

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

## Joyleen

Longlands, Bristol Road, Cambridge, Gloucester,  
GL2 7BG

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Date of Inspection: 30 July 2014

Date of Publication:  
September 2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Cardell Care Limited
Registered Manager	Mrs Della Gilby
Overview of the service	Joyleen is one of five homes owned by Cardell Care Limited in Gloucestershire. It provides accommodation for three people with mental health difficulties and/or a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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One adult social care inspector carried out this inspection. The focus of the inspection was to answer the five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and staff told us, what we observed and what records we looked at.

If you want to see the evidence that supports our summary, please read the full report.

Is the service safe?

Risk assessments were seen to be thorough and individualised for each person living at Joyleen. There was a thorough analysis of the risks and guidance was provide for staff regarding risk management plans.

The service was safe, clean and hygienic because the environment was observed to be clean and well maintained with good infection control monitoring procedures in place.

Staff and management understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberties Safeguards. There was comprehensive documentation to support this. People's capacity had been assessed and only where there was a lack of capacity were decisions made on their behalf in best interests meetings.

Is the service effective?

People's health and social care needs were assessed before they came to live at Joyleen. Subsequently they were seen to be involved in the developing of their care plans. People said "I decide what I do each day" and "We choose what is on the menu each week and we go shopping to buy the food we need".

People told us that they were very happy with the care provided and that they liked the

independence they were encouraged to maintain.

Is the service caring?

People were treated with dignity and respect. People told us that they liked living at Joyleen. Staff were observed interacting with people in a humane and caring way, listening to their views and responding to them appropriately.

People's preferences, interests, wishes, aspirations and diverse needs were recorded in their care plans. This meant that care and support was provided in accordance with their wishes.

Staff said that the care plan documentation was straightforward to understand. This meant that care and support was delivered in way that met the individual's needs.

Is the service responsive?

People who used the service were seen to express their views to staff about how they wished to spend their day. There were also notes of meetings between staff and people who use the service which demonstrated that ideas were put forward by people and these views were taken into account when plans for activities were made.

Is the service well-led?

The provider had a quality assurance system which evaluated each of the key outcomes monitored by the Care Quality Commission. This system included an action plan to meet any plans for improvement of the service.

The service worked well with other agencies such as the Community Mental Health Team and the Community Learning Disability Team.

The staff rota was organised to ensure that there were sufficient staff with the right knowledge, skills and experience so that people were safe and received good quality care.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw staff supporting people who used the service throughout the day of the visit. Staff were seen to offer choices to people. Examples we saw included trips out, what they ate for lunch, how they dried their hair and how they spent their time in the home. We saw that people gave their consent verbally to all these matters.

We spoke with all three people who used the service. One person told us "I like to go shopping with staff and I go to lunch club on Tuesdays". Another person told us "I like living here I can play my music in my room whenever I like".

We spoke with staff and managers at the service. They told us that they were aware that people needed to give their consent when receiving care, treatment and support. They were also aware that people could withdraw their consent which would mean that the activity or delivery of care would need to be revised in keeping with their expressed wishes and feelings.

We saw care files and medication administration records for all three people who used the service. In each person's medication record there was a "Health Action Plan" form in which people signed to say that they agreed to medical check-ups and receive medication as prescribed by the doctor.

In the care files it was recorded that "the care plan was compiled with (the person using the service) at Joyleen. It aims to involve them whilst promoting their independence, well-being and choice whilst balancing any constraints which are necessary".

We saw that there had been best interests meetings and "Deprivation of Liberty

Safeguards" (DOLS) assessments about one person. The records showed that these meetings were attended by relevant professionals and relatives. The assessments of capacity and the assessment of the situations where there was a question of a deprivation of liberty had been raised and were clearly outlined alongside a management plan. The DOLS records showed that a "Standard Authorisation for DOLS" had been completed. We saw that one of the applications was agreed and the other was not.

We saw training records that showed us that all staff had received training in the Mental Capacity Act (2005). The manager told us that due to recent changes the local authority would be providing additional training on DOLS for all staff so that people were supported by staff with up to date knowledge.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

When we spoke with people it was evident that they were supported to make decisions about how they wanted to live their lives and that staff promoted their rights as individuals. We also saw that people made decisions which promoted their independence. For example people told us about how they helped to make their bed, helped to make a fish pie for tea and that one person liked to catch a bus on their own. One person had recently joined a scrabble club and told us about how they were looking forward to a planned holiday to Spain. The registered manager confirmed that a holiday to Spain had been arranged for several people who used services across the Cardell Group.

We found that care plans were personalised and focussed on how people would like to be supported. We noted that care records were produced in formats appropriate for people's needs. For instance we saw that the issues covered in the care plan were outlined in pictorial form. These issues were: family contact, activities, support with personal care, mental health issues, medicines, behavioural issues and financial management. We saw that the care plans were signed by all the staff members to indicate that they had read and understood the care plans. When we spoke with staff they told us that they found the care plans easy to understand and follow in practice.

