

Lucy Glyn Support Services Limited

Lucy Glyn Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Lucy Glyn Domiciliary Care Agency provides personal care to people with learning disabilities or autistic spectrum disorder, who live in their own homes. At the time of our visit the service supported six people who received 24 hour care in their own homes.

We inspected the service on 2 February 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care was person centred and was planned to meet people's individual needs, abilities and preferences. Health professionals commented on the high standard of care provided. People received support based on their individual needs, which helped to improve the quality of their lives. People were supported to participate in activities that were meaningful to them. Staff used different methods to obtain feedback from people, which were tailored to meet people's individual needs. People were encouraged to be involved in planning how they were cared for and supported.

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse. Risks to people's health and welfare were assessed and support plans gave staff instructions on how to minimise identified risks, so staff knew how to support people safely.

There were enough staff on duty to meet people's needs. The registered manager checked staff's suitability to deliver care safely and considered the views of people who used the service in their recruitment decisions. Staff received training and support that ensured people's needs were met effectively. Staff supported people with kindness and compassion, and treated people in a way that respected their dignity and promoted their independence.

Management and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and supported people in line with these principles. The registered manager had made DoLS applications where potential restrictions on people's liberty had been identified. However, these applications had not yet been authorised. Where people did not have capacity to make decisions, decisions were made in people's best interests.

People's health needs were monitored and they were referred to external healthcare professionals when a need was identified. Healthcare professionals were positive about the care provided.

People told us they would raise concerns or complaints with staff or managers if they needed to. People were encouraged to share their views about the quality of service provided through regular reviews and questionnaires.

The registered manager and the deputy manager maintained an open culture in the service and they were accessible to people. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service.

The registered manager was dedicated to providing quality care to people. They had used guidance and research to provide a service that stimulated people and kept people safe. They followed good practice initiatives and worked alongside other organisations and health care agencies to develop innovative ways of supporting people. There were processes in place to ensure good standards of care were maintained for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good ●

The service was effective.

New staff had a thorough induction to provide them with an understanding of their role. Training was planned to support staff development and to meet people's care and support needs. Training was tailored to meet staff's different learning styles. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. People received ongoing healthcare support from a range of external healthcare professionals and staff ensured people received good nutrition and hydration. Healthcare professionals were positive about the care provided by staff.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had an excellent quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence. People were valued and staff understood the need to respect their individual wishes and values.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff knew people well and had an excellent understanding of

people's individual needs, preferences and how they liked to spend their time. People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People were involved in planning how they were cared for and supported and staff used innovative methods to obtain feedback from people, which were tailored to meet their individual needs. Health professionals were positive about the care provided. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the management team if they needed to. Staff felt well supported by the registered manager and the deputy manager and felt able to raise any concerns. Staff used good practices and worked alongside other organisations and health care agencies to develop innovative ways of supporting people. The registered manager and deputy manager were dedicated to providing quality care to people. They valued staff and promoted their development. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. There were processes to ensure good standards of care were maintained.

Lucy Glyn Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 February 2016 and was announced. We told the registered manager one day prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we sent surveys to people who used the service to obtain their views around the quality of care they received. Surveys were returned from six people who used the service, 10 staff members and two community professionals who were treating people. Community professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We also spoke with two health care professionals before our inspection. During our inspection we spoke with five people who used the service in the provider's care office. We also spoke with the registered manager (who was also the provider) and the deputy manager. Following our inspection we spoke with two relatives, a team leader, and two support workers.

We reviewed four people's support plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with staff. Two people told us, "I like my house, there are staff here day and night" and "I can ring the on call number and get hold of the manager anytime." A relative told us, "[Name] definitely feels safe." One hundred per cent of people who used the service and responded to our survey told us they felt safe from abuse or harm.

