

***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: 05 July 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Staffing	✓ Met this standard
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Supporting workers	✗ Action needed
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Assessing and monitoring the quality of service provision	✓ Met this standard
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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 who live in the home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 5 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. These included observing how people were supported, spending time with people and talking with them.

Although six people live at Glebe Villa, there were only three people present during our visit. We spoke with these people, the manager and a member of staff.

People were happy and relaxed during our visit. They told us staff always asked if they were ready to be assisted with their care needs. Records showed people were encouraged to be active and be part of the local community. People were able to engage in a wide range of activities.

We spoke with five relatives who all spoke positively about the support their relatives received. Comments included, "I am happy with the way the staff look after my relative. The staff have the skills to look after them well." Another relative said "staff are brilliant. My relative has developed a lot of skills since they have been at Glebe Villa because they have helped them".

The provider did not have suitable arrangement in place to ensure persons employed were appropriately supported to meet people's needs. This put people at risk of receiving unsafe or unsuitable care.

We found systems were in place to ensure people were safeguarded from abuse.

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

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

What we have told the provider to do

We have asked the provider to send us a report by 22 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans and risk assessments were person centred and clearly detailed the support needs, views, likes, dislikes and routines of people. Risk assessments were specific to each individual. For example, one person's support plan recorded that their behaviour sometimes put others at risk. Records set out what to do to assist and keep the person safe. For example ensuring they were engaged in regular activities.

We saw evidence that these assessments had been reviewed internally reviewed and an external review meeting was held with the person's social worker, relatives and other professionals at regular intervals and when required. This showed the provider had systems in place to ensure care plans and risk assessments were reviewed and reflected a person's needs.

Staff demonstrated a good understanding and awareness of people's individual support needs. We saw there were positive relationships between staff and people who use the service. For example we saw people accessing different parts of the home without restriction. We also saw staff interacting with people in a dignified and caring manner. One person told us "the staff are good they always good I like all of them. They always support me the way I like. All the staff are good".

We saw how staff interacted with people; some people had complex needs and challenging behaviour. Staff we spoke with told us they used observation, knowledge of the person and good communication skills and information from their care plans to anticipate people's needs and choices. We saw during our inspection that staff spoke with people in a caring and sensitive manner, gave people choices and included them in discussions and decisions. In addition a staff member told us how they would support a person who may occasionally be reluctant to receive personal care. The staff member told us they encouraged, diverted attention and supported the person with their consent. This

showed people were valued and respected by staff.

Records showed that people who used the service had the support required to attend a variety of different social activities and experiences both at home and within the local community. Activities people participated in included shopping, walking in the park attending day centres, dancing, swimming and holidays. This demonstrated that people were supported to achieve and maintain a healthy life style.

There was evidence to show that people who use the service were supported to maintain independent living skills. One person who used the service told us "staff support me to make my bed and clean my room I am proud of myself". We saw that one person attended college another person was doing voluntary work in the community.

Each person had a detailed health action plan specifying their individual healthcare needs and how these were to be met. A healthcare record was maintained for each person where staff recorded appointments attended and the outcome. On the day of our inspection one person was visiting the dentist and they were accompanied and supported by the manager. This demonstrated people's health and social care needs were being met and reviewed regularly.

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

The provider responded appropriately to any allegation of abuse. We spoke to two people using the services and they told us they felt safe in their home. They said that if they were frightened about anything they would talk to staff.

We saw that the service had up to date safeguarding protocols in place. We looked at the Glebe Villa safeguarding abuse policy and procedure and found that it related to the local authority procedures for safeguarding vulnerable adults. We saw the procedure as well as the complaints procedure was displayed at the entrance of the building.

This meant that staff, relatives and visitors were able to contact relevant organisations in the event of suspected or actual abuse. Also this meant that people were informed about safeguarding policies or the steps to take should they have any concerns.

