

Lucy Glyn Support Services Limited

Lucy Glyn Residential

Inspection report

9 Evesham Place
Stratford Upon Avon
Warwickshire
CV37 6HT

Tel: 01789297353
Website: www.lucyglyn.org.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Lucy Glyn Residential is a residential care home that also provides support to people living in their own home. People receiving support from this service have a diagnosis of a learning disability or an autistic spectrum disorder. At the time of our inspection the service was supporting six people within the residential care home and seven people who were living in their own homes.

Rating at last inspection: Good overall with outstanding for responsive. The last report for Lucy Glyn Residential was published on 14 April 2016. At this inspection we found that the provider remained extremely responsive to people's individual needs and this key question remains outstanding

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

What life is like for people using this service:

- People received a personal service that was tailored to meet their individual needs.
- Outcomes for people were consistently better than expected because staff knew people well and promoted their individuality.
- People were supported to enjoy a wide range of activities which reflected their individual interests and enhanced their lives.
- Staff sought innovative ways for people to continue to do things they liked, whilst maintaining their safety.
- Staff had received a comprehensive induction and had on-going training to develop the skills they needed to care for people's varying and complex needs.
- People were happy with the support they received from Lucy Glyn Residential. They told us that staff were kind and understood them as individuals.
- Systems were in place to identify people's risks and the service promoted people's safety.
- Staff administered people's medicines safely and people received medicines as prescribed. People's medicines were regularly reviewed and people had access to the healthcare they needed.
- People, their relatives, staff and other health and social care professionals worked together to assess people's needs and plan their care. This was done so people's needs and preferences would be met, and they would enjoy an enhanced sense of well-being.
- People were supported by staff to make decisions about their care. Staff used their knowledge of people's preferred ways of communicating, to assist people to make their own choices.
- Staff promoted people's right to independence, dignity and respect.
- People received support to keep in touch with family and friends who were important to them and to express their individual lifestyle choices.
- The provider and registered manager checked the quality of care provided and developed plans to

improve people's care and support.

- We found the same level of care and support had been maintained since the last inspection and the service met the characteristics of a "Good" rating. The service showed an exceptional level of responsiveness and this area also remains rated as "Outstanding".

More information is available in the full report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

This service was responsive

Details are in our Responsive findings below

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Lucy Glyn Residential

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Lucy Glyn Residential is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided. Lucy Glyn Residential also provides support to people living in their own homes. For these people, CQC regulates the personal care and support only.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Lucy Glyn Residential were supported to live as ordinary a life as any citizen.

Notice of inspection: We gave the service 24 hour's notice of the inspection visit because it is a small residential service which also provides support to people living in their own homes and we needed to be sure that they would be in.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We assessed the 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 used all of this information to plan our inspection.

During our inspection visit we spoke with five members of staff, the registered manager and a director from the provider company. We spoke with one relative and seven people who were being supported by Lucy Glyn Residential and we observed how staff supported people in communal areas. Following our inspection visit we spoke with a healthcare professional by telephone.

We reviewed four peoples care records and medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, and minutes of meetings with staff. We also saw the registered manager's checks on the quality of care provided such as surveys completed by people.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel really safe." A relative told us "They keep [person] safe and I feel relaxed and reassured that they are being looked after well."
- People were relaxed with staff and approached them with confidence, which showed they trusted them. One person reached their hands out to a staff member and they held hands.
- People knew how to raise concerns if they felt worried or concerned. One person told us, "I know who to go to if I have any problems. I have never had to report a problem to them though."
- People were protected from the risk of abuse because staff had received training and knew what to do if concerns were raised. Safeguarding was discussed in team meetings and supervision to promote awareness.
- One staff member told us, "It's all about protecting the clients from any kind of abuse. It could be financial where there are discrepancies with money or physical where we notice strange marks or bruises. Our policy tells us to report it immediately to on-call."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The potential risks to each person's safety and welfare had been identified. Risks which affected their daily lives, both in the home and out in the community, were documented and known by staff. One person told us, "Staff are very helpful with my road safety. They encourage me to look left and right and we say it together. We try to use the pelican crossings."
- Risks around specific health conditions had been assessed. People had detailed risk management plans for conditions such as epilepsy. Records described the type of seizures people had and how to support the person when they needed emergency assistance.
- Risks were reviewed regularly to ensure safe and consistent care was provided in response to any changes in people's needs.
- Overall, environmental risks were minimised. The provider had systems in place for monitoring the safety within the service.
- However, within the residential location, we found hot water temperature checks were consistently recorded over the temperature recommended by the Health and Safety Executive (HSE) which increased the risk of scalding to vulnerable people.
- The director from the provider company took immediate action to ensure a new recording system was put in place to check the temperature of the water before people were supported with their personal care. They also confirmed the HSE guidelines had been communicated to the staff team and a plumber would be visiting the home to complete the necessary maintenance.
- Personal emergency evacuation plans, (PEEPS), provided assurance that people would receive the

appropriate level of support in an emergency to keep them safe.

