

## Glenholme Healthcare (NGC) Limited

# The Lustrells

### Inspection report

27 Lustrells Crescent  
Saltdean  
Brighton  
East Sussex  
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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

27 The Lustrells is a small home care home registered to provide accommodation, care and support for up to four younger adults with physical disabilities, learning disabilities or autistic spectrum disorder. The service is a detached split-level bungalow with two floors and a garden. It is situated in a residential area, near to the local shops. At the time of inspection there were three people living at the home.

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

### People's experience of using this service:

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There were enough staff to meet people's needs. Medicines were managed safely, and staff had been trained in infection prevention and control.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and we observed friendly interactions throughout the day. Staff knew people well and tailored their support accordingly. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to live as independently as possible and told us their needs were met. Activities took place on a daily basis and people were encouraged to participate if they wanted to.

The registered manager had created an open and positive culture and staff knew people well. Staff felt well supported and the home had a welcoming atmosphere. People were fully involved in the service. Feedback about the registered manager was very positive. Staff were motivated and very proud of the service. Systems

were in place to monitor the service and drive improvement. One relative told us the service was, "Well managed, relaxed, responsive and adaptable."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published on 17 August 2017).

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Lustrells

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

27 The Lustrells is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This inspection was announced. 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 at home to speak with us.

#### What we did before inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection:

We were not always able to communicate with people, so we spent time observing the interactions between people and staff, in public areas of the service, in order to help us understand their experiences. We requested feedback from three relatives and spoke to four members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We received some concerns which we followed up with the registered manager and the local authority to seek assurances. We were not able to find any evidence to substantiate the concerns raised.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the previous inspection we found that people's risks were not always identified, assessed and managed. Risk assessments lacked detail around people's specific conditions and how to prevent risks to keep people safe. At this inspection we found significant improvements had been made to care documentation, to ensure staff had the right guidance.

- Risks to people were identified, assessed and monitored to keep people safe. Risk assessments gave guidance to staff on how to support people to manage and reduce any risks. For example, we found clear guidance on how to support people who presented behaviours that could challenge. This included using Positive Behaviour Support, a person-centred technique to support people with a learning disability who would may be at risk of displaying challenging behaviours.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure ongoing maintenance issues were identified and resolved. For example, at the time of inspection there was a bath chair that was out of action due to an electrical fault, the registered manager had contacted the engineer who was due to visit to fix the device.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "They felt safe." and a relative said, "I believe [person's] safety is a priority."
- Staff received safeguarding training as part of their essential training, and this was refreshed regularly. Staff knew how to recognise potential signs of abuse and how to raise concerns in line with the provider's policies and procedures to the local authority.

### Using medicines safely

- People received their medicines safely and on time. People's medicines were stored in a locked cupboard in their bedrooms and where possible they were supported to build their confidence around managing their own medication.
- Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed. There was guidance for administering 'as and when required' medications.
- Staff received regular training, and competency assessments were carried out to ensure their practice remained safe.

### Staffing and recruitment

- We observed there were enough staff to keep people safe and staffing rotas confirmed this. A dependency tool was used to determine levels of support for each person. Relatives and staff told us they thought there was enough staff to respond to people's needs quickly.
- The registered manager used the same agency staff to cover staff shortages, such as annual leave and sickness. This promoted continuity in the care for people.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. We found that staff recruitment folders included, employment history checks, suitable references, and appropriate checks to ensure potential staff were safe to work within the health and social care sector such as, disclosure and barring Service (DBS) checks.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
- Staff had training in infection prevention and control and information was readily available in relation to, washing hands, food hygiene, and cleaning products. People were supported to clean their bedrooms and other areas of the home and were encouraged to follow good hygiene practices.

#### Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong. One member of staff told us, "Staff record on the electronic system and report things straight away to the senior member of staff, which is then sent to the registered manager and the quality assurance person."
- The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, medication errors and incidents regarding people's behaviours that can challenge.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager carried out a pre-assessment before people moved into the service and care was delivered in line with best practice guidance. The assessment process helped to form people's care plan and to understand their care and support needs. Care plans were further developed as staff got to know them. One member of staff told us, "We have a three week transition period, where we meet with the relatives and the person to agree a transition plan to help them move into the service."
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in the process and they consented to care and treatment. One relative told us, "I am actively involved."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. Staff received training in a range of areas through face to face and through e-learning to support people. For example, positive behaviour support and autism. We reviewed training records confirming this. One member of staff told us, "We have enough training through face to face and on line. We are given opportunities to achieve further qualifications and staff can request more training. For example, I had specific training around autism."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work alone. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers. Staff also had the opportunity to achieve further recognised qualifications.
- Staff received regular supervision and appraisals and told us they felt supported by the registered manager and their colleagues.

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate they were referred to the Speech and Language Team (SALT) for advice and guidance.
- People were supported to prepare their meals and were given choice at mealtimes with alternatives available. Staff understood people's dietary requirements, their preferences and were aware of special diets such as, those who were diabetic, gluten free or vegetarian.

