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?	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 Choices Sussex is a 'supported living service' providing personal care to people in supported living schemes, so that people can live in their own homes as independently as possible. They also provide outreach support to people who do not live in supported living schemes. The service provides support to people with a range of health and social care needs, including those with a learning disability and autistic people. At the time of our inspection, 61 people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Right Support: The service were exceptional at getting to know people's needs, wishes and preferences to ensure support was catered to each individual. Staff used innovative ways to ensure people were supported to live as independently as possible. People were provided with a choice in their day-to-day decision-making and families were involved where they wished to be involved. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's risks in relation to their care were managed, this included understanding and taking positive risks to encourage people's independence and supporting them to achieve their personal goals. There were sufficient staff to support people safely and people told us they felt confident staff knew what they are doing. We were assured that the service were following good infection prevention and control procedures to keep people safe. External professionals told us that staff worked well with them to achieve positive outcomes for people.

Right Care: People and their relatives told us they felt supported by staff in a kind, caring and dignified way. Promoting respect and dignity was at the heart of Grace Eyre's practice. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included training for learning disability and autism awareness. People told us that the care was consistent, and staff knew them well. Staff supported people to maintain relationships that were important to them. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided.

Care plans were person-centred and included information on people's healthcare needs, preferences and social history. People were supported to enjoy the diet of their choice, including cooking for themselves and

staff encouraged them to ensure they had sufficient fluids to drink. People had individual goals and objectives which were regularly reviewed by staff.

Right Culture: The culture of the service was open, inclusive and empowered people to live independent lives where they were able. There was a strong ethos throughout the service that it was person-led and developed to be person-centred. People and their relatives were complimentary about the service and felt their ideas and concerns would be listened to by the registered managers and the provider. People told us they felt they could approach the management of the service with ideas and suggestions they had. Management had undertaken audits to look at ways of improving the service and identifying issues. Staff were complimentary about the approachability of both registered managers and the team leaders and told us they were able to raise concerns, and these would be dealt with appropriately.

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

Rating at last inspection and update
This service was registered a new address with us on 5 December 2019 and this is the first inspection at this location. The last rating for the service at the previous premises was good, published on 13 December 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service because it had relocated to a new office since our previous inspection.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was 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 Choices 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
This inspection was undertaken by one inspector and an assistant inspector.

Service and service type
This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also provide outreach domiciliary care. Where people receive support with personal care in their own houses and flats.

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 were two registered managers in post, one mainly covered Brighton & Hove, and the other West Sussex.

Notice of inspection
We gave a short period notice of the inspection because we needed to be sure the registered managers would be in the office to support the inspection. We also needed to gain prior consent to visit some people using the service in their homes.

Inspection activity started on 2 November 2022 and ended on 9 November 2022. We visited the location's office on 4 November 2022 and two of the houses where they provide support on 7 November 2022.

What we did before the inspection
We used the 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 spoke with seven people who used the service and three relatives to hear about their experience of the care provided. We spoke with eight members of staff including the registered managers, team leaders and care staff. We reviewed a range of records. This included five people's care records including care plans and risk assessments; and a number of medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

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 of this service at its newly 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

- People were safe and protected from the risk of harm and abuse. People told us they felt safe with staff. One person said, "I like [staff member], they make me feel safe here."
- The provider had an up to date safeguarding policy in place. The registered managers were aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. They had done this appropriately.
- Staff were trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. When we spoke with them, staff demonstrated a good knowledge of who to report concerns to, both internally and to externally. Staff spoke of confidence that concerns were dealt with. A staff member said, "I do feel that anything I raise would be treated seriously and followed up."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety. Clear guidance was provided in a person's care plan for staff to follow to minimise risks. For example, support with mobilising or how to support a person having a seizure.
- Potential risks were considered as part of the assessment process. People and their representatives were involved in any decisions regarding potential risk. This included taking positive risks where suitable. For example, people being encouraged to use public transport independently.
- Environmental risks linked to people's homes had been considered to support their safety. For example, regular fire alarm testing and where valves such as gas and water could be accessed in an emergency. The provider also had a lone worker policy in place. Staff spoke positively around the environment and feeling safe at work.
- Staff had completed training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, first aid, fire safety and food hygiene training.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority. The registered managers had done this when necessary and had taken relevant action to minimise incidents reoccurring

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- The provider had a robust recruitment policy and staff were recruited in line with this. Staff records included all required information, to evidence their suitability to work with people, which included a

Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

● Staff had the suitable skills and knowledge to safely meet people's needs. Ongoing support was provided through supervision and observed practice.

