

Achieve Together Limited

Glyn Domiciliary

Inspection report

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Date of inspection visit:

25 April 2023

02 May 2023

01 June 2023

Date of publication:

21 July 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Glyn Domiciliary is a domiciliary care service providing personal care to 6 people at the time of the inspection. 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.

Glyn Domiciliary mainly provide personal care in 3 supported living locations and currently do not provide regulated activity to any people based in the community.

People's experience of using this service and what we found

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.

Right Support:

People were central to the service provided by Glyn Domiciliary and were supported to lead fulfilling lives. People's religious and cultural needs were recognised, and staff ensured needs in these areas were met. There was a strong focus on person-centred care and as staff knew people so well, people were supported effectively to make decisions and choices.

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.

Right Care:

We saw kind and caring interactions between people and staff, and they enjoyed friendly but professional relationships. People joining in activities during our inspection clearly enjoyed themselves and there was a happy, homely family atmosphere. The premises were homely, and people made decisions about the décor and furnishings.

Regular meetings with keyworkers ensured people's ambitions and goals remained in focus reflecting their aspirations, and that care documentation was updated in a timely way.

Right Culture:

The ethos, values, attitudes and behaviours of management and care staff ensured people led confident, inclusive, and empowered lives. The registered manager advocated for both the people using the service and their staff team to ensure they were not marginalised. All staff working in this specialist Deaf service could use British Sign Language, (BSL), for most of them it was their first language. British Sign Language (BSL) is a sign language used in the United Kingdom and is the first or preferred language among the Deaf community in the UK.

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 the service under the previous provider was good (published on 7 October 2017). The service was reregistered with us on 26 November 2020, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and by our inspection schedule.

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

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?

Good ●

The service was 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.

Glyn Domiciliary

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

The inspection was carried out by 1 inspector. An Expert by Experience contacted relatives of people using the service by telephone to obtain feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We arranged for a British Sign Language interpreter and a Senior Performance Development Coach to support us in obtaining feedback from people using the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in 3 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.

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 was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people available to speak with us.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 11 July 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection including notifications. Notifications are sent by the provider to tell us about significant events in the service. We used all this information to plan our inspection.

During the inspection

We looked at 5 people's care records and 3 recruitment records. We looked at a variety of records relating to the running of the service.

We spoke with 7 people, and 6 staff including the registered manager, deputy manager, administrative assistant, and support workers. Following the inspection an Expert by Experience contacted people's relatives by telephone for feedback.

We emailed all staff members following the inspection so they could give us feedback about their experiences working at Glyn Domiciliary.

Is the service safe?

Our findings

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

At our last inspection, under a previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff completed annual training in safeguarding and safeguarding and whistleblowing were regularly revisited in team meetings.
- Staff reported concerns to senior staff who ensured referrals were made to the local multi-agency safeguarding hub and notifications to CQC were completed.
- People told us they felt safe, and staff provided the support they needed.
- Relatives believed the service was safe and their family members were well cared for. They told us, "If they want to do something and staff don't think they should, for example, they use [social media platform] and can acquire friends. I always want them monitored as they are so very vulnerable. Staff sort out their friends list with them, asking if they have met them, and advising them not to accept people as friends that they haven't met."
- Another relative told us, "Definitely, I trust all the staff. They are 1:1 [support] when out. They always appear safe." A third relative said, "[Person has] balance and walking issues. They [staff] are good at helping with their daily routine and risk assessing their balance. I trust the staff; they are keen to keep [person] safe and well."
- A staff member explained part of their safeguarding role included, "Building a good rapport with the people we support, giving them the opportunity to come to me if they felt troubled."

Assessing risk, safety monitoring and management

- People's care records contained numerous risk assessments covering all aspects of their life both in the service and when accessing the community.
- Risk assessments included moving and assisting, choking and falls. In addition, there were risk assessments exploring the vulnerability of people being Deaf and how risks could be managed in different scenarios.
- The premises were jointly maintained by the provider and a housing trust. All necessary safety concerns had either been addressed or passed to the housing trust to deal with.
- The registered manager considered the needs of both people and staff in all aspects of the service. For example, the fire alarm was connected to lights as well as an audible alarm and additional lights and vibration pads were in use in people's rooms to alert them should there be a fire. Grab bags in the event of an emergency such as a fire or power cut, contained headlamps as well as torches to enable people and staff free up their hands for signing when using them.

