

## Glenholme Healthcare (NGC) Limited

# Lustrells Vale

### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection site visit took place on 19 and 24 September 2018 and was unannounced.

Lustrells Vale 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.

Lustrells Vale provides care and support for up to 4 people with learning disabilities. At the time of our inspection there were 4 people living at the home. Accommodation was arranged over two floors with stairs to the first floor. The ground floor had a communal lounge with a dining area and garden.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

The provider had two other services in the area one of which was next door to Lustrells Vale. Staff worked across the three homes and people had established friendships within the other services.

The service had 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. The registered manager was appointed in April 2017.

Lustrells Vale registered with the CQC on 31 August 2017 and this was the services first comprehensive inspection.

Staff were aware of their responsibilities in relation to keeping people safe and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to external agencies as required.

Premises, equipment and safety checks were carried out regularly to ensure that people were living in a safe setting.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

People were protected by infection control policies and procedures and the service was clean and tidy.

There were sufficient staff to meet people's needs and keep them safe. Safe staff recruitment procedures meant that only those suitable to work in a care setting were employed.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and people were encouraged to make decisions about their care and treatment. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and care staff we spoke with had a full and up to date understanding of DoLS. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

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.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs. Staff attended regular supervision meetings with the registered manager.

People were supported to maintain good health and had access to health professionals. Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately.

Staff were caring, knew people well, and treated people with dignity and respect. Staff acknowledged people's privacy and had developed positive working relationships with them. Relatives spoke positively about the registered manager and staff.

The care that people received was responsive to their needs. People's care plans were person-centred and had been developed around people's needs.

People were supported to follow their interests and take part in activities that were meaningful to individuals living at the service.

Complaints were listened to and managed in line with the services policy and procedures.

The registered manager had robust quality assurance systems in place to review the quality of the service that was provided.

People, relatives and staff were involved in developing the service through meetings, annual surveys and quality assurance audits.

Staff and relatives continued to speak positively about the registered manager and said there was an open-door policy.

## 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.

Systems, processes and practices protected people from abuse.

There were sufficient numbers of suitable staff to support people to stay safe and meet people's needs.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines.

### Is the service effective?

Good ●

The service was Effective.

People's care, treatment and support was delivered in line with current legislation.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to live healthy lives and had access healthcare services.

### Is the service caring?

Good ●

The service was Caring.

People were treated with kindness, respect and compassion.

People were supported to express their views and were involved in making decisions about their care.

People's privacy, dignity and independence was respected and promoted.

### Is the service responsive?

Good ●

The service was Responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were listened to and used to improve the quality of care given.

Systems were in place to support people at the end of their life.

### **Is the service well-led?**

The service was Well-led.

There was a clear vision and strategy to deliver high-quality care and support, promoting a positive culture that was person-centred.

People, relatives and staff were actively involved in developing the service.

Systems and processes were in place to continuously learn and improve.

**Good** ●

# Lustrells Vale

## 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 site visit took place on 19 and 24 September 2018 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and any improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of inspection, we spoke to two visiting professionals. We also contacted professionals from health and two local authorities to gather feedback from them about the service.

During the inspection, two people were at college and returned home after 3pm and two people were at home all day when we inspected. We observed the care given by staff to people and spoke to everyone living at the service. Due to the nature of people's needs, we were not able to ask everyone direct questions, but we did observe people as they engaged with their day-to-day tasks and activities. We spoke in more depth to two people and one visiting relative.

We spoke with the registered manager, a team leader, one staff member. We looked at care plans and associated records for two people and 'pathway tracked' one person. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

We reviewed other records, including the registered manager's internal checks and audits, medicines

administration records (MAR), health and safety maintenance checks, accident and incidents, compliments and complaints, staff training records and staff rotas. Records for two staff were reviewed, which included checks on newly appointed staff and staff supervision records.

This was Lustrells Vale first comprehensive inspection.

# Is the service safe?

## Our findings

People told us that they felt safe living at Lustrells Vale. Staff understood their responsibilities to recognise abuse and raise safeguarding concerns appropriately. There were clear policies and procedures in place about how to keep people safe from harm, and staff had received safeguarding training. Safeguarding information was visible on the staff noticeboard. There was a whistleblowing policy to ensure staff understood how to raise concerns and staff confirmed they were aware of the policy.

