

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Glebe Villa

Glebe Villa, 26 Glebe Road, Bristol, BS5 8JH

Tel: 01179541353

Date of Inspection: 15 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Aston Care Limited
Registered Manager	Ms Amalia Juinio
Overview of the service	Glebe Villa is registered with the Care Quality Commission to provide accommodation and personal care to seven people with learning disabilities who live in the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Supporting workers	13
Assessing and monitoring the quality of service provision	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We carried out an inspection at Glebe Villa to help us to answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with five people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe

People told us they were "happy" and they were "safe". People appeared relaxed and comfortable in the presence of staff. We saw that people were supported safely by staff in line with the risk assessments and individual capability while staff took them out for community activities.

The complaints procedure was accessible to people on the notice board and in the care files and was written in a picture format. This made it easier for the people who lived at the home to understand and to make a complaint in the way they knew how to. We saw from the records that there had been no complaints or incidents since the last inspection.

A safeguarding and whistle blowing policies and procedure were both in place. We were told that these policies and procedures would be followed if concerns were identified about a person's safety. This included contact details for reporting any suspected incidents of abuse and individual staff responsibilities. Staff training records confirmed that all staff had been trained in safeguarding vulnerable adults from abuse

The home also had policies and procedures for mental capacity act, deprivation of liberty safeguards (DoLS). This was to ensure that people who were unable to make their own decisions were protected from harm or abuse. Records showed that three of five staff

members have not had the training and the mental capacity act and DoLS. The manager told us that the online training for the three staff had been booked for 22 April 2014.

Is the service effective?

People who used the service were encouraged to make choices in all aspects of their care, how they liked to spend their time and how they liked to be supported. This was documented in people's files.

People's health and care needs were assessed with them, and they were involved in writing their plans of care. People said that their care plans reflected their current needs. Supervision processes were in place to enable staff to raise any future training needs and to discuss any concerns with the care of the people who used the service. This demonstrated that staff received support to provide care for the people who used the service.

The home had flexible routines to suit the needs of the people who used the service. People were involved with the running of the home and assisted with cooking meals, setting the tables at meals times and participating in the house work rota.

Is the service caring?

People were supported by kind and attentive staff. During our inspection we observed that staff provided support and engaged with people positive way. For example we saw a member of staff explained to one person where they were going out for lunch and what time. People were relaxed and comfortable in the presence of staff and an individual told us they were "happy".

People's care plans indicated how they liked to be addressed and their preference for a male or female to assist them with their personal care. This demonstrated that people's privacy and dignity was respected.

Is the service responsive?

Individual's records had details of the other people involved in their care, for example their care coordinators, dentist and general practitioner. Any visits by or to healthcare professionals were recorded to show how the person's healthcare needs were being met.

People had a programme of activities which involved them participating in community activities. These included attending day centres, clubs and day trips. One person told us they had been on holiday to Blackpool with the other people from the home. The person told us "I really enjoyed it and I am looking to going to Brighton in summer".

Is the service well-led?

The service had a quality assurance system to make sure that people were provided with high quality care. The record we saw included surveys that enabled people to indicate how satisfied they were with the services provided. We saw that people were complementary about the home.

The home also had suggestion form for comments from families and representatives in relation to the home in general, services provided and care provided for the people who

used the service. The comments we saw were all positive. Some of the comments included "Glebe Villa is a very clean, friendly and welcoming home. The care given to our relative is of a high standard within the limits of what they will allow due to their illness".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw written information about the needs of people who lived at the home. This included care and support needs and how to keep the person as independent as possible. This helped the staff to provide the help and support that each individual required. A member of staff we spoke with told us they encouraged people to be independent, and they prompted and supported people to do as much as they could themselves.

People were encouraged to make choices in all aspects of their care, how they liked to spend their time and how they liked to be supported. This was documented in people's files. Staff told us that with one person who had communication difficulties staff would show them different clothes. They would then indicate which clothes they wore that day.

The homes routines were flexible to suit the needs of the people who used the service. For example staff told us that people were assisted with personal care at the time they chose to wake up. People were involved with the running of the home and assisted with cooking meals, setting the tables at meals times and participating on the housework rota.