People were protected from the risk of abuse because staff knew what to do if concerns were raised. People told us they felt comfortable talking with staff or the registered manager if they ever felt unsafe. One person said, "I would speak to the manager or the deputy manager if I didn't feel safe." One hundred per cent of staff who responded to our survey told us they knew what to do if they suspected someone was being abused or was at risk of harm. A member of staff told us, "If you know the client well you can tell if something's not right by their demeanour and by their level of anxiety. If I had concerns I would raise them with my manager. I am confident that they would be acted on." One hundred per cent of community professionals who responded to our survey were confident people who used the service were safe from harm.

Staff received different types of training to help them keep people safe, including good practice techniques to help them manage people's behaviours if this became challenging and training specifically related to people's mental health. Staff told us they did not use restraint techniques and believed the training they received fully equipped them to deal with behaviours that challenged. The deputy manager told us, "We regularly discuss how to keep people safe in team meetings." Staff told us there was information on people's care plans which gave them instructions about how to help keep people safe if they displayed behaviours which challenged. One member of staff told us, "I am aware of people's triggers, they are in their care plans and I have had training to equip me how to manage any challenging behaviour. Records showed concerns about potential abuse had been appropriately reported and action was taken by the management team to keep people safe.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of incidents were detailed and included the actions taken as a result of any incident, for example referral to another agency such as the local authority. One member of staff told us, "If there was an incident I would let management know and complete an incident form." Staff were able to explain how referrals of some incidents, were made to the local authority. The deputy manager explained how they and the registered manager assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to them during their care and support. The deputy manager explained information provided by health professionals was also used to minimise risks to people's safety. A health professional told us the service used the information they shared about people, to create comprehensive assessments of risks to help keep people safe.

Records confirmed that risk assessments had been completed and care was planned to minimise identified risks. Staff knew about individual risks to people's health and wellbeing and could describe how these were managed. For example, a member of staff explained how risks to one person changed continually due to their health issue. They told us they constantly reviewed the person's risk assessments and their 'set responses'. This was information staff used to help them communicate with the person to reduce their anxiety. Following an incident where the person had been at potential harm in the kitchen, staff had reviewed the risks to that person and written new plans to support the person and keep them safe.

One member of staff told us, "We give our ideas to be included in the risk assessments because we work closely with people." A team leader told us, "If staff are concerned about anything they raise it with me and it will be included in our assessment. Staff are proactive in dealing with issues and if something new comes to light we do a risk assessment and a support plan alongside, to minimise the risk to people." A staff member gave an example where people's needs were assessed and steps were taken to minimise risk. They told us, "When [name] first came [to the service], they could make tea, but they had a previous issue with mishandling hot water. So we wrote a support plan to support them with hot drinks because they needed support to stay safe." The deputy manager gave a further example of how risks to another person's wellbeing had been assessed to keep people safe. The person's risk assessments were reviewed regularly to allow the person to be introduced to new people at a pace that was comfortable for them and that did not increase their anxiety levels and have a negative impact on their behaviour. We found both people's support plans described the actions staff needed to take to minimise the identified risks and support the person safely. Risks were reviewed monthly by people's keyworker and annually when people's care and support plans were reviewed with them. A key worker is a member of staff who is allocated to support a person on an individual basis.

Staff had completed risk assessments of people's homes, including specific risks on trips, slips and falls and about any specialist equipment people used, to ensure they were safe in their homes. One person told us, "The staff check the alarm system each week to make sure I'm safe." The deputy manager told us, "There are weekly safety checks for all fire equipment and the boiler. We monitor dates of when retests of utility services are required and there is a maintenance log and safety log in each person's home." We saw management strategies were in place for responding to emergencies or untoward events, for example adverse weather and these had been reviewed. A member of staff told us, "We have all the emergency procedures and numbers of who to call and what to do. There's plenty of information in the house."

There were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they received a rota to tell them which care workers would call. One person told us, "I have a rota in my house. I look and see who's coming." The deputy manager explained how they ensured there were always enough staff to meet people's care needs and support them with their preferred routines. The deputy manager told us there was a team of staff for each person they supported and each person received 24 hour support. One person's team of staff had remained consistent for five years. They told us another person's team was made up of experienced staff members because they had higher support needs. Staffing was worked out via a rota, which identified when planned activities took place and times when people needed more support. For example, if someone required support from two members of staff to attend a health appointment. The team leader told us, "I email the manager every month with extra staffing requirements and they accommodate it in the rota. If an appointment came through at short notice then staff volunteer to cover."

