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.

The provider had statistical information 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 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 the 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.