We spoke with and one staff member who demonstrated that they understood their responsibilities to report abuse to the local authority. They were clear about what abuse mean. They were confident and would ensure any allegation of abuse or harm would be immediately reported to the local authority safeguarding team.

We saw that the service had an up to date whistle blowing policy and procedure to ensure that all staff knew how to report any concerns they may have about practices in the service which could place people at risk of harm or abuse.

We looked at training records which showed that staff received training in safeguarding vulnerable adults. This meant that people using the service could be confident that their rights to protection from abuse and harm would be promoted by staff.

We also saw that staff had attended training on Deprivation of Liberty Safeguards (DOLS). This meant that people who used the service were assisted with their needs by staff who knew how to protect their rights.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who used this service were complimentary in their views of the staff. They made comments such as "staff are good I like them" and "they help me the way I like things done".

We saw appropriate checks had been undertaken before staff began work at the home. We looked at the records of two staff members one of which was a most recently recruited staff. These contained the information needed to judge whether or not the person was fit to work with vulnerable people.

We saw the service had applied for the Disclosure and Barring service (DBS) checks before people had been allowed to start with the home. This was to ensure information about any previous criminal activity by the person was obtained.

We saw the home had also received two written references. One was from the previous employer. This was to provide satisfactory evidence of good conduct in their previous employment and the other was a character reference.

We also saw the individuals' completed application forms and these provided a full employment history and identified any gaps in employment that might need an explanation. All checks had been completed before the person had been allowed to start work.

We saw evidence which demonstrated staff's qualification and that they had relevant and up to date training to enable them to perform their duties effectively. This demonstrated that the provide had taken steps to ensure that the people who used the service were protected from unsuitable staff.

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

Our judgement

The provider was meeting this standard.

There were enough numbers of suitably qualified skilled and experienced staff to meet peoples' need.

Reasons for our judgement

At the time of our visit there were six people living at Glebe Villa. We saw on the rota that there were three staff on the morning shift, two on the afternoon shift and one at night. The manager worked as part of the care team. From looking at the care plans, speaking to people and observing, we saw that no one required assistance from staff with their mobility.

The manager explained that the staff levels had been increased in the mornings as a result of a person's behaviour that challenged. This meant that the need for extra staff had been identified and action was taken.

We saw that due to staggered shift start times, there were occasions on weekdays when there were only one member of staff on duty for a period of one hour. The manager explained that the service could operate at that level because the majority of people attended a day centre, voluntary work placement or college during the week.

We saw there were two care workers on duty at all times at weekends when people remained at home. When we visited we observed there were to be sufficient care workers on duty to meet people's needs.

We saw that the home had a stable staff team with varying levels of experience. The manager and the member of staff we spoke with had worked at the home for over six years. One staff member told us that staffing levels "are really good we have time to spend with people". This meant that there were enough staff available to meet people's individual needs.

We looked at the training records for two staff. We could see that each staff member had up to date training for a number of subjects that would safeguard the health, welfare and safety of the people using the service. We saw that the provider monitored staff training and notified the manager when training was due for renewal. Examples of training that had been completed were moving and handling, health and safety, infection control, fire safety, safeguarding and medication. This meant that people were assisted with their needs by well trained and competent staff.

When we talked with staff we asked questions around safeguarding and health and safety to check their understanding. The staff member was able to answer questions about what they needed to do to keep people safe in these areas. This meant that staff were appropriately skilled and trained to provide support to the people living at Glebe Villa.

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

Our judgement

The provider was not meeting this standard.

The provider did not have 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.

Regulation 23 HSCA 2008 (Regulated Activities) Regulation 2010.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke to one member of staff and the manager. Comments included, "it is a really nice place to work" and "I am happy working here". People who used the service told us the staff were kind and caring and they were satisfied with the service they received.

We saw the home had a system in place for the induction of all new staff, which included formal training and shadowing and working with experienced care workers .We were provided with the up to date training record that showed what training staff had received. The training record was supported by training certificates held on the staff members personnel file.