● People told us the service was reliable and staff were consistent and arrived on time. Supported living settings had core staff teams and had their own internal additional staff pool to cover in emergencies.

Using medicines safely

● Robust systems were used to support people safely with their medicines, where required.

● People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

● Staff who administered medication undertook medicines training and their competency was regularly assessed.

Preventing and controlling infection

● Systems and processes were in place to protect people from the risk of cross infection.

● Staff had received training about COVID-19 and infection prevention measures.

● We observed staff wearing personal protective equipment (PPE) appropriately. People and family members told us staff wore this at all times.

● Checks and audits were completed by the management team to ensure staff were undertaking correct infection prevention and control measures.

Good

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 at its newly 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 were assessed before they commenced using the service to ensure their needs could be met. For example, assessing people's need with regards to the promotion of their health along with ensuring they would be a good match for those already using the service.
- The provider, registered manager, team leaders and staff all demonstrated a strong knowledge of the principles of right support, right care, right culture. This was considered as part of all care delivery and promoted people's choice in the service they received.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.

Staff support: induction, training, skills and experience
- People were supported by staff who had the appropriate training and skills.
- The service had effective systems to support and supervise staff. This included one to one sessions and spot checks of staff competencies. Staff spoke positively about the support they received. One staff member told us, "[Team Leader] is so supportive, I can raise anything with them in my supervision. I really feel like they've got my back and they've really improved morale."
- Staff undertook training in key areas to promote people's health and well-being, which enabled them to meet people's needs. For example, epilepsy awareness training.
- The provider had a robust induction process in place to ensure new staff members were competent and confident before undertaking their role. One staff member said, "Yes, I received an induction, it was thorough. I did lots of training and there was loads to remember, but it set me up to do my job."

Supporting people to eat and drink enough to maintain a balanced diet
- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food, this was detailed within their care records.
- People were supported to prepare and consume food and drink that they enjoyed. Care records contained personalised information as to people's likes and dislikes of food and drink and included key information to ensure people had sufficient amounts to drink and eat.
- Where possible, people were encouraged to maintain a balanced diet independently. We comment more of this is the caring domain of this report. In the supported living settings and where appropriate, there were pictorial menus displayed in the kitchen to enable people to choose what food they would like that day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

● People were supported to receive timely support with their healthcare needs. For example, staff supported people to attend medical appointments and ordered medication, where support was required.

● People's care records provided guidance as to their health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.

● Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff were proactive in alerting health care professionals where they had concerns about people's health and well-being. For example, a nutritionist was contacted to prevent a person losing weight.

● Staff we spoke with demonstrated a detailed understanding of the healthcare needs of people, and any underlying health conditions and their role in providing support and care.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's capacity to make informed decisions were considered. People had signed an agreement consenting to their care and support from staff.

● Where people lacked capacity to make some decisions, they were still supported to be as involved as possible with any decision-making process. Staff ensured that where DoLS were in place, any conditions associated with these were being met, for example, supporting people to go out regularly.

● Staff demonstrated a good knowledge of the MCA and DoLS, especially respecting that people can make unwise decision if they wish and the capacity to do so. Risk assessments had been undertaken with people's involvement to promote their safety, for example, around finance management and possible excess spending.

Outstanding ☆

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 at its newly registered address. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

● Respect for people's privacy and dignity is at the heart of the Grace Eyre's culture and values. The organisation took pride in ensuring their values were embedded in all staff practice. Their board was supported by people with lived experience and people who used the service were encouraged to be ambassadors who were involved in writing policies, including those around privacy. For example, one person did not like having their curtains closed so they were supported to have a privacy film placed on their windows, where they could see out but people could not see in. This allowed them to feel comfortable whilst still maintaining their dignity. Staff told us that this significantly reduced the person's distress whilst being supported with personal care.