Staffing and recruitment

- Staff were safely recruited. We saw some staff records were missing references from previous employers however, the registered manager located them and added them to records when we were on site.

- All requirements for pre-employment checks had been met including full employment histories, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Sufficient staff were deployed to meet the needs of people receiving care from Glyn Domiciliary. The registered manager had oversight of 3 supported living houses and staff worked in all services to ensure there was always sufficient cover for leave. People had complex needs and staff being familiar with them ensured they received a suitable service.
- Two people told us they thought there should be more staff on duty. For 1 person this was to enable them to get out even more than they did. We reviewed staff rotas and there were sufficient staff on duty to meet people's 1-1 support needs and oversee each of the supported living services. Additional staff were deployed should there be appointments or outings that required more staff.
- We were concerned that on some occasions, there may be agency night staff on duty who were not able to use BSL. The registered manager told us, if there was an agency staff member, they would only work in the 2 houses that were next door to each other. If there were any problems, the agency staff member could go to the other house and swap with the contracted staff member so they could interpret what the problems were. There were also arrangements to use a messaging app on mobile phones or, for a person to get help from the other house as all were ambulant and able to do so. This assured us the risks had been assessed and mitigated.

Using medicines safely

- Medicines were safely managed. People's medicines were stored in locked cabinets in their rooms and staff assisted them to take both prescribed and as and when medicines.
- Staff completed annual medicines training and were assessed as competent before supporting people with medicines.
- Some medicines cabinet temperatures were at the upper end of the safe range. The registered manager advised they use ice packs to maintain a cool temperature should they need to.
- The provider ensured people had regular medicine reviews in line with STOMP, a pledge to 'stopping over medication of people' with a learning disability, autism, or both with psychotropic medicines.
- Medicines audits ensured that all medicines were accounted for and had been administered as prescribed.
- As far as possible, people were aware of their medicines, and why they took them. A relative told us, "[Person] knows what they take, and staff support them. Staff sign the sheet when taken and count the tablets. They are kept in a lockable cupboard."

Preventing and controlling infection

- Staff supported people with maintaining hygiene in their own rooms and bathrooms and completed cleaning tasks in the communal areas of the houses.
- Staff were trained in infection prevention and control (IPC) and wore appropriate personal protective equipment (PPE) as required.
- The provider had a robust IPC policy which had been updated in line with changes in government guidance during the COVID-19 pandemic.

Learning lessons when things go wrong

- All accidents, incidents and near misses were recorded by staff and reported to the registered manager. These were added to an online system monitored by the provider and analysed to look for patterns in behaviours, triggers and to provide possible solutions as needed.
- Incidents involving behaviours of concern were also recorded and submitted to the provider's Positive Behaviour Support, (PBS), team. These were reviewed and adjustments made to people's support plans as needed, to minimise the possibility of future incidents.

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.

At our last inspection, under a previous provider, we rated this key question good. The rating for this key question has remained 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

- Before receiving support from Glyn Domiciliary, people's needs were assessed to ensure they could be met by the service. An ongoing assessment and care planning process continued while they received support from the provider.
- Assessments were in depth and covered all aspects of people's care and social needs. Areas assessed included a 'head to toe' approach from vision and eyes, hearing and ears to feet and nailcare and everything in between.
- Good detail was found in all assessments. For example, the communication assessment included both expressive and receptive communication to assess both how communication was received and how people expressed themselves. This was of particular importance due to people's profound deafness.
- There were monthly keyworker meetings between people and their named workers. These discussed any particular goals and dreams they hoped to achieve as well as a more general catch up to see how people were. These were held consistently for all people we reviewed.
- We spoke with the registered manager about care planning and suggested video care plans might be a positive approach for people using Glyn Domiciliary. The registered manager was enthused by this and intended to implement video care plans.

