

The Villas Care Homes Ltd

# The Villas Care Homes Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 June 2016. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Villas Care Homes Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The provider submitted an action plan following the inspection of June 2016 advising us of the action they would take to address the breaches of regulations identified by the 2 September 2016.

The Villas Care Homes Limited provides residential and nursing care for up to 16 people with mental health needs or a learning disability. At the time of our inspection there were 13 people using the service. Accommodation is provided over two floors with access via two stairwells or a passenger lift.

This inspection took place on the 14 September 2016 and was unannounced.

We found improvements had been made.

People's capacity to make informed decisions about specific aspects of their day to day lives had been undertaken. The capacity assessments had been undertaken by staff who had received the appropriate training. The capacity assessments had been carried out consistent with the Mental Capacity Act 2005 and had included the views of the person being assessed. The assessments to determine people's capacity had been used to develop plans which provided guidance for staff as to their role in supporting people safely, whilst reflecting the person's wishes to make decisions about their day to day lives. This meant people's decisions and choices were being respected.

Risk assessments had been carried out to identify areas of potential risk for those using the service. Where the potential for risk had been found, plans had been put into place, which provided clear guidance for staff as to their role in promoting people's safety.

Potential risk to people had been identified where they required support with personal care; these risks were managed through the provision of staff training and the use of equipment, and guidance for staff being included within people's records. We found the provider's understanding as to their responsibilities in promoting people's safety did not sufficiently consider and balance their freedom, choice and control. We found instances where decisions had been made, that placed restrictions on people, with no evidence as to how the risk had been determined, or the involvement of the person in the decision.

The manager of the service submitted an application to us to be registered as the manager. Their application was assessed and included an interview. The manager's application was approved. That meant the service has a registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The appointment of the registered manager had brought about improvements to the leadership and management of the service. The registered manager has made changes to the day to day management of the service. This has had a positive impact on the lives of people using the service, through the promotion of their safety and through their increased involvement and opportunities created to influence in the care they receive.

Staff received support and guidance from the registered manager, through supervision and meetings. Staff confidence and knowledge has increased through the provision of training, which has increased their confidence and knowledge in the support of people.

Audits have and continue to be carried out. The provider and registered manager were implementing processes to further assess the quality of care being provided and they spoke of their commitment in continuing the development of the service to improve the quality of people's care.

The rating for the key question 'safe' has not been changed following this inspection. This is because the provider needs to demonstrate continued and sustained improvement to practice overtime.

The rating for the key question 'well-led' has been changed following this inspection. The provider will need to demonstrate continued development of the service, in order for the rating to be changed in the future.

The overall rating of the service will be re-considered following the next scheduled comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

However, we could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Assessments had been undertaken to identify people's capacity to make informed decisions. Assessments had identified the support people required and how the support was to be provided to promote their control and choice over their daily lives.

Risk assessments were undertaken and plans put into place to mitigate risk to promote people's safety.

Environmental improvements had been made with a plan for continued improvements being in place.

**Requires Improvement** ●

### Is the service well-led?

The rating for well-led has been reviewed. The service will need to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

A manager who is registered with the Care Quality Commission had been appointed.

We found the leadership, management and governance of the service to have improved.

**Requires Improvement** ●

# The Villas Care Homes Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of The Villas Care Homes Ltd on 14 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 15 and 16 June 2016 had been made. The team inspected the service against two of the five questions we ask about services. Is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by an inspection manager and an inspector.

We spoke with the provider, registered manager and three members of staff.

We spoke with three people who used the service.

We sought the views of commissioners following the inspection.

We looked at the risk assessments and care plans of three people who used the service and other records relating to their care and welfare. We looked at the minutes of meetings for people using the service and staff. We looked at staff training records and audits carried out by the registered manager to monitor quality.

# Is the service safe?

## Our findings

At our previous inspection of 15 and 16 June 2016 we found that safeguarding people from abuse and improper treatment was not being met, as restrictions about aspects of their care had been put into place. This compromised their choice and control over their daily lives. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.

At this inspection, we found improvements had been made and assessments had been carried out with regards to people's capacity to make informed decisions on aspects of their care. Risk assessments had been carried out on a number of topics with plans put into place to mitigate risk.

Staff had received training in the safeguarding of people, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This had had a positive and direct impact on staff's understanding of the rights of people and the legal framework. As staff told us they now had the confidence to consult with people when undertaking assessments of people's needs and developing care plans, to find out their views.