The registered manager checked that staff were suitable to support people before they began working at the service. This minimised risks of potential abuse to people. For example, we saw recruitment procedures included checks made with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a

national agency that holds information about criminal records.

Staff administered medicines to people in their own homes safely and as prescribed. A relative explained to us when their family member came to visit, staff went through all their medicines and they were carefully checked. They told us, "We sign to say we have received them." Staff had received training to administer medicines safely. The deputy manager told us staff's competency was checked during their first three administrations and then every six months following this. Records were in place to record when medicines had been given to people and staff signed the medicine administration record (MAR) to confirm this. MAR sheets were checked by staff during each visit for any gaps or errors. Completed MARs were regularly checked by a member of the senior management team. Support staff knew to contact senior staff if they had made a mistake with medicines. One member of staff told us, "I do the ordering, the checking and disposal of [name's] medicines. If there's an error, I would contact senior staff on call and phone the GP for advice. I would complete an incident report, put an observation sheet in place and I may report it to the local authority safeguarding team." Records showed people's care plans gave staff clear instructions on how to keep people safe if they declined their medicines. A member of staff explained that one person had to take their medicine with food, in order for the medicine to be effective. We saw this person's MAR sheets reflected this and detailed what time their medicines should be taken.

Is the service effective?

Our findings

People told us they were happy with the care provided by staff. One person told us staff were polite and asked for their permission before they supported them. Another person told us, "They [staff] look after me." A relative said, "Staff are very good." One hundred per cent of the people who responded to our survey told us their care was consistently provided by familiar support workers and they had the skills and knowledge to give them the support they needed. We saw when staff supported people to visit the care office, that they knew people well and provided effective support according to people's needs. For example, the deputy manager explained the progress one person had made and how their physical health had improved since receiving the service. They said the improvement was due to, "The good care and support they received."

The deputy manager explained how they matched staff to people who used the service to ensure people got on well and staff were able to meet their needs. They told us people who used the service were involved in the recruitment of new staff. They asked people to look at staff's job specifications and give them feedback. Then as part of the recruitment process, potential candidates attended activities, so people could get to know them and help choose suitable people to support them. Successful candidates received an induction which included two weeks of training, shadowing of up to four weeks, dependant on the staff member's ability and regular supervision to identify staff's development needs.

Staff told us they completed an induction when they first started work, that prepared them for their role before they worked alone in people's homes. One member of staff said, "Induction has been good. I started training with the managers, then I shadowed more experienced members of staff and they had time to take me through all the procedures, it was brilliant." The induction included training and working alongside a more experienced worker who was their mentor, before they worked on their own. Staff told us they felt well supported by the provider to study for care qualifications. The deputy manager told us some staff were currently doing the Care Certificate. They explained how the provider had liaised with Skills for Care and their online training provider to put together a route to assess staff's competence and to provide staff with the nationally recognised 'Care Certificate' qualification. Skills for Care are an organisation that sets standards for the training of care workers in the UK. The assessment included observations of staff, witness statements from colleagues, work books and an individual development plan including a self-assessment tool to help staff identify areas they need support to improve.

Training was planned to support staff development and to meet people's care and support needs. This included training in health and safety, the Mental Capacity Act 2005 (MCA), medicine administration and good practice techniques to help manage people's behaviours if they became challenging. Different methods of training were provided which suited different ways of learning, for example online training course, external training course, DVDs and practical training. Staff were positive about training, they told us they felt supported by their manager to access training. One member of staff told us, "Training is very useful. Some of the things were new to me, for example challenging behaviour and learning disabilities." They said they felt confident to support people with complex needs following their training. Training was also provided to support staff in meeting people's specific needs. For example, training in caring for people with autism and epilepsy. The deputy manager told us they used local authority resources to increase training

opportunities, such as free online courses for staff such as safeguarding people. Staff had lead roles in certain areas of practice, such as safeguarding people and they supported staff in this area and ensured best practice was shared. Health professionals told us they were aware that staff received updates on best practice and that they are always well informed.

