

Review of compliance

Aston Care Limited Glebe Villa	
Region:	South West
Location address:	Glebe Villa 26 Glebe Road Bristol BS5 8JH
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Glebe Villa is registered with the Care Quality Commission to provide accommodation and personal care to seven people who require accommodation and personal care

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Glebe Villa was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 24 May 2012.

What people told us

The people who used the service at Glebe Villa had dementia and a learning disability and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people had we used SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spend their time, the type of support they got and whether they had positive experiences. Some people using the service were able to tell us about their experiences and we also spoke with relatives and other health professionals.

People told us they liked living in Glebe Villa. They told us that the staff were supportive and caring. People told us that they were given the choice to participate in activities or decline. One person said "I am very happy here. I prefer to stay in my room and watch television. I do paintings too and I like it."

People told us that staff enabled them to be part of the community. For example, staff accompanied them on shopping trips.

People said that staff respected them and would ask their permission before making any decision for them. People said that staff would ask them first before giving their information to an outsider.

People said that they were able to choose when to rise and retire and when to have a bath or shower.

People said that they felt safe living in the home. People said they were involved with the running of the home and would complain to the manager if they were not happy with any of the services provided for them. Two people said "We are always involved in what is going on here. Another person said "Staff support me with anything I ask them to do for me but I am independent".

We observed a staff member interacting with people in an inclusive way. For example the staff member asked the person to join other people in their conversation in the lounge so they didn't feel isolated.

We observed staff offering people choices about how they wanted to spend their time and what food and drink they wanted.

We observed people accessing the kitchen area without restrictions. Staff we spoke with told us that people were supported to do things that they were able to do. For example, making a drink for themselves and other people.

During our visit we observed people going out to Day centres for the day's activities. We were concerned that a senior member of staff used inappropriate language when a person using the service wanted to go out as well. This showed lack of respect and concerned us that this use of language could be seen as acceptable by other staff working in the home.

What we found about the standards we reviewed and how well Glebe Villa was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this essential standard..

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People did not experience care and treatment and support that met their needs and protected their rights.

The provider was not meeting this standard. We judged this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used services were not fully protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider is not meeting this standard. We judged this had a moderate impact on people using the service and action was needed for this essential standard

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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

The provider was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with five of seven people receiving a service. People told us they liked living in Glebe Villa. They told us that the staff were supportive and caring. People told us that they were given the choice to participate in activities or decline. People told us that staff enabled them to be part of the community. For example, staff accompanied them on shopping trips.

People said that staff respected them and would ask their permission before making any decisions for them. People told us that were involved in planning their care.

We observed a staff member interacting with people in an inclusive way. For example the staff member asked the individual to join other people in their conversation in the lounge so they didn't feel isolated.

We observed staff offering people choices about how they wanted to spend their time and what food and drink they wanted.

Other evidence

People who used the service were given appropriate information and support regarding their care or treatment

The manager told us that the home had not had any new admissions for two years. However, the admission process aimed to ensure that people's needs would be appropriately met, wherever possible people and their family were involved in the

admissions process.

We observed staff treating people as individuals and as adults. For example, we saw staff talking to people in a warm, respectful and inclusive manner. When assisting people with an activity staff explained to them what they were going to do and what would happen next.

We observed staff respecting and acting on the choices people had made. For example, one person chose to stay in the lounge and look at pictures in a book. Staff ensured the person's requests were granted.

We saw that staff enabled people to dress in a way that was appropriate for their age and the weather. We observed staff knocking on people's bedroom doors and waited for an answer before entering. The staff we spoke with was able to demonstrate how they enabled people to be involved in their care and support and to make choices. For example, staff explained the daily routine of each person using the service and how they were supported to meet their needs.

We observed the manager taking two people to day centres for their day's activities and bringing the people back after the activities. The manager said that people enjoyed taking part in outside activities. For example, two people go out independently using the local bus service. Three people attended day centres several times a week. We saw that all the activities that people were involved in were reflected in their care plans..

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this essential standard..

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

People told us that the staff supported them with their social and health care needs. They said that they were registered with a general practitioner (GP) and staff accompanied them to appointments. They told us that they were able to access the services of the chiroprapist, optician and dentist.

People said that staff supported them to maintain their interests and hobbies. For example, staff arranged for them to have holidays, outings and to eat out.

Other evidence

The manager told us that people's care needs were assessed prior to them using the service. She said that people's care plans and risk assessments were reviewed yearly or more often if required.

We looked at two care plans of people using the service. The plans were informative, personalised and contained short term and long term goals. They included information relating to people's preferred daily routine, their likes, dislikes and hobbies. This enabled staff to provide people with the appropriate care and support

We saw that people or their relatives signed the care plans to demonstrate their involvement in the decisions contained within the care plans.

Staff recorded in people's daily diaries what activities people had participated in and how they spent their day.

We looked in detail a care plan of the most recent admission in 2009. We saw records of how the person was challenging to staff and was using inappropriate remarks towards other people living in the home. We saw that care plans and risk assessments were available to give guidance to staff; however, the last review was in April 2011. We looked at another care plan and the last review was in April 2011. The manager said that they were in the process of reviewing the entire care plan as care plans were reviewed yearly. This meant that the peoples care needs were not being met by staff if changes occurred in relation to peoples care needs.

During our visit we spent some time observing daily life in different parts of the building. During the observation we noticed one person in particular. The person was excited, busy around in the lounge looking at pictures in different books and moving books from one corner of the lounge to the other. We saw a staff member come into the lounge and went straight to the person and held their hand and spoke to them. The staff member asked the person, if they wanted to look at the books and the person nodded positively. They both sat down and looked through the books.