Staffing and recruitment

- People and staff told us there were enough staff. One person said, "They are always with me 24/7 because of my condition. If they weren't there, I would be stuck." A staff member said, "Staffing is absolutely fine. We have some really brilliant staff. Two to one clients always have their two to one care."
- There were enough staff available to meet people's varying and complex needs. Most people required one or two members of staff to support them during the day. Staff could assist people to engage in activities that were meaningful to them and respond immediately if a person started to become agitated or anxious.
- The registered manager organised staff rotas to ensure there were enough staff with a mix of experience and skills on each shift to meet people's assessed needs.
- The provider had a robust recruitment process to ensure staff were suitable to work with people. The director from the provider company told us, "We don't fill vacancies just because we have vacancies. They [staff] have to be right and have the Lucy Glyn values."

Using medicines safely

- People's medicines were stored, managed and disposed of safely.
- People received their medicines in line with their individual prescriptions. One person told us, "I have full support with my medication. The staff know how to give me my medication and do it the same each day."
- Medicines were checked twice a day by the team leaders so they could be sure medicines were given as prescribed and any errors could be quickly identified.
- Only staff trained in safe medicines management could support people to take their medicines. Most staff had received a formal competency assessment and a plan was in place to complete any outstanding.
- Staff worked with people's GPs, so people's medicines were regularly reviewed. Where people took 'non-prescribed' medicines, they had been checked by the GP to ensure they were safe to be given in conjunction with their prescribed medicines.
- Where people had been prescribed medicines to be given 'as and when required', guidelines were in care plans to guide staff on when to give these.

Preventing and controlling infection

- People were involved in keeping their home clean and free from any obvious risks associated with the spread of infection.
- Staff had been trained in infection control and followed safe practices. For example, we saw staff wearing appropriate Personal Protective Equipment (PPE) and washing their hands.
- Staff encouraged people to follow good infection control practices. A recent house focus meeting recorded that people were encouraged to wash their hands after blowing their noses to prevent the spread of infection.
- Audits demonstrated a high level of compliance with safe infection control practices.

Learning lessons when things go wrong

- Action was taken to minimise risks to people in response to individual accidents and incidents.
- The director from the provider company told us, "Sometimes we don't get it right so we have to change."

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

Good: 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

- Before people were supported by Lucy Glyn Residential a thorough assessment was completed. This included detailed information about a person's health and well-being needs as well as their varying complex emotional needs. From this assessment, support plans were written in a personalised way to enable staff to support people as assessed.
- An experienced and dedicated staff team were then selected to transition the person into the service. When discussing their most recent referral, the registered manager told us, "We made sure everything was the same from their previous home to this one. The décor and everything to minimise change for this person. We had additional staff ready to support and two layers of on-call should anything go wrong. We prepared for the worst, but it was a complete success. They completely surprised us."

Staff support: induction, training, skills and experience

- Staff told us they had received an induction and worked alongside experienced members of staff in order to understand people's needs and work effectively with them. One staff member told us, "I had a really good shadowing experience. The staff member I was working with was really knowledgeable about the person."
- The provider's induction for staff new to care included starting the Care Certificate. The Care Certificate is a nationally recognised qualification in social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Staff told us they had received training which enabled them to provide care and support in line with best practice.
- Some people who lived at Lucy Glyn Residential could become very distressed and required staff to help them to manage their anxieties. All staff had completed positive behaviour support training when they started working for the service and this was refreshed annually. This training was 'non-abusive psychological and physical intervention', commonly known as NAPPI.
- Staff described the training as 'great' and said this gave them confidence within their roles. One staff member told us, "The training concentrates on the psychological side in supporting people to manage their behaviours. We don't do restraint."

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

- People could eat and drink as they wished and were encouraged to maintain a healthy and balanced diet that was suitable for their individual dietary needs and preferences. One person told us, "I like a bacon sandwich. Staff think about the fat and encourage me just to butter one piece of the bread."
- Some people had food and drinks prepared by staff and some people were supported by staff to help prepare meals to increase their independence. One person told us, "They encourage me to make my sandwiches. Sometimes I need a bit more help and they will do it with me."

- We observed the lunch time meal and saw people made their own choices.
- We saw people's dietary requirements, food preferences, allergies and recommendations by the dietician recorded in their support plans .