Staff support: induction, training, skills and experience

- Staff completed an in-depth induction comprised of training and shadowing more experienced colleagues before working independently in their role.
- There were core training courses such as emergency first aid and food hygiene and more specific training such as positive behaviour support which was bespoke to the service as it trained staff to support the people they would be caring for.
- Most training was online but face to face training was provided for some courses such as positive behaviour support. The provider supplied BSL interpreters to ensure all participants were fully supported.
- The provider encouraged staff to achieve qualifications in relevant areas. For example, 3 staff were accepted on to apprenticeships during our inspection. These would enable 'on the job' learning alongside training to levels 2 and 3 diplomas in health and social care.
- Training such as BSL qualifications could not be accessed until new staff had completed their probationary period. Staff could complete informal training before this stage and recent new staff had already developed their signing skills.
- All staff had been booked on new learning disability training and interpreters had been booked to support the events. The registered manager was also working with the providers learning and development team to

enhance the eLearning as it was reliant on videos. Deaf staff could only access these using transcripts and the registered manager requested a feature where staff could access additional information to support learning.

- Staff participated in 1 to 1 supervision sessions with a member of the management team.
- A second staff member told us, "Yes. I do have regular supervisions, it helps to keep me calm, and relax. I feel I can let out my feelings in the meetings and chat to help me feel better for my future."
- A member of the management team told us, "We have had 2 deputies leave us which left us with gaps. I have filled their space very recently. I have made a start on these [1 to 1 supervision] with [registered manager] and will keep on top of it every 6 to 8 weeks. We do remind staff to come and talk to us at any time. There has been several moments where staff have felt comfortable to ask me to talk to them privately and I will do so. I'm pleased that staff are feeling comfortable to come and find me if they need a chat."

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

- People supported by Glyn Domiciliary had set up a joint menu and contributed to a joint food shopping budget. One person enjoyed doing the shopping telling us, "I like going to the shops and paying for things."
- People and staff worked together to create menus, and meals were prepared by people supported by staff. People also bought their own treats and personal favourites and kept these in their own cupboards.
- Staff completed food and hygiene training before supporting people with cooking or eating.
- People's nutritional needs were assessed, and weights were regularly taken to ensure people were maintaining a healthy weight and did not need to be referred to healthcare professionals for support.
- Appropriate referrals had been made to Speech and Language Therapy, (SaLT) when staff noted changes to people's ability to eat and swallow. Recommendations from SaLT were followed should they need to be.
- We saw people from all 3 houses getting together and enjoying an afternoon tea and a barbecue during our inspection. Both the appetising food and the social setting encouraged people to eat well.

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

- Staff supported people to appointments with health and social care professionals. Annual health checks took place and people had hospital passports in place should they need to be admitted.
- The registered manager had established positive working relationships with healthcare professionals. We saw them speaking with a GP who knew people using the service very well and who was very supportive to them.
- In house PBS staff visited and reviewed plans to ensure people were receiving the most appropriate care should they experience behaviours of concern.

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

- People were supported to decorate their personal spaces as they liked. Staff worked with a person, supporting them to purchase paint and equipment and decorated their bedroom with them.
- Rooms were personalised with people's belongings and the premises had numerous photographs of people participating in outings and activities displayed.
- There were necessary grab rails and ramps throughout the premises however all the accommodation was homely and there were no outward signs that indicated they were caring facilities.
- A person who had moved to one of the supported living settings recently told us, "It's a good place, I've got a new bed, and chair, a new TV, a new carpet is coming soon and I've chosen all the colours. I go to my room if I want to be a bit quieter."

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.

- Most people using Glyn Domiciliary had capacity to make most decisions with a little support from staff or family members.
- There had been a best interest decision made for a person about living in one of the supported living houses. They had previous experiences of regular moves between accommodation and believed they would need to move away. Staff, relatives and health and social care professionals gathered, assessed the person's capacity and, with the person, discussed the decision. In the end, while the consensus was for the person to remain in their current accommodation and the best interest decision reflected this, the person had indicated to those gathered they agreed with the decision.
- A staff member supported people's decision making by, "Simplifying tasks to choose by giving pictures or written words to choose from. Also, sometimes giving a more limited choice works well."
- A second staff member told us, "I would be asking to my senior team if any problems with any lack capacity in a situation. Possible to contact GP or social workers for help, maybe also family or friends."
- The provider was working in line with the MCA.