● Staff found innovative and creative ways to enable people excellent opportunities to try new experiences, develop new skills and gain independence. The service set up their own "travel buddy" scheme, which was to teach people to use public transport and gain confidence in order for them to get out and about more independently. Staff took time and a consistent approach to enable people to build new skills. One person told us that they had never been able to go out alone, however following support from the scheme they had built the ability and confidence to do this daily. Another person told us that they could access the day centre everyday now because they could use the bus independently now. They spoke very positively about enjoying their time there.

● Staff used imaginative ways to promote people's independence with cooking. They researched local cookery courses for people to engage with and supported them to regularly attend to gain new skills. They also spent time with those who preferred to cook at home getting to know what foods people liked and what they would enjoy to cook. They sourced pictorial recipe cards where needed for people to follow, along with their support initially. They took positive risks to support people to learn to cook their favourite meals. One person told us, "I cook curry for everyone, they really like it and that makes me feel good. I'm sure its their favourite night of the week".

● Staff recognised people's ability to be safely enabled to achieve independence. One person had never been able to shop for themselves. Staff worked in a step by step way with the person to support them to go shopping. This was part of a longer term plan for the person to live independently as they wished. One staff member told us, "(Person) will now go into the shop and buy something themselves, there's no reason why they shouldn't have the same rights and freedoms you and I have. It was such a positive achievement for them."

● The provider enabled people to increase their independence by assessing their needs and sourcing innovative technology to assist them. For example, one person who was living with dementia had been provided with a watch that could used to send an alert to staff when the person felt uncomfortable or unsafe

in their surroundings. This enabled the person to still go out independently to enjoy activities important to them. The person also remained in control of when to press the button rather than being "tracked" by staff.
● People were supported and encouraged to engage with each other. The provider had a strong emphasis on people being involved and not being left isolated regardless of their needs. The provider had purchased electronic tablets for people to enable them to connect online with others. Due to this, people were able to take part in social groups whilst maintaining their privacy if they wished. Grace Eyre had developed their Grace Eyre Friendship group, an online forum where people could interact, and get to know one another whist remaining in their own space.

Ensuring people are well treated and supported; respecting equality and diversity
● There was a strong, visible person-centred culture at Grace Eyre. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. This was evident from our observations during the inspection. For example, we saw a registered manager having an animated conversation with a person regarding a recent football match. We also saw a staff member encouraging a person to speak about their recent achievements at their cookery lessons.
● People were supported to maintain relationships important to them. Staff had spent time having open discussions with people in order to ascertain their preferences. This included their sexual orientation and identity without feeling discriminated against. Grace Eyre were strong advocates that anyone using their service should have the same rights as anyone else. Staff and people had developed a slogan "Equal Able Sexual" and this was displayed across the city at LGBTQ+ events. This highlighted that people have the right to develop and maintain relationship they want, and this was supported at Grace Eyre.
● Staff were committed to ensure people were supported to follow their chosen religion. For example, staff had support one person to set up a specific kitchen area in their shared home to ensure their cultural dietary needs could be maintained. They spent time telling us about a weekly event that is followed without fail and the pride they felt in this. They told us, "We all get together, I can share what's important to me with others and feel supported and safe to do this."
● People were supported with exceptional care when they were unwell. One person who was in hospital for an extended stay wanted to be home for Christmas, but due to the level of support they needed at home, it was looking unlikely this could be achieved. Staff and management worked hard to ensure the correct level of support was in place by providing extra hours and additional visits. One registered manager told us, "It was so important to [person] to be in their own home for Christmas, there was no way we were going to sit back and not make it happen. We liaised with professionals and undertook additional training to make sure we could support [person] safely. We did it and they managed to get home for Christmas." The person told us, "I'm so grateful for what they did for me. I don't know where I'd be without them."
● People were supported by staff who worked with them as equals in partnership, and with no power imbalance in their relationship. For example, people spoke positively about going out to places such as the West End theatre, to football games or to the local pub and feeling like they were out with a friend rather than a staff member. Staff had an exceptional knowledge of people and their histories. One staff said, "We are matched with the people we support so we can really get to know them. There is a real passion here about person-centred care. We are all just like family." A relative told us, "[Person] can struggle with his communication, but the staff are brilliant. They're patient, friendly and caring towards him, this means they know him, can look after his interests and keep him active which is important to him." We observed warm and friendly interactions between people and staff.
● Staff knew how to use kindness and humour to raise people's spirits when they were experiencing distress. For example, one person had a repetitive behaviour throughout the day which was causing damage to their skin. Staff took time to understand what was causing this behaviour and established techniques to distract and engaged the person in other activities. During our inspection we saw the person being engaged and they did not display the behaviour in question. This support has significantly improved the person's skin and