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

- People's care plans included information about their health. People were supported to attend routine health appointments, such as with the dentist and optician, and specialist appointments such as psychiatry, to ensure their health was maintained.
- People had hospital passports that detailed personal and health needs which they could take with them if they needed to go to hospital. This enabled hospital staff to know how to best support the person appropriately during their stay.
- A healthcare professional told us, "I really have no concerns at all. I find the staff to be excellent and they always make sure any changes are followed through. If there is a deterioration in a person's health they let me know."

Adapting service, design, decoration to meet people's needs

- The premises and environment met the needs of people. People's bedrooms were spacious and decorated to their individual tastes. In the residential location there was a communal kitchen, dining room, lounge and garden that offered people a choice of places where they could spend their time.
- The home was decorated and furnished to a style people were accustomed to and provided a homely environment.
- A person's art work was displayed throughout the home. Staff told us this made the person feel proud.

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 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own homes it is The Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager understood their responsibility to comply with the requirements of the Act. They had made DoLS and Court of Protection applications for people because they had identified potential restrictions on their liberty.
- Staff understood the principles of the MCA and offered people choices about how they lived their lives. One staff member told us, "We always ask people what they want to do as people can change their mind. It is their right to say no."
- We observed staff asking for people's consent before they provided care. For example, one staff member asked, "Can I help you to put your coat on?"
- Overall, where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed. Where people were deemed to lack the capacity to make a decision, decisions had been made in their best interests.
- However, there were some decisions where this had not been considered. For example, some people had 'behavioural incentives' recorded within their support plan to motivate them to display 'positive behaviours'. If 'positive behaviours' were not displayed, then people would not receive their incentive. It was not always clear if people had agreed to these incentives, or if these incentives had been agreed in a

person's best interests.

- We could not be assured that staff fully understood these incentives or that staff were using them correctly. One staff member told us, "They have to learn that there are consequences to things."
- Whilst some people told us they were happy with and understood their 'behavioural incentives' others did not. One person told us, "I am being reminded all the time about good behaviour and I don't like that, it makes me frustrated."
- After the inspection the director of the provider company assured us that all behavioural incentives would be agreed with the person or in their best interests with others acting on their behalf.
- Care plans were also being amended to ensure all staff knew how to use the behavioural incentives in a strictly positive way. This assured us that these strategies were not being used in a restrictive way.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People provided consistently positive feedback about staff and the service. Comments included, "They are caring people", "They are kind to me and help me do the things I want to" and "They are amazing."
- A relative told us, "I am very pleased with the service. [Person] gets a great amount of reassurance from the staff. This is nice to see."
- Staff spoke about people with kindness and compassion. One staff member told us, "I genuinely really like the clients and want the best for them." Another staff member said, "The level of care here is excellent. It is so personal. We look at the whole person and see them as individuals."
- We observed many reassuring and kind interactions. For example, one person was becoming distressed and a staff member rubbed their arm and encouraged them into a different area of the home.
- The communication between people and staff created a relaxed and friendly atmosphere and people were comfortable asking for support.
- Each person had a detailed care plan that was regularly reviewed and contained people's life history which enabled staff to know people well. 'A Day in the Life of' document also provided staff with details about each person's preferred routines if they were supported by an unfamiliar member of staff.
- Staff knew people well and built positive, caring relationships with them. One member of staff told us, "The managers look at who works best with who and match us with clients they think will like us."
- People were supported to meet their cultural needs. One person told us, "I go to church and I pray sometimes. The staff respect my religion."

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

- People were encouraged to make day to day decisions about their care. For example, people decided where they wanted to spend their time and what enjoyable things they would like to do. One person told us, "We do the things that I want." Another person told us, "They ask me my opinion."
- Where people needed extra help to make decisions, referrals were made to advocacy services when people did not have an appropriate person to speak on their behalf.
- People were involved in weekly focus meetings where decisions were made about their home. For example, the registered manager told us, "They all had input into the lounge decoration. The garden has also been changed at the request of the people living at the home."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with dignity and respect and maintaining their right to privacy and confidentiality. For example, we heard staff speak with people discreetly when discussing personal issues. One person told us, "The best thing about the staff is they listen to you."
- People were supported to maintain and develop relationships with people close to them. One person told

us how staff were supporting them to change their surname and how much this meant to them. They said, "The staff are helping me do something that is really important to me." Support plans were written to promote people's independence. They were clear about what people could do for themselves and what they needed support with.