Staff told us they had supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The deputy manager told us they assessed staff's effectiveness through regular supervision and observation. They told us, "Staff can raise anything they want to. Issues about clients care or their work." Staff confirmed that supervision offered them an opportunity to request any further training they felt would enable them to meet people's needs more effectively. The deputy manager explained that supervision was used for reflective practice. Reflective practice is the analysis of actions in a process of continuous learning. Staff told us how this helped them to improve their knowledge. One member of staff told us, "As part of supervision we look back at incidents and what could have been done differently."

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They had ensured Deprivation of Liberty Safeguards (DoLS) applications were made for two people because they had identified a potential restriction on those people's liberty. The DoLS applications had not yet been authorised by the local authority.

Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required. One member of staff told us, "I covered the MCA in my induction. You have to work with clients in their best interests." They gave an example where one person told them they wanted to start buying lottery tickets. The member of staff explained how they would support the person with their decision, they said, "We will discuss with [name] what the implications will be, for example, financially. We will obtain people's views, for example their consultant and relative and use these to help [name] make the decision and this will be recorded." A relative explained how they had been involved in making a best interest decision regarding treatment options, because their family member did not have capacity to make the decision themselves. They told us the service sought advice from the relevant medical professionals before making a decision and they had been, "Fully involved." The deputy manager explained how they supported people who used the service, to give their opinions so they could be used when best interest decisions were made. They told us, "[Name] does not have capacity to make all their decisions so we record their comments and use them at our best interest meetings." Records showed that different methods were used to make sure that people were involved in decisions about their care and their human rights were respected. For example, some people's opinions were recorded as an ongoing process on their support plans, relating to different topics, such as housing. This information was analysed by staff to help them identify what the person's feelings were on that issue.

Some people received food and drinks prepared by staff and some people were supported by staff to help prepare meals to encourage their independence. People told us they liked to cook. They told us what their favourite meals were and we saw these were reflected in their menu planners. One person told us, "I'm

looking forward to next Tuesday because it's pancake day." A relative told us, "[Name] has supervision to cook. Staff stand back a little." Another relative told us, "Staff try and encourage [name] to eat a healthy diet." One member of staff told us, "[Name] likes to bake so we support them with that." Staff told us people were involved in planning their menus and they discussed choices. One person told us, "We use pictures of things and staff ask me what I'd like." We saw people's dietary requirements, food preferences and any allergies were recorded in their support plans.

Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that met their needs. Staff told us how they had identified that one person's support needs had increased at meal times, due to an ongoing health issue. They explained how the person's needs had been assessed and additional support was offered at meal times to ensure they could eat their meals and maintain their independence and wellbeing. A member of staff told us, "We are waiting for the occupational therapist to do an assessment. I made the referral through [name's] consultant doctor."

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One person told us, "Staff help me to see the GP if I am poorly." One hundred per cent of community professionals who responded to our survey told us the service acted on any instructions and advice they gave them and co-operated with other services and shared relevant information when needed for example, when people's health changed. We spoke with two health care professionals before our inspection. They told us people were always supported by staff to appointments and that staff always followed their recommendations. Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as a dentist, chiropodist and optician. The deputy manager told us one person had complex needs and received support from a number of different professionals. They explained how staff supported the person to manage interactions with different services and authorities, by arranging appointments and meetings at the person's home. This meant the person could come in and out of meetings when they wished and this helped to reduce the person's anxiety and caused the least impact to their wellbeing.

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "I am happy with the way staff look after me" and "I have a laugh with staff." Two relatives told us, "Staff are polite and caring" and "Staff are all very caring." One hundred per cent of people who used the service and community professionals who responded to our survey said they thought support workers were caring and kind.