One member of staff told us, "Some symptoms of abuse may include the person being distressed, not eating or bruises. I would report to the manager and then report to the local authority safeguarding team. I would use body maps to check for new bruises and make sure that the information is recorded." One person told us, "I feel safe knowing that there is people I can talk to if I feel anxious or have concerns. Staff here are really approachable and will sort things pretty much as soon as you tell them."

Risks to people were identified, assessed and managed safely. Risk assessments were found within people's care plans and the information was regularly audited and updated to ensure staff were aware of any changes to people. The registered manager told us, "All activities are risk assessed to make sure that people are safe." The provider information return stated, 'If the risks are great we discuss this with appropriate health professionals, social workers and members of family to have a multi-disciplinary approach to support the individual to avoid major risks.'

People were supported by staff to take positive risks and were made aware of any dangers. A member of staff gave an example where one person wanted to get the bus on their own into Brighton. The person had not done the journey before so with a member of staff they researched the bus times, routes and the return journey. The person caught the bus and was so happy that they had achieved the trip on their own.

One person told us, "We can come and go as we please, I have a front door key and am able to go out on my own and go to the pub."

Accidents and incidents were recorded identifying learning outcomes for the service. The registered manager told us, "All incidents are discussed at team meetings so staff are aware and understand the mistakes made and how similar incidents can be avoided in the future."

Staff received training in positive behaviour support (PBS) a person-centred approach to supporting people who display or are at risk of displaying behaviours which challenge, to keep people safe.

The premises and equipment were monitored and checks were undertaken regularly. Environmental risk assessments had been undertaken to ensure the premises were safe and met the legal requirements. There was a maintenance programme in place, to ensure repairs were carried out in a timely way, and checks were completed on equipment and services such as; electrical wiring, appliances, gas safety, fire and legionella.

Personal emergency evacuation plans (PEEPs) were found to guide staff in safe evacuation in the event of an

emergency. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. Fire alarms, emergency lighting and call bell checks took place regularly to ensure people's safety.

One person told us, how they were involved in carrying out regular fire alarm tests with staff at Lustrells Vale and for the two sister homes close by.

People had access to an emergency call bell system and one person told us, "Staff respond very quickly, like a bullet."

People were protected by infection control policies and procedures. Personal protective equipment (PPE) such as hand wash, gloves and aprons were available to protect people from risks relating to cross infection. The service was clean and tidy. One person told us, "We have responsibility to clean our own bedrooms and chip in with other housework."

People received their medicines safely. Each person had a locked medication cupboard in their bedroom. One person administered their own medication and another person needed prompting. We saw robust policies and procedures for safe, storage, administration, ordering and disposal of medicines. Staff received regular training and competency assessments to ensure safe practice and monthly audits were carried out. People had Medicines Administration Records (MAR) which were signed off once medicines had been administered. There were clear protocols and guidance for administering medications 'as required' (PRN).

We spoke to one person who managed their own medicines, they showed us the Medicines Administration Records (MAR) that they had adapted to record when they had taken their medication. They told us, "Staff carry out spot checks once a fortnight. They did check my records once a week but it felt that I was not being trusted so we agreed to change to fortnightly checks."

There were sufficient staff around to meet people's needs and keep them safe. Most people went to college during the day. The provider information return stated that, staffing levels were based on the number of hours required for each person. We reviewed the rota and the number of staff on duty matched the number recorded on the rota. The registered manager used agency staff when needed, and used the same agency staff for consistency.

New staff were recruited using a 'values and competency' based interview. These interviews were designed to test the skills needed for the role. People were involved through the interview stages and asked for their views on potential candidates.

Records confirmed that staff were recruited safely: references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

## Is the service effective?

### Our findings

People's care, treatment and support was delivered in line with current legislation. People's care plans and assessments were comprehensive and representative of people's needs and we observed that staff knew people well to deliver effective care.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked people's files in relation to decision making for those who were unable to give consent.