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.

At our last inspection, under a previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw kind interactions between staff and people and when we returned to the service with a team fluent in BSL, we confirmed this. People were supported to establish and maintain relationships with peers.
- People had been supported to attend local deaf clubs before the COVID-19 pandemic lockdown meant these were cancelled. These groups have not been reinstated since the pandemic so there is currently a gap in people's experiences and community access.
- People's protected characteristics under the Equality Act 2010 had been recognised and associated needs addressed. For example, a person from an African background, had, with a relative, cooked foods from family recipes to share their culture with peers. The service celebrated festivals from various cultures and religions throughout the year, broadening people's understanding of others.
- A person's family had asked staff to take them to a church service each week. An advocate had been involved to help the person decide if this was what they wanted. They decided to attend when they wanted as prayer was a comfort however, they would not attend every week.
- Another person observed mostly one religion but also certain festivals from another religion. The provider had enabled them to access family celebrations using video calling so they felt part of the celebrations during the COVID-19 pandemic.

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

- The service was very much a part of the Deaf community and everyone living in the supported accommodation had BSL as their first language. All staff were fluent or working towards fluency in BSL, and most were also Deaf so communicated extremely well with people.
- One person told us, "Staff who are deaf are the best at signing but the ones that hear get better really fast."
- People were consistently offered choices about activities, meals and goals and dreams to work towards.
- Each month, people and their keyworkers met, and any new learning was added to care plans to ensure all staff providing support were acting on the most current information.
- The provider ensured interpreters were booked when it was their responsibility to do so. At times, people attended appointments with healthcare professionals who had either been unaware of a need to have an interpreter or had not booked one.
- The registered manager tried to attend as many appointments as possible with people and had at times needed to support people to communicate. This was not ideal as, should they miscommunicate medical information, it could be harmful. However, not supporting these appointments would cause potentially long delays to people having medical investigations which could have significant consequences for their health and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People receiving a service from Glyn Domiciliary lived mainly in supported living. This meant the premises was their home which staff respected, and ensured they lived as independently as they wished and had privacy when they wanted it.
- Staff communicated effectively with people. This enabled them to make choices and live more independently with guidance from staff.
- A relative told us how Glyn Domiciliary were helping their family member to be more independent. They said, "They cook, clean, and do their washing. They have a bank card with an allowance on, staff tell them how much money they have. Staff talk to them about budgeting and encourage them to save up for stuff."
- One person told us they had no friends in the service despite living there for some time. They expressed feeling left out. We reviewed their care records and raised these comments with the registered manager. The person was an observer of activities rather than someone that joined in, and efforts were made constantly to engage them in activities with peers. A recent cinema trip with another person had been a success. The same person told us staff were helpful, they liked activities and they enjoyed residents' meetings where they discussed health and safety, made plans for more activities and outings, and planned their holidays.
- The registered manager ensured people were learning skills of independence they could rely on should they move into their own flat in future. People were prepared, gradually for moving on should it be something they were able to and wanted to do. As a domiciliary care provider, the service could continue to support people in the wider community providing them with consistent support during and after transition to more independent living.
- At this time, the registered manager expressed concerns about people moving on as resources such as the local deaf clubs were not running, and there was a likelihood people could become socially isolated without the community provided in the supported living accommodations.

Is the service responsive?

Our findings

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

At our last inspection, under a previous provider, we rated this key question good. The rating for this key question has remained 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

- Care plans had been well written and contained current and relevant information about supporting people.
- Most people contributed to their care plans and added to them during monthly keyworker meetings. However, 1 person claimed they had not seen their care plan or contributed to it. Their plan was accurate in reflecting the support they were receiving.
- People had goals linked to needs they wanted to meet and their aspirations or ambitions.

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.