When staff supported people to visit the care office, we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff used different communication methods to meet people's needs, such as Makaton. Makaton is a language using signs and symbols to help people to communicate. Communication methods were recorded in people's support plans. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in. The deputy manager explained how staff used key worker sessions to discuss issues with people on an individual basis and in a way they could understand. They said, "People have somebody to speak to anytime they have a concern." Staff supported people to make their own photobook, which included photographs of significant events in their lives.

The deputy manager explained, "Everything we do is based on person centred care. We believe if someone can do something they should be encouraged to do it. We like to build on people's skills." A member of staff gave an example where they supported one person according to their needs and abilities, to help them remain independent. They told us, "If you unlock the car [name] can get in and do their seat belt up themselves and then we check it's done. [Name] can dress independently once we have helped them with their underwear. We just check and support them. I try to make them as independent as possible." The deputy manager told us, "The most important thing is that staff are going to be caring. We get feedback from clients and observe staff's practice to ensure this. Our whole ethos is that the client is central to everything and that they are safe and happy."

Staff demonstrated a clear understanding of the caring ethos the registered manager was keen to promote. For example, one staff member told us how they ensured people they supported were treated equally. They said, "To make sure people get the same opportunities as everyone else, we look at the ways we can help them to do things and we challenge discrimination." They explained how one person wanted to attend an exercise class, so they researched types of classes and met with facilitators to ensure the person would be treated fairly. They told us the person had started their class and had, "Settled into class very well."

Staff told us they were given opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. One member of staff told us, "I enjoy working here, I feel motivated and cared for." Another member of staff said, "The way they look after people is

fantastic. The client's interests are put first."

People and their representatives were involved in planning and decisions about their care and support needs. The deputy manager told us people were asked about their preferences when they were initially assessed by the service. They said, "We start talking to them about things they like and build from there." Records showed people were asked for their opinions about their care during individual sessions with their key worker and through regular reviews of their needs. A newsletter was produced which included contributions from people who used the service. For example, one person had provided a poem for the most recent edition.

One hundred per cent of people who used the service and community professionals who responded to our survey said they thought care and support workers always treated people with respect and dignity. A staff member explained how they showed respect for one person's privacy when they supported them to socialise. They said, "By giving [name] freedom to talk to their friends, I sit at a distance." A relative told us, "Staff respect [name's] space. They have their own time out which they like to do."

Is the service responsive?

Our findings

People told us they were very happy with the care and support staff provided and that staff knew them very well. Two relatives told us, "[Name] seems happy" and "The staff know [name] pretty well." One hundred per cent of the people who responded to our survey told us the support they received helped them to be as independent as they could be. Staff encouraged people to be independent, for example, they asked people if they wished to speak with us about their experiences of the service during our inspection. We observed staff enabled those people who wished to share their opinions with us, in a way which reflected the information in their support plans. Staff supported people to engage in a variety of activities after they had met with us. For example, we observed one person discuss with their support worker where they would like to go following the meeting and they decided to go for a walk at the local castle and they talked about it eagerly.

A health professional we spoke with gave us extremely positive feedback about how the person centred care provided had improved the quality of people's lives. They told us, "I have placed numerous people with complex issues and they have all done really well. One person is doing fabulously well since being placed with service. They've got set responses because [name] gets over anxious and this provides consistency and this helps them. They are now cooking and doing arts and crafts. They have re-established contact with their family. All in all it has been a real success." The deputy manager explained how they ensured a 'person centred' approach to people's care and support. They told us people's care was tailored to the person's individual needs, for example, how they used pictorial aids to help the person's understanding. Staff made books, called 'social stories', which included photos of the person, staff members and places included in the story. The books were used to help the person's understanding and reduce their anxiety about different issues, for example, a visit to the dentist.