Documentation in people's care records showed when decisions had been made about a person's care and where they lacked capacity, these had been made in the person's best interests.

Staff spoke confidently about the principles of the Mental Capacity Act 2005 and records confirmed that staff had completed training in MCA and DoLS. People were supported to make decisions and one person told us, how they had recently organised for a couple of friends to come over for dinner. They planned the evening a couple of days before and said they had complete control over the arrangements with staff support when needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the day of inspection, the registered manager confirmed there was one approved DoLS in place. Staff spoke confidently about the DoLS for the person and a copy of the application could be found in the person's care plan.

Staff received a combination of e-learning and practical training in a range of areas essential to the job role such as: safeguarding, pressure sore management, fire safety, first aid, moving and handling, positive behaviour support and Autism. This helped to ensure staff had the skills and competencies to meet people's needs. The registered manager told us that they met with staff through supervision and team meetings to discuss training needs and staff understanding, they also observed staff practice on a regularly basis to ensure staff were competent in their role. Records confirmed these conversations took place.

Staff received regular supervision and appraisals. The care team met through team meetings and daily handovers. There was also a communication book to keep staff up to date. One staff member told us, "We are given regular supervision and find the manager very supportive. Staff and people recognise that we all have bad days. Staff are flexible and there is a good team culture." The registered manager told us how they arranged shift patterns so that staff can practice various religions.

New staff undertook a two-week comprehensive induction programme. This included essential training and shadowing of experienced care staff, to get to know people and people's daily routines. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and

standards of care that are expected from care workers.

People were supported to maintain good health and had access to health professionals. Each person had a 'Health file' which contained contact details of recent GP appointments, medications reviews and annual health reviews. The provider information return gave the following example, 'We are very proud that recently one of the service users managed to have their bloods test done after a long time not being able to face the fear of needles.'

The design and decoration of the premises had been designed and adapted to meet people's needs and promote their independence, creating a home from home feel. People chose how they wanted their bedrooms decorated and could contribute their ideas to the living environment. People appeared relaxed and comfortable.

The relative told us, "We are always made to feel welcome, given a cuppa and you don't feel like you are walking into a care home it feels like my son's home."

People's dietary needs and nutritional requirements were assessed and recorded monthly. Referrals or advice were sought where people were identified as being at risk, such as the Speech and Language Therapy (SALT) team. This team was commonly used to help people with language or communication difficulties, although it can also be used to help individuals with difficulty swallowing, eating or drinking.

People could help themselves to food and drink at any time and were supported to maintain a balanced diet. Some people living at the service cooked for themselves and everyone was involved in planning their meals for the week ahead. All food was cooked from fresh and the registered manager told us, how they encourage people to eat more vegetables and less processed food.

One person told us, "I cook for myself with minimal support and access the kitchen whenever I want and at whatever time and I have the choice to eat in room if I want." Another person said, "Mealtimes are very social and a chance to spend time with other people living here. It is quite a giggle hearing stories from the day."

## Is the service caring?

### Our findings

Lustrells Vale had a homely, friendly feel, people and relatives spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. A relative told us, "The service is excellent. A proper home from home in the community with his mates."

We observed people being treated with dignity and respect. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. One person told us, "Staff are helping me to find a job. I have friends in another service and we meet up, this has helped me build my confidence to access the local community such as the park and shops."

We observed staff being kind and respectful to people and they had a good understanding of people's needs, likes and dislikes. Staff empowered people to do as much as possible for themselves. One person told us, "Staff don't bombard me, they let me get on with things. Staff spend time with me if I want them too." Staff supported people with privacy and dignity. We observed staff supporting people discreetly when needing assistance with personal care and responding to call bells promptly.

People and relatives (where possible) were involved in developing and reviewing care plans. The registered manager told us that prior to a person moving into the service the registered manager and staff spent time getting to know the person, visiting them in their current environment to make sure the transition was successful. A relative told us, "My son's transition to the home was done very well and staff visited him in his residential placement before he moved in."

People were allocated a keyworker. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This meant that people had a named person to liaise with if they had any concerns and support people with their goals and aspirations.