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

- Staff were proactive in engaging with other agencies to provide people with timely care, supporting them to live healthy lives. Staff gave examples where they have supported people to lose weight and improve their health by joining local gyms, regular walks and swimming. This has led to people who were at risk of type two diabetes being reversed, due to staff supporting people to maintain a healthy diet, accessing regular exercise and liaising with the GP.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers and opticians. Relatives told us, they were kept up to date with any changes to their loved one's health. One person was supported to undergo treatment with a local anaesthetic and the professional told us, "The carers who attended the appointment came across as very caring and knew the patient very well including their behavioural habits. This is not always the case with carers from social care settings. When I saw who attended with the patient on the day, it went some way to reassuring me too, that the patient was attending in as relaxed a manner as possible and that they would be supported both pre- and post-op to a high standard."
- People's oral health care needs were assessed, and staff supported them with their oral health on a daily basis.

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

- People's needs were met by the design and adaptation of the building. We found the decoration and physical environment of the service had been well thought out to meet people's needs and promote their independence.
- The service was welcoming with a garden for people to enjoy. People had communal areas to spend time together, be with family and friends or enjoy time alone in their bedroom.
- People's bedrooms were spacious and personalised to people's individual taste with their own possessions. One person told us, "I like my bedroom."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- DoLS information was recorded and staff were able to tell us who had a DoLS in place and specific conditions.
- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of

staff told us, "If a person refuses medication, we follow guidelines, try later and gently encourage explaining the pros and cons of not taking the medication."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were treated with kindness and staff had developed positive relationships with them. We observed friendly and warm interactions between the staff and people. Staff adapted their communication style and body language and recognised signs if someone was becoming distressed or anxious, offering reassurance.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. People were supported to observe their faith if they chose to.

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

- People were able to express their views where possible and were actively involved in making decisions about their care, support and treatment. This was done through reviews and daily interactions, sometimes using picture cards or prompts specific to the person.
- Each person had a 'key worker'. A key worker is a person who has responsibility for working with certain individuals, so they can build up a relationship with them. This meant people had a named person to liaise with if they had any concerns and for support with their goals and aspirations.
- We observed staff giving people choice throughout the day. People chose what time they got up, what they wanted to eat and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff had a good understanding of promoting independence for example, with cooking, cleaning and personal care. One relative told us, "Staff try to get him to things to do things for himself such as cooking and involve him in the home." One member of staff gave an example where they have supported a person to apply cream to their legs independently.
- We observed staff knocking on people's doors and being respectful. One member of staff told us, "I always knock on people's doors and ask if they would like the light on or curtain drawn."
- Records and personal information were held securely to promote confidentiality and staff had a good understanding of the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff knew people well and were able to deliver personalised care that was responsive to their needs. People's care plans were holistic and promoted their health and wellbeing. Staff had an excellent understanding of people's social, cultural, sensory and physical needs that influenced how they received their care. Care plans covered every aspect of the person's life and gave staff guidance around their wishes and how they were best supported.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans and changes in people's health or care needs were quickly communicated and updated in their care plans.

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 those important to them. The service had Wi-Fi and people had access to mobile phones and tablets. The registered manager gave an example where staff had supported one person to improve their reading and writing, this has led to the person being able to exchange regular emails with their relatives.
- People were supported to pursue their hobbies and interests, such as swimming, going to the gym and regular trips to London. The registered manager told us how one person was supported to go on holiday abroad with their keyworker. We observed one person making cookies in the afternoon. Staff told us that the person would not have been able to contribute fully to this activity due to behaviours that can challenge in the past.
- The registered manager and staff actively supported people to be part of their local community, by popping to the shops and using local facilities. Local neighbours were also invited to events throughout the years such as summer BBQs and at Christmas.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans.
- People's communication needs were personalised to empower them to express themselves fully using

communication tools with visual aids and pictures.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The complaints procedure was displayed across the service and in accessible formats. One relative told us, "Yes we have made complaints in the past and we felt listened to."
- Systems and processes we saw showed that complaints were responded to appropriately and in a timely manner.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. The registered manager had created an open and positive culture that delivered high-quality, person-centred care. One relative said, "The manager's heart is in the right place. We think the home is well-led and he does listen."
- People received an excellent standard of care by staff who really understood how people wished to be supported to achieve good outcomes. One member of staff gave an example, where they had supported one person with a 'tick'. Through staff support and building the person's confidence these had significantly reduced.

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

- Staff understood their roles and responsibilities and spoke highly of working at the service. Staff told us, "Staff respect each other. We are very diverse and there is good communication between us." Another said, "The environment has improved, and we have set expectations for staff to monitor performance. There is a better understanding and team work."
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- People, relatives and visiting professionals were engaged and given opportunities to be involved, through daily feedback with staff, meetings and regular care reviews. This helped the registered manager to drive improvement. One relative told us, "The manager will listen and act upon stuff."
- There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us they felt listened to and valued.

#### Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended local registered managers' forums to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current needs and any changes in their care.

#### Working in partnership with others

- Staff worked in partnership with other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations.
- The provider had other services within the same area, they worked closely together and often shared resources, such as activities and events.