People also had a programme of activities which involved them participating in community activities. These included attending day centres, clubs and day trips. One person told us they had been on holiday to Blackpool with the other people from the home. The person told us "I really enjoyed it and I am looking to going to Brighton in summer". Staff told us that people were encouraged and supported to make choices for themselves and use the amenities in the local community. This demonstrated that the home promoted individuals rights and choices.

During our inspection we observed that staff provided support and engaged with people positively. People appeared were relaxed and comfortable in the presence of staff and an individual told us they were "happy". Staff told us that they always knocked before they enter individual bedrooms.

People's privacy and dignity was respected. We saw that all the bedrooms had hand basins, and a shower room. We saw that in people's care plans individuals had indicated how they liked to be addressed and their preference for a male or female to assist them with their personal care. This demonstrated that people's privacy and dignity was respected.

Staff told us that the menu was chosen by the people who lived at the home. We saw that the menu had pictures so that people were able to understand the choices that were available for them. The staff were aware of people's likes and dislikes. We saw that people were eating a variety of foods. This demonstrated that people's choices were respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

On the day of our visit five people were at the home. Staff told us that two people were out in the community for different activities, one person returned before the end of our inspection. The other person was on a family visit. We saw that people went out for lunch with staff support. We spoke with four people. They told us they were "happy" and they were "safe". We saw that people looked happy and relaxed in the presence of staff.

We looked at the file for one person as well as their daily notes. The care plans covered all aspects of care needs and included personal support, meaningful activities, education, family and social contact, cultural, physical and mental health. The plans also had details of the person's likes, dislikes and detailed what the person would like to achieve and the support required. We saw that the care plans were reviewed on an annual basis. The manager told us that the care plans could be reviewed more often if the needs changed. We saw that these care plans had been signed by the individual. This showed that people were involved in planning their care and support that met their needs.

Risk assessments had been completed and used to inform the care plans and they were reviewed on a regular basis. These included guidelines for staff when they assisted people with their bathing and personal care and to ensure that people remained safe when they left home. This also included the assistance people required to get in and out of the home's vehicle to make sure they were safe.

The care record we saw included details of the other people involved in their care, for example their care coordinator, dentist and general practitioner. Any visits by or to healthcare professionals were recorded to show how the person's healthcare needs was being met. The home also monitored person's weight on a regular basis any concerns were followed up with their GP. We saw that individual also had health action plans in place. This was in picture form which the individual had developed with their key worker and this was reviewed regularly. This demonstrated that the home was taking steps to ensure that the home was meeting individual's needs.

We saw that if people needed to go to hospital they had a document which contained a

summary of needs. This meant that other agencies had easy access to essential individual information for people who may not fully communicate their needs.

The home had an emergency contingency procedure and a fire evacuation procedure in place in the event of fire or power cut. We saw that both had been reviewed within the last twelve months. We saw that the home also had personal emergency evacuation plans for the people who lived in the home.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with four people who used the service. They told us they were "happy" and "safe" with staff. One person told us they "I feel safe here".

The home took reasonable steps to identify the possibility of abuse and prevent it before it occurred. A safeguarding and whistle blowing policies and procedure were in place. We were told that these policies and procedures would be followed if concerns were identified about a person's safety. This included contact details for reporting any suspected incidents of abuse and individual staff responsibilities.

We spoke with the manager and a member of staff about their understanding of safeguarding the people who used the service from abuse. They were able to tell us about the different types of abuse and where able to describe what behaviours someone may display if they were being abused. This helped to show that people were cared for by staff who knew how to protect people from abuse.

The home also had a copy of the local authority's safeguarding procedure. This contained flow chart information for staff to be followed. The member of staff we spoke with was aware that they should report any concerns to an appropriate person and in the managers absence they would contact the local authority safeguarding team. They told us, "I will definitely report any suspected or actual abuse to the manager or to care direct".