Staff had a good understanding of person centred care and we observed this through how staff spoke and supported people. One person told us, "The care staff give is paramount and they always put me first, they're encouraging without being pushy."

People had access to external organisations if they needed independent support and guidance such as advocacy services.

Staff respected people's confidentiality and understood not to discuss issues in public or disclose information about people who did not need to know. Information was shared at staff handovers and recorded in people's care notes. There was a communication book for staff to leave details for other staff regarding specific information about people.

People's bedrooms were personalised with photographs of themselves and the people important to them. People chose how they wanted their bedrooms decorated and staff respected people's privacy. We observed staff seeking people's consent before entering people's bedrooms.

Staff understood equality, diversity and human rights and received regular training in this area. The mix of staff was diverse and we observed people being treated equally whilst recognising people's differences. People and staff told us about their first Christmas at the service and how everyone brought a bit of their heritage and culture to the day through food and religion. Recognising that everyone celebrated Christmas differently.

The registered manager held regular relatives' and resident's meetings to give people and families the opportunity to share stories and experiences of the service.

## Is the service responsive?

### Our findings

People received a high standard of personalised care that was responsive to their needs and staff knew people well. We saw person-centred care plans that were developed around the person's needs. People, relatives and professionals (where possible) were involved in initial assessment processes to fully understand people's needs around; personal care, mobility, communication, religious and cultural preferences, dietary needs, behaviour and medication. Care plans included photos of places and people that were important to the person.

Where people displayed behaviour which may challenge, positive behaviour support plans had been developed. Records confirmed that staff were trained in this specific area to support people and improve the quality of the person's life and those around them. The care plan detailed how best to support the person to reduce the likelihood of them becoming upset.

Care plans were reviewed monthly to ensure people's needs were met and any changes to care and treatment were recorded and updated. One person told us, "I review my care plan with my keyworker every four months and change it as and when needed." Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

People were supported to maintain relationships with their friends and families. The provider information return stated that, 'We are dedicated that each service user has a normal life and keeps in touch with their friends and family, also we encourage them to meet new people in the local area to form positive relationships and friendships.'

Most people living at Lustrells Vale went to college during the day. At home people chose how they spent their time and the activities they wanted to participate in. People listened to music, watched TV, visited other services to see friends, went out to the pub and visited local community amenities. The provider had recently converted a garage into a communal/games area where people from the three services could come together and socialise.

People told us, "Activities are very much led by people here. Staff will support and get people out and about and specific activities have been arranged for people such as cooking classes. We have lots of opportunities to participate." The registered manager told us, how they tried hard to make sure that activities were personalised to people's interests and gave an example where a few people went to Twickenham to watch the rugby earlier this year.

The provider had a policy on Accessible Information Standards which provided a framework to support people and staff who have information or communication needs relating to a disability, impairment or sensory loss. We observed that care plans reflected people's communication needs. The registered manager gave an example of a person with limited communication and how staff had developed object and pictorial references that were meaningful to the person to support them in making day to day decisions. Across the

home we found information in easy read formats.

People had access to Wi-Fi and a laptop. Most people had their own devices such as mobile phones, tablets and gaming consoles. One person told us, "I often help staff with technology issues such as printers and Wi-Fi access." Another person told us, "I see mum regularly, we telephone, text and I receive packages through the post and use social media to stay in touch."

There was no one living at the service who was at the end of their life. However, we saw in people's care plans systems in place to start conversations and involve people and family if the person's situation changed.

The registered manager told us that the service had not received any formal complaints from people and relatives over the past 12 months. The registered manager spoke confidently about the provider's complaints process and how they responded to verbal concerns promptly and in an open and transparent way.

One relative told us, "I have contacted the registered manager about a few minor issues and I feel confident that if I did complain the complaint would be dealt with promptly."

The provider had an accessible complaints procedure in place and people told us that they felt confident to complain if they needed to. One person told us, "Yes and I would speak up straight away to a member of staff." One person gave an example where they had to wait for a while to have a bath due to staff availability. The person spoke to the registered manager who acted promptly to introduce a rota system so that the person was not left waiting around in future.