their well-being. The person spoke positively about a trip to the local café that was planned for the afternoon.

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

● The service were exceptional at helping people express their views, so that staff and managers at all levels understood their preferences, wishes and choices. People who used the service were encouraged to become ambassadors to sit on the board where decision about how the service was run were made. The service had also developed a group of people who reviewed documentation in easy read, to ensure it was in an understandable format for all.

● People were able to take control of their care and support as much as they felt able to. People were able to choose which staff they were supported by and were involved in writing their own care plan. People were assigned key workers that they worked in collaboration with to ensure the care they received was personalised to them. Staff commented, "The care plans belong to the people we support, it's only right that they have the information people want in them." Staff supported people to have their care plans in the format that was accessible and favourable to them.

● Staff were skilled in understanding the communication needs of people with complex needs. There were very few instances of disruption for people as staff knew how people wished to be supported and implemented this for them. One relative told us, "It just like a family, they really go above and beyond to make sure [person] is settled and well cared for."

● Staff had an in-depth knowledge of people's views and wishes. This included their right and ability to make unwise decisions if the wish. One staff member told us, "It can be frustrating at times, but why shouldn't people be able to make their own decisions. That's why we are here, to support them through it and keep them as safe as possible."

● People were encouraged by committed staff to reach their goals and aspirations. One person had a dream of going on holiday. This is something they hadn't attempted for a number of years due to lack of confidence and not enjoying mixing with groups. Staff supported this person to decide where he wanted to go and who he wanted to go with. They also supported the person to work with the company who had oversight of his money to budget for the trips. The person has since been on a number of different trips and this has had a significantly positive impact on his well-being.

● Grace Eyre had proactively worked closely with Speak Out advisory group to improve the effectiveness of the tenants meetings. This showed staff that engagement was better if people were given multiple choice options, rather than just being asked what they would like. People spoke positively about the tenant meetings and felt able to express their wishes and involved in decision making in their homes. For example, people had expressed a wish to redecorate and buy new furniture for their communal living space. This had been implemented. One person told us, "I love the new lounge, red is my favourite colour and we were able to get a red sofa, I spend all my time here now."

● Staff had an excellent understanding of people's individual sensory needs and how best to support people. One person had previously been limited in going out in the community. Staff worked closely with the person to plan how to support them to regulate their sensory needs. This included certain activities and sensory sessions. The person was now supported daily to go to the shops, something which they enjoyed and looked forward to.

Good

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 at its newly registered address. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised and tailored to meet their needs and included information as to their preferences. For example, what time they liked to get up in the morning.
- People and their relatives spoke positively about the care they received. One person said, "I get to do things I like, staff help me with this."
- Support focused on people's quality of life outcomes which were regularly monitored and adapted as needed. Staff used person-centred planning and approaches to discuss and plan with people how to reach their goals and aspirations. One person had a long-term goal to move to a more independent setting. Staff were working with this person to develop the skills they would need to do this.
- Staff understood how to proactively support people to take positive risks and this meant that all the restrictions were gradually and safely removed allowing the person to live their own life as freely as they chose.