- Communication was central to the service provided by Glyn Domiciliary. All staff were required to have competent BSL skills or be willing to develop this skill when recruited to the service. One recently employed staff member was still in their probationary period so not able to enrol on in depth BSL training however had become extremely competent in signing already and was effectively communicating with people.
- We received feedback from a maintenance employee who worked in the service. They had been enabled to attend a BSL training course so they could communicate with people using the service.
- People's communication needs had been identified and recorded in clear care plans. The registered manager had produced visual resources for the service using both images of signing, and the sentence structure BSL users were familiar with. Care plans also used BSL sentence structures meaning people were more able to understand them.
- We spoke with the registered manager about additional actions that could be taken to further improve people's access to their care plans. They will be developing video care plans with people using BSL to ensure they are fully understood.

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 were supported to maintain relationships with relatives throughout the COVID-19 pandemic. Video calls were used, when possible, to facilitate contact and staff ensured relatives had regular updates.
- The provider facilitated activity sessions both in the form of supporting people with activities of daily living,

for example, cooking meals, cleaning and tidying or even decorating their rooms. There were also leisure-based sessions such as swimming, community outings, meals, and drinks out and activities in the other supported living houses.

- For example, when we inspected, people from all 3 of the houses were meeting up and going for a cream tea. Unfortunately, one of the mobility vehicles had a flat battery meaning getting everyone to the venue would no longer be possible. Staff quickly reorganised the event to take place in one of the house gardens and a small group made scones for a cream tea while others joined in a made-up ball game in the garden. We saw people fully engaged, laughing, and enjoying their time together.
- There was a real community feeling to the service, the 3 supported living services often joined together for activities and people had friends across the services. The services also minimised the possibility of people becoming isolated due to being deaf as there was always someone who people could communicate with.
- Relatives gave positive feedback about activities telling us, "They go out in the New Forest on a disabled bike. They go to the Isle of Wight, and in September 2023 they are going to [holiday resort] with another person. When we had a family wedding, staff brought [person] and their partner to the wedding."
- A second relative told us, "They like the day trips, and I am really pleased they have booked a holiday for 4 residents to go to a holiday camp. They have a partner; they live next door. They go for coffee together; it is really normal and nice. They seem happy."
- A person told us they had enjoyed a trip to the cinema recently to see a movie, they had been with staff and another person from a different house. Staff had also gone the extra mile to make sure the person had been able to attend a local festival as they loved festivals and carnival costumes.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and all concerns raised were added to their electronic systems and reviewed by senior managers and learning and actions fed back to the service.
- Though there were minimal concerns raised, all issues, whether a complaint or an informal 'grumble', was addressed and those raising them would be responded to by a member of the management team.
- A relative told us, "Any issue, I talk to their keyworker or other staff. If they don't know the answer they will try and find out."
- A second relative said, "I would go to [registered manager]. I have their contact details; they are brilliant and go out of their way to help. For example, when [family emergency happened] they came and picked [person] up from us."
- A third relative was also happy with the response from Glyn Domiciliary, telling us, "I can call [registered manager] about anything. For example, [person] has had some trouble with another resident, normal stuff. They have kept me updated."

End of life care and support

- Glyn Domiciliary could provide people with end of life care and would support people with their health needs in partnership with local GP's and community nurses.
- When we inspected, no one had an end of life care plan as these were not relevant due to people's age and health. They and their relatives had been offered the opportunity to compile plans however none had wanted to at this time.

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 our last inspection, under a previous provider, we rated this key question good. At this inspection the rating has remained good. 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