- People were encouraged to maintain their life skills by participating in preparing food and drinks and keeping their homes clean.
- Staff had received training in diversity and equality and worked to those values by respecting each person's individuality.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person told us, "In my opinion they are 100% all over." They went on to talk about their allocated staff member and said, "You couldn't get any better."
- Staff used innovative ways to achieve excellent outcomes for people. For example, one person became very distressed when they changed activities. This person would hurt themselves or others and became very isolated. Staff told us how they quickly identified this person enjoyed 'character play' and used this to reduce the person's distress. At the end of one activity, the person received a phone call from one of their favourite characters who would tell the person what they were doing. This would be the next activity on the person's timetable which encouraged the person to do the same without distress. This approach has had a significant impact on this person's well-being and they now enjoyed a range of activities and their social isolation had reduced.
- People were empowered to have as much control in their life as possible because they received specialist care that met their personal needs and preferences. A relative told us, "[Person] needs specialist input and this is what is offered by the staff and the manager. They understand [person's] complexities and the need for routine and consistency. The behaviours happen less now because staff are well trained and understand them."
- Records showed a significant improvement in how this person was managing their anxieties. There had been a large reduction in the number of incidents involving this person which had achieved extremely positive outcomes for their emotional well-being.
- A staff member spoke passionately about one person who had been in hospital due to a mental health breakdown. They explained this person had been unable to look after themselves and had been unable to see their family due to the risks they posed. They explained by staff providing a predictable routine and a consistent staff team, their mental health had improved and they had now successfully supported this person to reconnect with their family. Staff told us about the positive impact this had on the person's wellbeing because they could now keep themselves safe and maintain relationships that were important to them.
- The registered manager told us, "There is no place for inequality in our service" and explained that staff were committed to ensuring people had the same opportunities as everyone else in society. For example, one person enjoyed swimming but found it difficult to cope with the busy environment. Staff arranged to hire the local swimming pool on a regular basis to enable the person to enjoy their favoured activity whilst ensuring they were free from environmental distress.
- The support that staff provided made a big difference to people's lives. On a monthly basis the provider hired a local hall where different social experiences for people were created. This gave people the opportunity to try different social activities within a safe and structured environment. For example, a cinema experience was created with a big screen and popcorn for people who found going to the cinema difficult.

The registered manager told us, "This can be a starting point for clients who have not been able to access a cinema." They explained that staff then built on these activities until the person was ready to go into the local community.

- People told us they completed a range of courses to further their education to enable them to find employment. One person told us, "I work every Wednesday. I enjoy it as I like meeting different people. Staff helped."
- The registered manager explained staff supported this person to find a suitable role and used key working sessions and role play to ensure they knew and understood their responsibilities. Staff then went with the person to ensure they were familiar with the environment and expected tasks. They are now working with the person to go without staff support.
- Arrangements for social activities were tailored to meet people's individual and diverse needs. People had fulfilling lives because they were engaged in activities that were meaningful to them. One staff member told us, "We recently supported [person] to go on holiday. They did the full three days which shows how far they have come. It is the first time [person] has done that without coming home early."
- The director of the provider company explained that staff supported people with their varied interests and they were actively involved in building links within the local community. For example, one person had built up a relationship with the congregation at their local church. The registered manager was aware of how they could access community links for people with other religions or cultural needs if this was needed.
- Staff promoted people's self-worth and gave them the confidence to share their personal achievements. For example, one person was supported to present their art work at the residential service annually for their loved ones to see. Over time, staff supported the person to develop this and now the person organises an annual art conference where they present their art work for people within the community to enjoy. The person was clearly very pleased to tell us that the local mayor had attended their last conference.
- Support plans gave detailed information about how staff could support people to live well and as independently as possible. These were continuously checked so people's support reflected their current needs.
- People looked at the achievements they had made through the year at their annual review. They then decided with the support of their relative and staff, what they would like to achieve in the following year. We saw that people had made photobooks and journals to show people their achievements.
- People's care and support was planned in partnership with them, those closest to them and appropriate health professionals.
- Staff used different communication methods to meet people's needs, such as pictorials or Makaton. Makaton is a language using signs and symbols to help people to communicate. Communication methods were recorded in people's support plans and each person had their own unique 'Communication Passport' to enable staff to support them in their preferred way.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to promote and manage complaints. This included an 'easy read' version of the complaints process which used pictures to guide people to comment on whether their concern was focussed on staff, the food or their particular health needs.
- Records showed that concerns, feedback and complaints had been fully investigated and responded to in line with their policy. In 2018 there had been six complaints and they had all been resolved to people's satisfaction.