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

- People had been supported to pursue and maintain personal relationships that were important to them. One person told us of how they were supported to continue their relationship with their boyfriend. They said, "I look forward to seeing him, and I'm glad that I can go out with him often." Staff worked closely with people to educate them about sexual health and how to keep safe.
- Support plans were written and reviewed regularly to ensure assessments reflected people's changing needs. Staff understood that people may refuse activities in given moments if their routines or expectations were not met. However, they ensured that people had the right support as care plans were very person centred and explained what things may stop a person doing a task or activity. This allowed people to be supported in the most positive way to give the best possible chance of them engaging.
- People were being supported in imaginative ways to do things they enjoyed and were important to them. One person had a very specific interest and staff supported him to build a relationship with a local shop who sold the item in question. The person was able to regularly go there and engage in the line of work they liked. The person was very proud of this, and spent time showing the inspector a wide collection they had built over the years.

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.

● People's preferred communication methods were detailed in their care plans. Staff had a good awareness of people's individual needs and received training in specific ways of communicating. We saw these skills being used during the inspection.

● Staff supported people, in a consistent way, to express their views using their preferred method of communication. One staff told us, "We have different training dependent on how someone communicates. I have done Makaton training because its important to people here." We observed staff using this to good effect.

● People were provided with specific technology to improve their ways of communicating. This had a positive impact on their well-being and there is more detail around this in the caring section.

● The service had a person-led panel who worked together to ensure all important information, including policy and procedures, were provided in an easy read format for those who required this.

Improving care quality in response to complaints or concerns

● Systems and processes were in place to respond to people's concerns and complaints. Records were kept of concerns and complaints, including the action taken in response, which included providing a response to the complainant.

● The registered managers analysed the outcome of concerns and complaints and used these as lessons learnt.

● People told us they would be comfortable to make a complaint if needed as staff and management were approachable.

End of life care and support

● At the time of our inspection, nobody was receiving end of life care. However, appropriate discussions had taken place with those who wanted to express wishes. Any details gathered were documented in people's care plan.

Good

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 at its newly 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.

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

- The provider and registered managers encouraged a strong stance on the service being person led. This meant the people who use the service were significantly involved in the development of the service, including policies and procedures. The service created ambassador roles to allow people to shape the service into what is important to them. Staff were actively encouraging people to uptake this role.
- People were encouraged to provide feedback about the service during their regular reviews. The results of these visits were analysed by the registered managers and any comments responded to where needed. Staff were provided with the themes and trends to drive improvement in their practice. They were also given the positive feedback from people and relatives. One relative told us, "[Registered manager] are always approachable, I've never received any pushback. In fact, they always seem keen for us to be involved."
- Staff spoke positively of the support they received. A staff member told us, "I feel supported by the team leader, they help me with any queries I have and I'm not afraid to ask, they are approachable and always around."
- Opportunities were available for staff to comment about the service they provided. For example, through supervision, team meetings and handovers.

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 managers had a strong ethos to ensure people's care was person-centred to them. They promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- Staff were supported by the registered managers to provide good quality care. The registered managers were actively involved in visiting the supported living settings and worked alongside staff in the delivery of people's care. They provided supervision and appraisal of staff, which included guidance and feedback as to the quality of care they provided.
- The service had received a number of positive compliments from people and their relatives about the quality of care provided, which included the kindness and caring approach of staff.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended forums with the local authority, and we received positive feedback around how actively involved they were in these.

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 managers were aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. They knew when concerns had been identified, notifications should be sent to the CQC as required by law. These had been submitted as appropriate.

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

● Systems and processes were in place to monitor the quality of the care provided, which included a schedule of audits. These audits were undertaken at different levels of management, for example, some by team leaders, others by the registered managers and also oversight from the nominated individual. This ensured a robust level of oversight across the service and helped drive improvement were needed.

● The registered manager analysed the results of audits undertaken in a range of areas, including medicine management, infection prevention and control and staffing levels. This enabled them to identify if improvements were needed so that action could be taken.

● People and their relatives spoke positively about the leadership and management of the service and told us the registered managers were available and would respond to any queries or questions they had. One person said, "[Registered manager] is always around, they come and see us, I let them know if I'm not happy."

Working in partnership with others

● The registered managers had good working relationships with external professionals, people were provided with efficient care when required. This included working with hospitals to facilitate people's discharge from hospital, returning to their own home with support in place.

● We received positive feedback from professional who worked with the service. One professional told us, "I've always had a good working relationship with Grace Eyre as a service, and [Registered managers] at Choices. They are good at sharing information when they need to."