Support plans included details of how staff could encourage each person to maintain their independence in their own particular way and where possible, undertake their own daily tasks. For example, one person required support to maintain their personal hygiene. The person had complex mental health needs and there was detailed information on their support plans, about how staff should encourage them. The deputy manager told us, "Their skin used to be sore. We have put a lot of routines in place and [name] has made real progress." They told us there were occasions when the person declined personal care and said, "But we have support plans to turn this around." Staff demonstrated they knew the person well and knew how to support them according to their individual needs. Staff told us the person's hygiene and wellbeing had improved due to the support they had received.

Staff told us about other ways they helped people as individuals to achieve positive behaviour, to be more independent and care for themselves. One member of staff gave an example where an incentive system had been devised according to the individual's needs, to encourage them to be more independent with their personal care. They told us the person had responded in a positive way and, "Done amazingly well." The person's relative told us, "They use incentives for [name] to work towards. That works for [name]. Positive behaviour gets positive actions. They've got the balance right." The deputy manager told us the support had significantly helped to reduce incidents of negative behaviour for the person and helped them to become

more independent.

One hundred per cent of staff who responded to our survey told us they knew the needs, choices and preferences of the people they provided support to. We saw people had shared information about themselves; their likes, dislikes and preferences for care were clearly defined in their support plans, for example their preferences for food and music. Staff told us how important it was to read people's support plans so they knew what people's preferences were and to ensure they supported people in the way they wished. People told us they thought staff knew them well. One person explained to us how staff supported them to make their preferred choices. They said, "On choice day I do anything I like, arts and crafts or I have my hair coloured. I do the menu every week with staff and my activities planner each week." They told us how they were looking forward to music night that evening, where they would play instruments.

We saw people were involved in planning their care and their views had been taken into account and included in support plans. The deputy manager told us there were several ways people contributed to the planning of their care, this included discussing support plans when they were first written, individual keyworker sessions and annual reviews. The deputy manager explained that everyone who used the service had a keyworker and people shared time with their keyworkers on a one to one basis and reviewed their individual needs. A staff member gave an example of how they used key worker sessions to help people's understanding. They said for example, "One person was asked if they would like to take a holiday. We asked if they could remember the last holiday and if they enjoyed it, before they made a decision." We saw key worker sessions were recorded and some were in a format which used pictures, to help people's understanding. Staff always asked the person if they had enjoyed the session and recorded their opinion. Records showed one person had commented, 'That was good fun wasn't it.' A staff member explained how they used these sessions to support people to make decisions. For example to help people choose what activities they wanted to do. The staff member used the session to ask one person how they felt about a particular activity. They found the person no longer enjoyed the activity and so it was changed. A member of staff told us, "I find keyworker sessions useful. When I go back into work I can read them, which is really helpful."

Staff gave us an example of one person whose health had recently declined, so they had made a referral to an occupational health therapist (OT) to obtain specialist equipment to support them to eat and drink independently. We found staff had reviewed the person's support plan and updated instructions on how to support them to maintain their independence. Staff told us they had discussed the change to the person's care with them in a key worker session, so they could understand why a referral had been made to an OT. When we spoke with the person, they told us all about their understanding of the issue.

People's support plans were reviewed and reflected their care and support needs so that staff could be sure the care they provided remained responsive to people's needs and preferences. Health professionals and family members attended people's care reviews, where people required support to make decisions. A health care professional told us they attended people's care reviews and told us reviews were, "Thorough and all aspects of care were reviewed." The deputy manager told us they had tailored the way people's care reviews were held, to meet individual's communication needs. For example, one person's review was always held in their home so they could attend if they felt comfortable to do so and this helped reduce their anxiety about the meeting. The deputy manager told us, "[Name] pops in and out of their review meetings. We always have it at their home so they can be included. [Name] asks questions when they want to." Records showed the person's comments had been recorded during the review. Other people present for example, health professionals, had their views recorded. A relative told us, "I can voice my opinion at reviews. They [staff] chat to [name] before the review and bring their views to the meeting." This demonstrated that people were supported to have care plans that reflected how they would like to receive their care.