The policy and procedure for the management of people's finances had been revised. It clearly outlined the role and responsibilities of staff when supporting people with the management of their day to day finances. The policy and procedure had been discussed with staff at a staff meeting and we found staff to knowledgeable as to the revised procedure and their responsibilities.

Assessments had been carried out by staff to determine people's capacity to make informed decisions about their daily lives, which included the management of their finances. The assessments included evidence to support how questions were posed to people and their responses. The assessment referenced the prompts used, which had included money to assist people in the answering of questions posed to them. This showed the measures staff had taken to enable people to take part in the assessment. Advocates had been involved in providing support to people in making financial decisions, which showed people's rights to make decisions were being promoted.

People's support was comprehensively reflected within their assessments and care plans, providing clear guidance for staff. All records had been signed by the person and their comments recorded, which showed that people's views were being sought and their rights to comment and influence their care promoted.

Staff spoke of the training they had received and how it had helped with the development of people's care plans and the understanding of capacity assessments. A member of staff told us, "I know more about it now especially with us having some people here on DoLS, much better understanding about the forms, now I feel more involved, now I know what to do."

Risk assessments had been carried out, which were comprehensive and provided clear guidance for staff as to how they were to mitigate risk, when providing care and support to people. Discussions with staff found staff had greater knowledge and awareness as to how to promote people's safety. A member of staff told us, "The new risk assessments have been good, any changes will be discussed at handover. Look back at the notes to ensure we continue to keep people safe." "In people's care plans, it tells me how to support people

or diagrams to keep people safe. We have charts we complete as well to help monitor how the person is, to keep them safe."

Assessments promoting people's safety were specific and tailored to the individual needs of people. Assessments had identified areas of risk, which included where people's behaviour was challenging. The assessments provided clear guidance for staff as to the support to be provided, which included the use of medicine to be given as and when required. We observed staff supporting a person when their behaviour became challenging. This was reflective of their risk assessment and care plan, which meant staff promoted the person's safety and welfare.

Risk assessments in some instances had identified that regular observational checks were to be carried out, to ensure people were safe. This included people who had epilepsy or were at risk of falling that provided a structure for staff to follow in order to monitor people's safety and take any appropriate action necessary. Records provided staff with the contact details for external health and social care providers and the role of staff in alerting them should staff identify increased concerns regarding people's safety. For example, contact details for the 'falls clinic' for a person who was at risk of falls.

People's safety was promoted by staff directly observing a person when they engaged in specific activities. For some this included when they had a cigarette or when going out into the wider community. The assessment had identified the potential areas of risk and detailed the role of staff in observing and supporting the person. For instance, going out into the wider community to access the local shops. This promoted the person's safety without placing unnecessary restrictions on their lifestyle choices and decisions.

People's capacity to manage their medicine had been carried out, and their responses to questions were included, which evidenced people's capacity or willingness to take part in the assessment. Where assessments had identified the person did not have capacity or they had expressed a wish not to manage their own medicine then the provider, registered manager and staff provided the necessary support.

The registered manager spoke of the changes implemented by themselves and the provider and the impact the changes had had on people who used the service. They told us when they had initially spoken to people and asked them about their care plans they had not known to what they were referring. This was no longer the case as people had been and continued to be consulted about their care. They told us people were now, through their own choice, taking part in the shaping of their care. They gave examples as to how people's involvement in their care plan and the greater involvement of staff had brought about changes in how care was provided, which had included the identification of re-referrals needed to be made to external agencies.

Assessments referred to as 'hospital traffic light assessment' had been completed for each person. These assessments provided an insight as to people's health and welfare and assessed the areas of potential risk should the person access health care services. The assessments provided information to health care professionals to promote safe care for people, when in alternative surroundings, which included where their behaviour became challenging.

We found personal emergency evacuation plans (PEEPS) were in place, which provided information to staff or emergency services personnel should there be a need to evacuate people in an emergency. The PEEPS identified the level of risk as green, amber or red, with red reflective indicating a greater level of support being required to evacuate the person with information as to the safest way to support the person to minimise risk.

At our previous inspection of 15 and 16 June 2016 we identified areas of concern in relation to the maintenance of aspects of the service, which compromised the safety and well-being of people. We issued a requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.