The home also had policies and procedures for Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who were unable to make their own decisions were protected from harm or abuse. Staff training records confirmed that all staff had been trained in safeguarding vulnerable adults from abuse. However, the provider may wish to note that three of five staff members have not had the training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager told us that the online training for the three staff had been booked for 22 April 2014. This meant that the provider had taken necessary steps to prevent abuse from happening.

We saw there was also a process in place to deal with people's personal monies. The

individuals who were unable to manage their monies all had their own lockable cash wallets which were held securely in the office. We checked the monies and found the recordings tallied with the amount kept for each person.

The home had a system which recorded all transactions which were signed by the individual and two members of staff. The home also held receipts for any goods purchased. The manager told us that they would audit the cash wallets on a regular basis.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider has suitable arrangement in place to ensure persons employed are appropriately supported in relation to their responsibilities, to deliver care safely and to an appropriate standard.

Reasons for our judgement

People were cared for by staff who were well supported. We spoke with two members of staff. Staff told us the home was a great place to work and that that they worked well together and communication was good. Staff we spoke with told us that that they were provided with regular one to one supervision reviews. They told us that gave them the opportunity to discuss and receive feedback on how they worked. Staff told us that they felt supported by their manager. This demonstrated that the staff were properly supported to provide care to the people who used the service.

We looked at the staff training programme that staff had attended. We saw that the staff had been trained in for example health and safety awareness, food hygiene, administration of medication, infection control, safeguarding people from abuse, learning disabilities and dementia. This demonstrated that the service provided training that reflected the needs of the people who used the service.

Staff we spoke with said that the training was " good" and they were able to discuss their training needs with their manager. We saw that all the staff who worked at the home held a national vocational qualification (NVQ) level 2. One member of staff told us they also had an equivalent qualification of (NVQ) level 2 and 3 in health and social care. Staff told us they felt they had the skills to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The home undertook and recorded a number of health and safety and fire safety checks which included annual and monthly audits. We saw that the last health and safety check undertaken in June 2013 had no actions outstanding. This included environmental risk assessments, fire risk assessment, control of substances hazardous to health (COSHH) risk assessment. This demonstrated that the home had measures in place to identify assess and manage risks relating to health, welfare and safety.

We saw the people who lived in Glebe Villa had monthly meetings. This was to ensure that people were consulted about the way the service was run. The meetings gave people an opportunity to raise any concerns and discuss further activities and outings. Other issues discussed included staff holidays and menu.

As a part of reviewing the quality of the service provided at Glebe Villa, people were supported to complete an annual survey. We saw the latest surveys people had completed about the service in April 2013. We saw that people were complementary about the home. The registered manager told us that an action plan would be put in place if there were comments people had raised. We saw that the survey produced positive results. This showed that that people were consulted about the way the home was run.

We saw that the home had suggestion form for comments from families and representatives in relation to the home in general, services provided and care provided for the people who used the service. Some of the comments included "Glebe Villa is a very clean, friendly and welcoming home. The care given to our relative is of a high standard within the limits of what they will allow due to their illness". Another comment was "our relative is still really happy and content at Glebe Villa. We have no complaint with their treatment by all staff who they see as their extended family along with all the residents as they have a happy community there".

The manager told us the senior member of the organisation had recently visited the home on 21 March 2014 for a quality audit. We saw an action plan had been drawn up to address issues identified during the visit. The manager told us that the work would start as

soon as possible. This demonstrated that there was a process in place for quality improvement that was used to protect the people who lived at Glebe Villa.

We looked at the complaints process and found that people who lived in the home would be supported by staff to make complaints. We saw that the complaints procedure was accessible to people on the notice board and in the care files and was written in a picture format. This made it easier for the people who lived at the home to understand and to make a complaint in the way they knew how to. We saw from the records that there had been no complaints or incidents since the last inspection.

The home had a number of policies and procedures in place which were accessible to staff. The manager told us they were reviewing all the policies held in the home to ensure that staff had the latest version available. Staff were expected to sign and date to confirm that they had read them. This showed that the staff were provided with accurate information to meet the needs of the people who used the service.

The home had been inspected by the Food Standards Agency in January 2013 and had been awarded a food hygiene rating of five. This demonstrated that the home was found to have suitable hygiene standards.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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