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

Date of inspection visit:
25 February 2020
26 February 2020

Date of publication:
06 April 2020

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People told us they felt safe because they were supported by competent and caring staff. Staff understood their responsibilities to keep people safe from the risk of abuse and systems supported this practice.

Staff continued to be recruited safely and people told us there were enough staff. Records showed people received the amount of support they should which was delivered by a consistent staff team.

Risks to people's health and wellbeing had been identified, assessed and monitored. Staff received specialised training to help them identify and reduce risks associated with people's healthcare needs. Systems and processes protected people from the risk of infection and staff followed good infection control practices.

People received their medicines as prescribed and medicines were managed safely. Improvements were recommended to the recording of some medicines and immediate action was taken to address these issues during our inspection.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

There was an open culture where staff were comfortable to speak up. People, relatives and staff told us the service was well managed and that managers were visible, approachable and listened. Systems and

processes regularly checked the quality of the service provided. This included checks on the safety of the environment and of the quality of care people received. The provider worked in partnership with other organisations to provide the best support for people.

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

Rating at last inspection
The last rating for this service was good (published 23 March 2019).

Why we inspected
The inspection was prompted by a specific allegation of unsafe medicines management. This incident is subject to a wider investigation. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This inspection did not examine the circumstances of this specific incident but looked at wider medicines practices to ensure they were safe.

We found no evidence during this inspection that people were at risk of harm from this concern and based on the findings at this inspection, the overall rating has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lucy Glyn Residential on our website at www.cqc.org.uk.

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

## 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 well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# 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. 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 Care Act 2014.

Inspection team
Three inspectors carried out this inspection. One of these inspectors was a pharmacist.

Service and service type
Lucy Glyn Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lucy Glyn Residential also provides personal care 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since they registered with us. This included notifications of important issues such as serious injuries and allegations of abuse. We sought feedback from the local authority and health professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We visited five people and spoke with four relatives to talk about their experience of the care provided. We also received feedback from one relative via email. We spoke with eight members of staff including a deputy manager, location manager, team leaders and support workers. We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider and was also the director.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe because staff treat me in a good way", "I have never felt frightened. Staff have never done anything that has made me feel worried" and, "I feel safe here. We do safety checks on my house on a Monday."
- Relatives explained their loved one was protected from the risk of abuse. Comments included, "I have no worries at all about [person's] safety" and, "I am definitely not worried about [person's] safety. Security is fine and staff are absolutely lovely."
- Staff received safeguarding training and understood their responsibility to report any concerns about a person's welfare. One staff member told us, "Safeguarding is making sure people have their rights and that they are protected by all bodies. If I had an issue I would speak to the manager and they would take action. If they didn't I know I can speak to social services or the police but I have never seen anything I have been concerned about."
- Systems and processes were effective in managing and responding to safeguarding concerns and the provider made referrals to the local authority where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified, assessed and monitored.
- Some people could become distressed due to their complex conditions. Staff received specialist training to enable them to identify and relieve people's distress. This focussed on positive behaviour support which is a person centred approach to supporting people with a learning disability. One staff member told us, "This training is great at teaching you how to reduce people's distress proactively. You look triggers for what causes someone to become upset and how to intervene early to prevent escalation."
- Records were detailed, person centred, and provided clear guidance about how to reduce specific identified risks. Records demonstrated these interventions had a positive impact on people. For example, one person no longer required PRN (as and when required) medication to keep them safe.
- Staff completed a range of checks to ensure the environment was safe and plans were in place to ensure people were supported effectively in the event of an emergency

Staffing and recruitment

- People told us there were enough staff to keep them safe. One person told us, "There are enough staff to look after me. I'm never left on my own."
- Records showed there were enough staff and people were supported by a consistent staff team who had been matched with people based on their personality, interests and skills. One staff member told us, "I am on the rota here due to being matched to [person] with my skills and experience. We have similar ways to be

honest and [person] responds well to that."
● Staff told us the provider continued to follow a thorough recruitment process to ensure they were suitable for their roles. This included carrying out Disclosure and Barring Service (DBS) checks and obtaining references prior to staff working with people.