At this inspection we found improvements had been made and the issues highlighted at the previous inspection actioned. This included the installation of a new kitchen to be used for the promotion of people's independence, the decoration and provision of new flooring in specific areas of the service.

We spoke with people who shared with us their view as to the environmental improvements made, which reflected the positive impact the changes had made for them. People said, "I am baking a cake in the new kitchen on Friday, staff always help." "New kitchen is better." "Decorating is nice. I wasn't asked, but I didn't want to be." And, "New tables and chairs are better."

Staff spoke of the improvements made to the environment and how it had impacted on people using the service. Their comments included. "The new tables and chairs have helped with people sitting having lunch and deciding what they would like." "...used the kitchen with residents yesterday, we can now encourage people to use the kitchen, they hadn't been able to previously due to the equipment. And, "...new kitchen, it has helped, will give the residents independence back. Just started using it and the service users feel comfortable, makes them better. It is a nice activity and makes them enjoy the day." Staff felt the changes had been positive, with the service now looking fresher.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.



## Is the service well-led?

### Our findings

At our previous inspection of 15 and 16 June 2016 we found that The Villas Care Homes Ltd did not have a registered manager. This was a breach of a condition of the provider's registration. We issued a requirement notice under Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

The Care Quality Commission received an application following the inspection, for the registration of the manager of the service. Their application was assessed and included an interview. The application was successful. The Villas Care Homes Limited has a registered manager in post. This meant the breach of the conditions of the provider's registration has been met.

At our previous inspection of 15 and 16 June 2016 we found that the provider of The Villas Care Homes Ltd was unable to demonstrate good governance as they were unable to evidence robust management and leadership of the service. An effective system was not in place to monitor and assure themselves as to the quality of the service being provided. On the 4 June 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to meet their legal obligation in relation to Regulation 17 by 1 September 2016.

At this inspection we found improvements had been made and that systems had been introduced to monitor the quality of the service. The registered manager since their appointment, working with the provider and staff, had carried out a number of audits, which had led to the improvements. Staff training has been implemented in a range of topics and staff attended regular meetings and were supervised. This had empowered staff and given them greater confidence in their role. This had a direct impact on people's care and their involvement in decisions about their day to day lives.

Audits had been undertaken to ensure people's risk assessments and care plans were being reviewed and any changes made. Staff were required to sign to say they had read and understood the revised risk assessments and care plans this showed how audits were used to monitor the quality of the service being provided.

The policy and procedure for the management of people's finances had been revised. It clearly outlined the role and responsibilities of staff when supporting people with the management of their day to day finances. The policy and procedure had been discussed with staff at a staff meeting and we found staff to be knowledgeable as to the revised procedure and their responsibilities. The registered manager undertook regular audits of people's finances, where the provider, registered manager and staff had responsibility for supporting people with the day to day management of their personal expenditure. The auditing of people's finances enabled the registered manager to identify anomalies and take appropriate action, demonstrating responsive leadership.

Staff spoke of the changes introduced by the registered manager, which evidenced effective leadership. Staff told us how the changes introduced had helped in the planning of people's care to ensure their needs were met. They told us that the registered manager carried out checks to ensure records were up to date

and that people were attending any scheduled appointments. Staff referred to a system recently introduced, which assisted them in the planning of people's care and support. Information was now recorded which included dates for the reviewing of people's care plans, along with information as to routine health checks, such as optician and dental appointments. Staff went on to say that the re-organisation of how information was recorded and stored, made it easier to access information when requested by external agencies.

Staff spoke positively about the appointment of the registered manager, saying they found them to be supportive and approachable, which meant any questions they had were confidently raised and dealt with. Staff told us regular staff meetings took place and that their views were sought. A member of staff said they used to sit there and not say anything but now that had changed and staff were consulted and asked for their views as to any plans to bring about improvement. A member of staff told us, "We have boundaries of what is expected within a care home." This was because the registered manager had provided clear guidance as to their expectations of staff in the delivery of care and support to people.

We contacted commissioners following our inspection to seek their views. They provided us with positive feedback as to the improvements made, speaking positively about people's care plans now being person centred, with the information being easier to find. They commented that the staff were welcoming and forthcoming with information required. They had observed that staff appeared empowered and confident in their daily tasks and looked to the appointment of the registered manager leading to continuity in the management of the service.

The provider and registered manager spoke of their plans for the continued development of the service to improve the quality of people's care.

The rating for well-led has been reviewed. The service will need to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.