The staff member told us the person liked to look at pictures in the books as part of their in house activities. We saw this in their care plan. On another occasion we saw that the person was making gestures with their hands the staff member asked the person if they wanted a drink. The person nodded positively. The staff member served the person a drink in a dignified manner. The staff member said the person expressed their need through their body language and hand gestures.

During our visit we observed people being taken to Day centres for the day's activities. We were concerned that a senior member of staff used inappropriate language when a person using the service wanted to go out as well. This showed lack of respect and concerned us that this use of language could be seen as acceptable by other staff working in the home. We raised this concern with the registered manager she told us that the home would ensure that such inappropriate language was not used again on any of the people who used services at the home.

Our judgement

People did not experience care and treatment and support that met their needs and protected their rights.

The provider was not meeting this standard. We judged this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is non-compliant with Outcome 07: Safeguarding people who use services from abuse. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

People said they felt safe at the home. People said they would talk to the manager if they had any concerns

Other evidence

We saw a copy of the home's safeguarding adult policy and procedure. The policy clearly identified how and who to report abuse to, and also stated that if it was a safeguarding issue the decision on how to proceed had to be made by the local authority safeguarding team. Contact numbers of the local authority were supplied in the policy. However it was clear on our visit that staff we spoke with were not fully aware of this procedure during our discussion. For example, staff did not know the role of the local authority in relation to reporting abuse concerns. The manager showed us a folder with contact numbers which was kept in the reception for easy access for staff and visitors. There were emergency numbers in the folder including the numbers for the local authority safeguarding team. We saw that staff had received training in safeguarding adults. Staff told us they were aware of the whistle blowing policy to enable them to report any malpractice without reprisals.

We saw from the records inappropriate remarks made by a person using the service against other people in the home and staff. Because of our concerns about the remarks and the potential impact on other people we made a safeguarding referral to the local authority.

The local authority had investigated our concern and an alternative placement was

being considered to support all concerned.

We saw that there were care plans and risk assessments In relation to this behaviour, however, those were last reviewed in April 2011.

Our judgement

People who used services were not fully protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider is not meeting this standard. We judged this had a moderate impact on people using the service and action was needed for this essential standard

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard

Other evidence

We saw that the home had a supervision policy which provided guidance on the frequency of supervision and a supervision framework. Staff said they received regular supervision. Staff said the supervision sessions gave them the opportunity to talk about how to improve on the quality of care provided for people living at Glebe Villa

We saw that the home had an induction policy. We saw each staff member had an induction work book of which the contents were in accordance with Skills for Care guidance. This is the industry standard

From review of the rota on the day of our visit it was evident that the home had satisfactory numbers of staff competent to meet the needs of the people living in the home. There were three members of staff on our arrival. The manager said that most people using the services went out daily and only two staff were needed at that period before people returned later in the day.

We reviewed the staff training. We saw that staff training had been completed at regular intervals on health and safety including fire, manual handling, food hygiene, first aid safeguarding of vulnerable adults, disability equality, dementia awareness, effective communication, challenging behaviour and medication handling. One staff member spoken with said they were undertaking National Vocational Qualification (NVQ) at diploma level. We saw that training certificates were kept in the staff training files .we

looked at.

Staff said they were aware of different policies and procedures and where they were kept. Those included the whistle blowing and confidentiality policy.

We saw that staff meetings were held every month. The last meeting was held on 7 April 2012.

We spoke with staff about their roles and their responsibilities in the home. The staff member said their main responsibility was to ensure that people received the right care and the support they needed, in an appropriate and safe way. The staff member demonstrated a good understanding of the needs of people living in the home. For example the staff member explained the daily routine of people living in the home, their likes and dislikes and what to do if a person using services was challenging.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People said they were happy with the care and the services they were receiving. People said they were involved with the running of the home and would complain to the manager if they were not happy with any of the services provided for them.

Other evidence

People who used services, their relatives and staff were asked for their views about their care and treatment and they were acted on. We saw that the home used resident's satisfaction questionnaires to obtain feedback about the standards of care provided for people living at the home. We saw that questionnaires were provided in picture format and words to ensure that people who used the services understood what they were being asked before they provided answers. Questionnaires were also used to obtain feedback from relatives and staff. We saw that the recent survey had been analysed with an overall satisfaction of 93.75%. We saw that an action plan had been put in place to implement the suggestions.

In addition we saw social services reviews of people who used services. We saw that care plans evidenced how to support people who used services to live a fulfilling life and what to do to reduce unnecessary risk.

We spoke with two relatives and two health professionals; they told us they were satisfied with the care and support that people living in the home were receiving. We saw three compliments cards from relatives. One card said "Our relative has been happy since staying at Glebe Villa. Staff are very friendly and helpful and seem to have

resident's welfare at heart"

We saw that the home had policy and procedures in place to receive and investigate complaints. Staff told us that they knew how to support people who used services to make a complaint.

We saw that the complaint procedure contained information about the local authorities. This was to enable people using services or their relatives to contact the appropriate local authority if they were not satisfied with the outcome of their complaint.

We saw that the complaints recorded were investigated and the outcome of the complaint recorded.

We saw that accidents/incidents were recorded and monitored and where necessary risk assessment and care plans were reviewed to prevent further occurrence.

We saw that the provider visited the home every month to review the conduct of the home and implement changes if required. The last visit was on 8 March 2012.

Our judgement

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

The provider was meeting this essential standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: None review of care plans. Inappropriate language.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Lack of knowledge on role of local authority. Inappropriate remarks by a service user against other people using services and staff.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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