## Is the service well-led?

### Our findings

The registered manager had worked at Lustrells Vale since September 2017 and was supported by the provider, team leaders and a team of care staff. During this time the registered manager had created an open, fair, transparent and positive culture that delivered high quality person-centred care. It was clear that person-centred care was promoted across the service, 'not doing for people but with people'; supporting learning and innovation. The provider had a statement of purpose to reflect the vision, values and strategy of the service.

Staff shared this vision and spoke confidently about their focus on delivering person-centred care and treating people with dignity and respect. One member of staff said, "We are supporting people to be independent. We respect people choices, it's their life. We are like a family." The registered manager told us how they talked regularly to staff about the vision and thinking about things from the person's perspective.

Relatives and people spoke positively about the registered manager and the care team as a whole. One relative told us, "We like the registered manager's holistic approach. We don't lay in bed worrying about our son and wish there could be more places like this. He has met a group of friends through college and is now happy and living a normal life." One person told us, "They are really good at what they do, the care, paperwork, prioritising, responding. The manager fights hard for everyone's rights here."

The provider information return stated, 'The service users are in charge and tell the staff what they would like to do, eat, drink, and what events to attend. We have been promoting our 'Culture events calendar', service users if they wish, could attend performances, inspirational speeches, go clubbing, just have a normal life.'

The registered manager had robust quality assurance systems in place to review the quality of the service that was provided. There was a monthly audit schedule which included reviewing; medicines, care plans, risk assessments, infection control, incidents and accidents. Audits were used to identify and manage risks to the quality of service and to drive improvement.

The provider had employed a quality assurance lead who carried out three monthly audits of the service. Following the audits action plans were developed and used to drive improvements. Audits were shared with the staff team to measure improvement.

A staff member told us, "Every problem and every incident is reported to the team leaders and to the manager to look at what can be learnt. We discuss the incidents in staff meetings and make sure that we understand our mistakes and things we should be aware of to avoid similar incidents occurring in the future." The registered manager told us, "We reflect on mistakes. Creating a culture whereby staff are not fearful of making mistakes but to be honest."

The staff regularly engaged with people, relatives, staff and other professionals in a meaningful way to help shape and develop the service and captured feedback through annual questionnaires and meetings. The

information and feedback was shared with people and relatives. Feedback from questionnaires was shared through regular newsletters.

One person told us, "Yes, I completed one survey and I saw that things happened after the survey. For example, I expressed that staff often worked at a fast pace and that made me anxious. Following the survey, the staff began to work at more of a relaxed pace."

Staff meetings were held regularly giving staff the opportunity to receive updates and discuss any changes to the running of the service. Staff were encouraged to bring new ideas and suggestions to support people. Staff said they felt listened to, valued and that the team worked well together.

There was an open-door policy enabling staff to communicate to the management team about any worries, questions or concerns they had. The registered manager told us they encouraged and recognised staff through praise, supervision, appraisal, development and training opportunities.

One member of staff told us, "The staff meet before people get up and talk about wellbeing and how to support each other for the day ahead. We adapt working arrangements and staff are given the opportunity to work across the three services."

Staff had good working relationships with other agencies such as the GP, health and local authority and was proactive in seeking advice from professionals and referring people to services when needed. Feedback from staff in one agency said, "They seem to offer a good person-centred approach towards the individuals in their care and our client is very happy there and is able to access the community on a very regular basis and has been supported with other activities such as college application and going on holiday."

A visiting professional told us, "No concerns, the registered manager is amazing and very approachable. They keep in regular contact."

The registered manager attended management meetings every month with other registered managers from the organisation, to discuss best practice, policies and procedures, case studies to discuss difficult situations, share success stories and new developments. They attended local manager forums and kept up to date through CQC, National Institute for Health Care Excellence (NICE) website and Skills for Care.

The service had a policy regarding their duty of candour and the registered manager was open and transparent, acting in accordance with CQC registration requirements. The registered manager sent notifications to the CQC as required to inform us of any important events that had taken place in the service.

Staff and people's records were kept securely in individual files stored in a locked cupboard.