Monthly reports, summarising each person's wellbeing for the previous month, were produced by staff. Staff told us they included people in the review of the information during key worker sessions, to look at their needs and behaviour. A health professional told us, "Reports are person centred and wherever possible the client is involved and helps draft the reports in some cases." A relative told us, "We have a report every month and it includes risks, activities, appointments and general behaviour. It's useful if there's been an incident for the next time I see them."

The home was actively involved in building links with the local community and people were supported in individual ways that suited their needs, to attend a variety of events outside the home. For example people were encouraged to attend local church services, leisure centres, colleges, social organisations and places of interest such as the local castle. The provider was committed to building relationships with other services and agencies, such as the local authority, the local college and local churches, to make sure people received the support they needed to stay independent. People told us they were members of the National Trust and visited places of interest, such as the local castle. One person told us, "I went on the train to see Aladdin, It was funny. I had tea out."

A relative told us, "Staff keep [name] busy with all the things they like to do. Staff have helped [name] carry on their favourite activities and they suggest things." Staff encouraged people to take part in their favourite pass times, which helped to improve the quality of their lives. One person told us they enjoyed arts and crafts and making jewellery. They told us how staff had supported them to reorganise their wardrobe. They found some craft materials and used them to make jewellery, which they had enjoyed doing. The deputy manager explained to us that people went on holidays and day trips. They told us people who used the service and people from the providers other service got together on a weekly basis and took part in different activities. For example, during our inspection we saw people took part in music night. We heard people singing and playing percussion instruments. Staff told us people were involved in writing their individual weekly planners. Records showed people's planners reflected their preferences.

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. Staff told us how they encouraged people to maintain their religious beliefs and made suggestions for new activities for people to improve their well - being. For example, the deputy manager told us one person was supported to attend religious services as this was part of their initial assessment of need when they first joined the service. Staff explained they knew the person well and were aware of their beliefs. They encouraged them to attend different types of meetings at church which they might enjoy based on their preferences, such as 'messy church' which included craft activities. The person told us it was important to them and how they enjoyed singing.

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families as possible. The deputy manager told us about one person who had begun to see their family member for the first time in many years, since using the service. They told us, "[Name] started to phone [relative's name] once a week. When [name] says they want to visit, we arrange to go straight away while they see the benefits of going." A health professional who was involved with the person's care, told us what a positive effect this had had on the person and how it had improved their wellbeing and progress. We saw time with relatives was included in people's weekly planners. Staff explained how they supported people to look at their photos and this helped people to maintain important family relationships.

People were supported to make their own choices where possible. One person told us, "I get to have a lie in and choose when to go to bed." Staff explained how they supported people in different ways to make choices, according to their abilities. For example, one member of staff told us, "I ask [name] the type of

clothes and shoes they want to wear and they choose. We have a procedure for making sure [name] is dressed according to the weather." A relative told us, "Staff consult [name] on decisions. [Name] chooses days out and evening meals."

There was good communication between staff when they shared information about people's needs, to ensure they received good care. Staff told us that the handover of information between shifts was clear and effective. Handover records were detailed and included any concerns staff had about people's welfare. We saw staff maintained a communications book in each person's home, which was detailed and highlighted changes in people's support needs. Staff told us they would highlight any issues to senior staff and ensure people's support plans and risk assessments were updated where required. Staff told us that changes in people's needs and information on their support plans was discussed at team meetings. One member of staff told us, "There lots of information in people's homes about their individual needs and their history, it's all there."

Health care professionals we spoke with were positive about their working relationship with the provider. One hundred per cent of people who used the service and community professionals who responded to our survey, told us staff responded well to any complaints or concerns they raised. People told us staff took time to listen to them and supported them to raise concerns. One person told us, "I would speak to the manager if had a complaint." The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in their homes. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. We found that complaints were dealt with to people's satisfaction. A relative told us, "I have raised things in the past and they've been responded to well. If we had a complaint we would email or phone the manager." Records showed there had been two complaints in the last 12 months. Responses had been made in a timely way, in accordance with the provider's policy. We saw learning had taken place as a result of complaint investigation and improvements were made to the service as a result. Staff told us how they supported people to make a complaint if they wished. The deputy manager told us families were given an out of hours email address they could contact a senior member of staff on directly, if they needed to raise an issue urgently.