End of life care and support

- People's needs had been considered as part of their end of life care plan which meant staff had the information they needed to ensure people's final wishes were respected.
- The provider had made improvements to their approach to end of life care and had implemented the Preferred Priorities for Care (PPC) programme. This document is an example of an Advance Statement and

designed to help people prepare for the future and gives them an opportunity to think about, talk about and write down their preferences and priorities for care at the end of life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. The provider was working towards an outstanding rating in this key question

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People knew who the registered manager was and how to contact them. One person told us, "[Registered manager] is the manager and I have got her email if I have any problems. Of course I have met her. She is kind and courteous."
- Staff spoke positively about the new registered manager and their knowledge of the people who used the service. Comments included, "The manager is quite easy going. They are always helpful." and, "I am comfortable with raising concerns. She is approachable and listens to what you have to say."
- Staff were motivated to deliver a person-centred service, displaying the value of putting people at the heart of what they did. One staff member told us, "They [the registered manager] are very, very good with the clients. They are very hot on putting their needs first. I have worked for other companies and they don't seem to get involved but Lucy Glyn are always putting things on for people, like social gatherings. They are always thinking about the clients and enabling them to have a good life."
- Both people and staff understood the values the provider promoted and celebrated working together to achieve good outcomes for everyone who used the service. People and staff had made a nomination to 'The National Learning Disabilities Awards' which celebrates excellence in the support for people with learning disabilities. These awards pay tribute to those individuals or organisations who excel in providing quality care. In 2018 a staff member working at Lucy Glyn won 'The Making a Difference Award (Independent)' award where their passion as a supporter was recognised. It was recorded that "[Staff member] inspired the judges and spoke with great warmth about the people she supports. Her values were so pure and she puts people in her care at the centre of everything she does." This demonstrated that staff were working in line with Lucy Glyn's philosophy.
- Lucy Glyn Residential was also a finalist in 'The Great West Midlands Care Awards' which celebrates excellence across the care sector. The purpose of the awards is to promote best practice within both home care and care homes sectors, and pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.

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

- The registered manager had worked for the service for several years and had been appointed as registered manager in May 2018. Both the registered manager and the deputy were very committed to ensuring people received high standards of care that promoted their independence.
- The registered manager was aware of their responsibilities as a registered manager and had provided us

with notifications about important events and incidents that occurred at the home.

- A provider information return (PIR), had been completed which is required by law. We found the information provided reflected the service well.
- The registered manager felt supported by the director and told us that they were committed to Lucy Glyn's philosophy which is to ensure the highest calibre of holistic care is provided for adults with learning disabilities within the autistic spectrum.
- There was a clear management structure with effective systems and processes for overseeing all aspects of care.

Continuous learning and improving care

- Each location had their own manager and team leader who reported to the registered manager. The director of the provider company told us this helped ensure their 'gold standard' was replicated across all their services. The 'gold standard' was referred to as the highest level of compliance.
- Each team leader had been given a lead area of responsibility which gave them accountability for ensuring their lead area was following best practice guidelines. They were also responsible for completing monthly checks and submitting reports to the registered manager and director to review.
- The service employed an external 'compliance inspector' who completed monthly audits to ensure systems and processes were effective in meeting the regulations. Records demonstrated that the supported living locations were achieving an outstanding rating for infection control and health and safety.
- There was a clear emphasis on reflecting on service provision to identify where improvements were required. For example, the director of the provider company had identified that an area of concern was regarding team leader documentation and stated they were focussed on making improvements in 2019. They explained they were currently writing new guidelines on how to complete their monthly data sets and how this would be linked to team leader's appraisal. The director went on to tell us, "There were some issues with recording but we are focussed on developing this with our team leaders." During our inspection we could see that improvements had already been made to the way that staff were recording daily information which enabled more valuable information to be reviewed by the management team
- The providers PIR also identified that incident reporting required improvements. During our inspection we saw these improvements had been made and incident reports prompted staff to detail a thorough account of the incident as well as a space for the senior management team to feedback any actions to mitigate risk or improve quality of life going forward. This was planned to be further improved to include a debrief for staff.

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

- The registered manager had carried out an annual survey for staff, people who used the service and their relatives. We looked at some responses which had been received and they were all positive. A relative had written, "We are very happy with the care that [person] receives and they are very happy which is important to us."
- Staff told us they had regular supervisions with their line managers where they could discuss their performance and identify any training required to improve their practice.
- The registered manager promoted an open culture by encouraging staff to raise issues through regular team meetings. The director told us, "Anything important is discussed at team meetings like health and safety."

Working in partnership with others

- The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included the local authority and multi-disciplinary teams.
- A healthcare professional told us, "I find the staff to be excellent and they always make sure any changes

are followed through."