The training record showed there was a training programme in place and identified when the training had been completed and when it was due to be updated. Training provided to staff included moving and handling, health and safety, medication, infection control, first aid, fire awareness, adult with learning disability and Mental Capacity Act in practice. This meant that staff had the skills and knowledge to provide care for the people who used the service.

The staff member we spoke with told us the manager was supportive to them and was always available. The staff member told us that they had met with their manager for formal supervision once in the last 12 months.

We reviewed the records of staff supervision and appraisals. We found that staff had not been provided with regular supervision and appraisals. For example we found from the record provided to us that two staff members had completed appraisals in August 2010 and two staff members had supervision in January and February 2012. We asked to see the supervision policy. This was to check if the home was working in line with their policy.

We found that there was no supervision policy at the home on the day to guide the manager on how often staff should have supervision and how. This document was sent to us with 48 hours of our inspection. The policy stated "staff will receive formal supervision six times a year". This meant that staff were not enabled to consider their achievements, capture working practices and future training and development needs.

The manager confirmed that staff formal supervision was irregular however, group supervision took place. We were also told that team meetings took place and this was used as a platform for staff group supervision. This meant that staff were not given the opportunity to discuss their working practices confidentially with the manager to enable them 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.

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

Reasons for our judgement

People we spoke with during the inspection told us they felt able to raise any concerns they may have with the manager or their key worker and felt they would be listened to, and appropriate action taken. One person said "If I am not happy I will tell the manager".

When we spoke with relatives they confirmed that the service regularly contacted them to review their care. One relative told us "we are happy with my relative's care. They keep me informed about anything concerning my relative. I was happy with the last meeting we had. They talked about their care plan and the things they are doing with them and it is all very good". Another relative said "I am involved with the care planning and they always let us know if there are any issues".

The provider took account of complaints and comments to improve the service. We saw that people who used the service were provided with opportunities to provide suggestions on how the service could improve. This included residents meetings, staff meetings and provider's monthly visits. We saw that the last visit was on 1 June 2013.

We saw records to show that the service reviewed all compliments, suggestions and complaints and that the service responded appropriately to individual concerns raised. We saw there were two complaints since the last inspection. We saw the complaint was investigated and action was taken. This showed that the provider took account of complaints to improve the service.

We saw that a monthly meeting was organised for the people who used services. We saw the minutes of the meeting on 16 March 2013. Topics discussed included a holiday to Blackpool. This meant that the provider ensured that people who used the service were enabled to comment on how the services were run.

The manager told us that they undertook quality audits within the home to assess and review the service. This included assessing the quality of care and support people received. It also included the quality of records and documentation. In addition, the provider visited monthly to undertake a quality assurance audit for the provider. We saw

that this audit was completed on 11 June 2013 and issues of concern were highlighted. We saw an action plan was being developed by the manager to remedy the concerns with required timescales for completion.

We saw health and safety audits had been completed for example, fire safety and fire risk assessments medication, environmental, safeguarding and training. This helped to make sure that the home was able to effectively identify areas for improvement. This also showed that the service was providing the right care and support for the people who used the service. We saw the results for the most recent quality checks and saw that an action plan was in place and how this was being monitored.

The manager told us that they carried out informal observations to ensure people were receiving safe and suitable care and also checked people's care and daily support records as part of this. This demonstrated the provider had systems in place to quality check the service provision and maintain standards.

There was evidence that learning from incidents and investigations took place and changes were implemented. Staff recorded incidents and accidents which were then reviewed and investigated by the manager to address any areas of potential risk or concern. For example, we saw that incident involved two people who used the service was resolved and a risk assessment was put in place to prevent further occurrence. This meant that the service had identified and managed risks in relation to the health and safety of people who used the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: The provider did not have 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. We judged that this had a minor impact on people using the service and action was needed for this standard. Regulation 23 HSCA 2008 (Regulated Activities) Regulation 2010.

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 by 22 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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