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. One hundred per cent of the people who used the service and community professionals who responded to our survey told us they would recommend this service to another person. Relatives told us, "The service is well managed I have no concerns" and "I am happy with the care provided." Staff told us, "Lucy Glyn is one of the best companies. I would recommend it" and "I love it here."

The 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. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well. The registered manager and the deputy manager understood their responsibilities and were aware of the achievements and the challenges which faced the service. The deputy manager explained they felt their greatest achievement was, "The progress of the clients." People told us the management team were approachable. One hundred per cent of the people who used the service and who responded to our survey told us they knew who to contact at the service if they needed to. A relative told us, "The manager is approachable, they take suggestions on-board." The deputy manager told us, "People find me approachable. I try to sort out things immediately."

People and their relatives told us they felt able to raise issues and had good relationships with staff. One relative told us, "If I've ever had concerns they have been very good. I get a response very quickly." Staff told us they could make suggestions and these were acted on. One member of staff told us, "I've made suggestions for changes, for example changes to stream line some of the paperwork to do with monthly reviews." Another member of staff explained how they had raised concerns about one person's health. They said, "I raised it with the manager who acted on the information straight away. The person's care was reviewed by their GP and their medicines were changed, they've improved no end." The deputy manager told us they had recently amended a policy following suggestions from staff. This showed staff were encouraged to make improvements to the service, which helped them to deliver high quality care to people.

Staff understood their roles and responsibilities and felt supported by their managers. Some staff had worked at the service for several years and all the staff told us they enjoyed working there. One member of staff told us, "We get feedback on the job and via supervision. We sometimes get a card from management thanking us. If we cover a shift we get a gift. I don't feel forgotten." There were monthly staff meetings for people's individual teams. Staff told us they found meetings useful and discussed people's support plans and staffing issues. The deputy manager told us they shared any compliments made with staff at meetings. The provider had an out of hour's on-call system when the office was closed. One member of staff told us, "We have a triage system for non-emergencies, this is helpful." Staff told us they were reassured a senior member of staff was always available if they needed support.

People were encouraged to provide feedback on how things were managed and to share their experiences of the service by completing surveys. The deputy manager explained there were questionnaires for people

who used the service and people were supported by staff to complete these according to the person's communication needs. It was recorded on the questionnaire if people were supported by staff to complete the questions. Some of the questionnaires used pictures to help people understand them. We looked at the survey responses from May 2015 and saw the results were very positive. We saw one person raised an issue about their food choices. The deputy manager explained how they discussed the person's concern with them and agreed a change to the way they planned their menu. Families were asked for their feedback and experiences of the service and were invited to complete a questionnaire about the home.

The deputy manager told us they kept up to date with best practice by researching changes to legislation and procedures and attending training courses and events such as the 'providers forum'. This is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. The management team shared their knowledge and kept staff informed of best practice through discussion at team meetings and internal bulletins. Some staff had lead roles, such as health and safety and they took responsibility for ensuring best practice was being used by staff in their areas.

Quality checks made sure the service was meeting people's needs. For example that people received their medicines as prescribed and care was delivered as outlined in their support plans. Support plans were reviewed monthly and new support plans were reviewed by staff at team meetings. Additional audits were made on each team, by senior managers who analysed the results of the audits at managers meetings and drew up action plans where improvements were required. We saw where required, action plans were followed and improvements were made in a timely way.

One hundred per cent of people who used the service and responded to our survey told us the information they received was clear and easy to understand. People told us and records showed that the information people received from the service was clear and easy to understand, for example their call rota. People received a service guide which contained pictures, to help people's understanding. The guide included important information and guidance, such as the complaints policy and useful contact numbers for people if they had a concern.