We saw that each care file had a two page summary at the front. This information was seen to be concise and covered key areas such as personal history, next of kin, medication, medical history, likes & dislikes, communication, risks, potential trigger factors and problematic issues. This meant that the care planning process was centred on the individual and considered all aspects of their immediate and longer term needs.

Risk assessments were also personalised and related to individual's needs. We saw that each risk assessment followed a standard outline which included a description of the risk, identified who was at risk, circumstances or trigger factors, objectives being achieved and a management plan. The risk assessments were seen to be reviewed annually as well as when there was a change in circumstances which led to a different level of risk.

Care plans had had all been reviewed in July 2014 in line with the organisational policy of annual review. In addition one person also had an annual Care Programme Approach (CPA) review conducted externally as they had mental health needs which required the involvement of the community mental health team. This meant that care plans and risk assessments were regularly reviewed for their effectiveness and kept up to date in recognition of the changing needs of the people.

We saw that there was a "record of appointments" with medical staff, for example Community Learning Disability Nurses (CLDT), Community Mental Health Teams, and GP's. The records had a standard outline which covered a description of the issue, what advice was given by the professional and how the person using the service reacted. This meant that people were able to maintain and manage changes to their health in a way that met their needs.

The registered manager told us that there were emergency plans available in the event of the service being unusable for any reason. These plans included using other premises belonging to the company which were sufficiently close to use. This meant that there were contingency arrangements to meet additional demands or unforeseeable emergencies.

People should be given the medicines they need when they need them, and in a safe way

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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Appropriate arrangements were in place in relation to obtaining and the recording of medicine. Medicines were kept safely and were safely administered.

We saw staff administering medication to people who used the service and observed that it was undertaken carefully and in a way that was respectful to each individual. We noticed that staff explained what the medication was for and consent was obtained on each occasion.

We saw that there were suitable arrangements for the administration and storage of medication. For example we saw that the Medication Administration Records (MAR) were completed accurately. We also saw arrangements for the disposal of medication including records of when and how the medication was disposed of. We saw records of stock control which ensured that medication did not run out during the time it was prescribed.

The registered manager showed us training records which outlined the medication administration training received by each staff member and competency checks undertaken. This meant that medication was administered safely by staff who were trained to do so.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs.

We saw the staff rota for the previous month. This showed us that there were three staff on duty to provide care and support during the hours of 10 am until 3.30 pm., two staff on duty until 10 pm. and one staff sleeping in overnight. In the morning one staff began work at 7.30 to support the staff member who had been sleeping in and subsequently began work at 7 am. The registered manager explained that the contracts for people who used the service indicated that two people were allocated five hours 1:1 support each day and one person was allocated ten hours 1:1 support each day. The care plans we saw also highlighted the need for 1:1 support for each individual in order to manage risks and provide the personal care and support they needed throughout the day. This meant that the service had undertaken a needs analysis and risk assessment as the basis for deciding sufficient staffing levels.

The staff rota also showed us that there was cover available within the staff group for a period of annual leave which had been booked. Staff told us that there was a low level of sickness, but if this did occur then they had been able to cover for each other without the need for agency staff. This meant that the service was able to respond to changes of circumstances to cover sickness, absences and emergencies and provided people with a continuity and consistency of staff they knew.

The registered manager showed us a staff training matrix and individual staff training records. These demonstrated that staff had undertaken core training such as first aid, health and safety, moving and handling, safeguarding, food hygiene, fire safety as well as an induction process. Some staff had obtained National Vocational Qualifications (NVQ) at level 3 and others were working towards this. We saw that staff had attended specialist training in personality disorder, the Mental Capacity Act (2005), and autism awareness.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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

We saw minutes of a "service user meeting" held recently when choices for trips out were discussed. We saw that people who used the service had contributed ideas which were recorded and were being planned at the time of our visit. People told us they enjoyed the recent boat trip on the River Severn and were looking forward to the holiday in Spain and shopping in Gloucester. This meant that the provider listened to people when making decisions about how the service should be run.

We were shown a recently completed quality assurance system, the Provider Compliance Assessment tool, in which the provider had assessed how they were able to meet each of the 16 key outcomes in the "Essential Standards of Quality and Safety". This also included an action plan where some improvements were seen to be helpful. The action plans we saw focussed on ensuring that staff had regular updates regarding expert guidance about specific topics such as developments in autism. We saw that safety checks had been undertaken on the premises and an infection control audit had been completed annually since 2012. We also saw that care files had been audited and all three care files had reviews of risk assessments undertaken at least annually. This meant that there was a continuous quality improvement system to protect people who use services.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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