- Ensuring people had fulfilling lives was the central focus of the service. There was a warm sense of community across the 3 houses and a wide range of opportunities provided people with a variety of activities.
- A staff member told us, "Once I was familiar with the environment, I realised that this [service] is run with such care and dedication by the [registered manager] and the support staff I was amazed at the life the people we support live. They are encouraged to live their lives to the full. They are asked what they would like to do and are supported to achieve whatever this may be. Every week there are different activities run at the home and they can choose to join in or not. These activities might be to go for a bike ride, or go on a trip to the zoo, or a boat or train trip, maybe bowling or a camping holiday, their disabilities do not let them prevent them from enjoying anything."
- The registered manager had worked to develop a specialist service for Deaf people and when we inspected, all staff had fluent BSL, and most staff had BSL as their first language. This added to the sense of community, people could have conversations with all staff, and barriers to communication had been removed within their home environments.
- Staff and relatives told us some people's communication had improved significantly since moving to the supported living settings. Prior to placement with Glyn Domiciliary, people had often moved to mainstream accommodation after attending schools and colleges for Deaf people meaning their opportunities to communicate had been minimal both with staff and peers. The supported living accommodation provided a safe and enabling environment for them.
- One relative told us, "They have opened up, signing, and communicating more. They have improved a lot since being there, they seem happy." A second relative said, "They have been there for 2 to 3 years now, and their life has been transformed. All staff do signing, and some of them are deaf. They are signing, talking, and communicating more. I have learnt so much."
- Staff were committed to the ethos of the service, they promoted people's independence, respected their decisions, and supported them in a dignified, respectful manner.
- There were close, professional relationships between staff and people which were appropriate and positive for people who may, because of their disability, become isolated.
- The registered manager empowered their team to develop new skills and progress their careers in care. For example, staff could enrol in training for qualifications to enable their progression into more senior roles and enhance their day-to-day practice.
- Feedback from staff was positive about the management team, all agreed they were approachable and

supportive. A member of the management team told us they ensured their door was always open to staff and they made a point of approaching staff for informal chats to give them an opportunity to speak up about any concerns they might have.

- A staff member told us, "As usually, we have been in a staff meeting every month. We always used to text on [social media platform] for support in work areas and I used to email with senior staff in private communications sometimes. All staff can sign in BSL too."
- Changes had been made to the provider's policies to enable staff to effectively communicate with each other between the 3 supported living services. Use of personal mobile phones, while not permitted elsewhere by the provider, was invaluable, private chat groups and video calling enabled staff to communicate with each other effectively.
- The provider worked with the local authority and advised them on what personal protective equipment, (PPE) would be beneficial for use with the Deaf community during the COVID-19 pandemic. The registered manager had already found suitable clear face masks however these were not available through the NHS portal. The local authority accepted their advice and funded over £10,000 of the masks for use in the Deaf community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had an established an effective system for managing accidents and incidents, auditing and maintaining the premises where applicable. The registered manager ensured all accidents and incidents were loaded into the system and that notifications to CQC and other agencies were made in a timely fashion.
- A manager's report was completed each month and senior managers from the provider's organisation also completed a regular audit to ensure the service was running effectively and providing quality care for people. Actions from the audits were completed to ensure continual improvements were made and the service remained working in line with current good practice guidance.
- Analysis of accidents and incidents was shared both with the service and throughout the provider's company when necessary to ensure learning was shared and embedded into practice.
- Service delivery plans had been compiled for each of the supported living locations including what was done well and what could be done better. Areas for improvement were being addressed to ensure the service was running as effectively as possible.
- The manager was aware of the duty of candour and, when something went wrong, informed the person and their relevant others as well as informing relevant agencies.

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

- The provider had introduced the 'Wheel of Engagement'. This involved keyworkers and people meeting on a monthly basis to discuss how they were, get any feedback about the service and note progress on goals and aspirations.
- Regular contact with relatives and others involved with people ensured their views were heard by the provider and actions taken if needed.
- The provider used interpreters when needed, for example during training sessions and when there were meetings with external participants.
- The registered manager confirmed with organisers of appointments, such as clinics, the availability of an interpreter. There had been occasions when, even though confirmed before, interpreters had not arrived or not been booked. In these instances, the registered manager stepped in and interpreted on people's behalf

to ensure they could understand and more importantly, express their views.

- The registered manager had recognised the recently introduced employee assistance programme needed reviewing to ensure it was accessible to all staff. They were working with the provider to achieve this on behalf of their team.

Working in partnership with others

- The provider engaged with people's relatives and invited them to events in the services. Relatives all gave positive feedback about the relationship with staff and the management team. One relative told us, "They make it feel like home, not a care home. It is a fun, relaxed and inclusive atmosphere. They are a fantastic team." A second relative said, "We have no worries, they are an excellent team, and we cannot praise them enough."
- Several people had received support from Glyn Domiciliary for many years and they, and their families had very positive relationships with the staff and management of the service.
- The registered manager had established positive partnerships with health and social care professionals. For example, a GP said, "[Registered manager] is a brilliant advocate for all the people she supports."