Using medicines safely
● People received their medicines as prescribed and medicines were ordered, stored and administered safely.
● People provided positive feedback about medicine practices. Comments included, "Staff do them properly. They have never forgotten the tablets" and, "The staff give me my medicines on time. They know what they are doing."
● Medicines were reviewed regularly by healthcare professionals and the recommendations from these reviews were well recorded and followed. One person told us, "Staff take me to see the doctor. My psychiatrist has retired so I have a new one and he listens to me."
● Where agreed with the person, their relatives were kept up to date with any changes in prescriptions. One relative told us, "I know all about [person's] medication plan and attend an annual review where we look at this and I have the information filed here [at home] and to hand."
● Systems and processes effectively monitored safe medicines management. However, best practice guidance recommends handwritten entries on medication administration records (MAR) are double checked to prevent potential errors. We found no evidence these entries were inaccurate, but this was not always being done. We discussed this with the director who took immediate action to rectify this and updated their medication policy to reflect this practice.
● One person was prescribed a medicine which should ideally be administered 30 minutes before food and other medicines. This had not been recorded on the person's prescription and therefore staff were unaware of this recommendation until it was brought to their attention by the inspection team. However, this person's medicines had been closely monitored and immediate action was taken to ensure this recommendation was now followed.
● The service had good procedures to confirm medicines had been administered correctly whilst people were away from the service.
● Where people were prescribed medicines to take 'as and when required' (PRN), more detailed information was required to guide staff on when to administer them to ensure they were being given consistently. For example, one person was prescribed a PRN medicine with a variable dose of one or two milligrams. Further guidance was required to help staff decide which dose should be administered. We discussed this with the director who told us these would be reviewed and updated immediately.
● Staff had received training in safe medicines management and their competency to administer medicines had been assessed.

Preventing and controlling infection
● Systems and processes protected people from the risk of infection.
● Staff used protective equipment such as gloves and aprons, and understood the importance of infection control. One staff member told us, "It is to ensure people stay healthy. Both the clients and staff. We work across different homes, so it is important not to spread infections across these homes."

Learning lessons when things go wrong
● There was an open culture where staff were comfortable to report any accidents, incidents or near misses. These were reviewed and monitored to minimise the risk of them reoccurring. One staff member told us, "After an incident we complete an incident report and send it to the on-call manager, the person's family or multidisciplinary team. During team meetings we also discuss if anything we could do differently and then

the care plans get updated. It's all about learning as it doesn't always go right."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was well-led and managers were visible and approachable. Comments included, "I know the manager. She is nice and she always laughs. She comes and sees me and will do an odd morning or an odd night shift with me," "The managers listen to me" and, "I would talk to [registered manager] or [director]. They are amazing. They have a good sense of humour."
- Relatives confirmed this and told us there was a person-centred culture where people were empowered to achieve outcomes meaningful to them. One relative told us, "The manager and the staff have always been up front. They have developed a way of communicating with [person] which is much better than previous placement."
- Staff understood the providers vision and spoke positively about how the management team supported them. Comments included, "We are all about supporting people in a positive way, so they can live the most fulfilled life. The training and support we get enables us to do that" and, "The managers get completely involved and will do shifts around all of the services. They are not just sat in an office. We feel supported."

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 provider understood their responsibilities under duty of candour and told us they would take responsibility if things went wrong. When incidents occurred, relevant external agencies and families were informed in line with the duty of candour.

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

- There was a clear management structure and the registered manager had been in post since in May 2018. They were supported by a deputy manager, location managers, team leaders and support workers. Our observations confirmed they were all committed to ensuring people received high standards of care.
- Systems and processes regularly checked the quality of the service provided. This included checks on the safety of the environment and the quality of care delivered.
- Improvements had been made to medicines checks after the provider had identified some staff had not signed the medication administration records after administration. Audits were now completed twice after handover to monitor this.
- Care plans and risk assessments were regularly reviewed and there was an were effective system to ensure staff were kept informed of any changes to a person's physical or mental health.

● The provider kept up to date with the latest good practice guidelines by attending local provider forums and attending national conferences to share information and ensure they were aware of best practice guidelines.
● The registered manager understood their regulatory responsibilities and had provided us, CQC with notifications about important events and incidents that occurred at the service.

Continuous learning and improving care
● The management team met regularly to identify areas of improvement. The provider had recently identified staff were not always recording information on the handover sheet which could lead to important information being miscommunicated. The provider had individual staff meetings to explain the importance of recording this information which was now being done.
● The director recognised the need for continuous improvement and told us, "If we make mistakes, we work hard to put these right to improve things for the people we support."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were encouraged to share their views about the service. Surveys were used to gain feedback and the ones returned were positive. Comments included, "[Person] is safe, happy and looked after to our total satisfaction" and, "I am so happy with the way [person] is coming on from where they were a few years ago."
● Reviews took place annually and gave people the opportunity to share with their families and other healthcare professionals the achievements they had made. During this meeting, staff ensured people's care plans and any behaviour support strategies were reviewed and agreed. This ensured they remained up to date and accurate. One relative told us, "We have annual reviews and discuss her care needs. I am fully involved."
● People were involved in the running of the service. One person told us how they had recently taken on a role within the organisation of "positive communication ambassador" where they were helping other likeminded people to communicate effectively. This person had helped plan the course and designed overall objectives.

Working in partnership with others
● The provider worked in partnership with other organisations to provide the best support for people. People's physical and mental health needs were reviewed regularly by appropriate healthcare professionals. Where changes had been instructed, these had been followed.