Aston Care Limited

# Glebe Villa

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 31 March 2015 and was unannounced. Glebe Villa provides accommodation and personal care to seven people with learning disabilities.

There were six people living in the home on the day of our inspection. At our last inspection on 15 April 2014 there were no breaches of the legal requirements identified.

There was a registered manager in post at the time of our visit. 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 and associated Regulations about how the service is run.

People told us that they were well supported in their living environment and felt safe and happy. One person told us "I feel safe here. They treat us well here".

People were supported to make choices around the care they received and were involved in discussions and decisions about their preferences. A relative told us "staff

# Summary of findings

always try their best to give people choice of what they want to do within their limits. People were registered with a doctor, dentist and an optician to ensure their health was monitored.

Systems were in place to ensure staff learnt from events such as accidents and incidents, complaints, whistleblowing and investigations. This reduced the risks to people and helped to keep people safe. A recruitment policy was in place to help ensure people employed were of good character. People's medicines were administered and handled safely. These ensured that people who lived in the home were safe.

People were cared for in a clean, hygienic environment. People received their medicines when they needed them. Staff understood their roles and responsibilities and they were provided with the guidance, training and equipment they needed for this.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. Care plans detailed their health needs and the care interventions that staff needed to follow, to ensure these were safely met.

Each person had their own weekly activity planner in their support plan. People told us they liked how they spent their time during the week and how staff needed to support them. Staff told us the staffing levels were safe and met the needs of the people who used the service.

Staff were aware of and followed the Mental Capacity Act 2005 to make sure people were supported to make decision about their care. Staff were able to describe how they assessed their capacity to make these decisions about day to day care. People's care records had details of the types of decisions they were able to make and the circumstances under which decisions were made in their best interests.

The provider's written procedures supported staff to report any concerns about people's safety and welfare. For example, changes in people's medical conditions and accidents and incidents, including the suspected or witnessed abuse of any person using the service.

The provider carried out regular quality monitoring visits to check that people's care needs were being safely met. They also checked that people who lived in the home were protected against the risks of unsafe premises. There were proper maintenance arrangements, risk assessments and contingency plans and procedures in place to ensure people's safety. These included known possible emergencies, such as a fire.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe

Good

Systems were in place to ensure staff learnt from events such as accidents and incidents, complaints, whistleblowing and investigations. This reduced the risks to people and helped to keep people safe.

A recruitment policy was in place to help ensure people employed were of good character. This was to ensure that people who lived in the home were safe.

People's medicines were administered and handled safely

**Is the service effective?**
The service was effective.

Good

People were supported to live as independent lives as possible and could use a range of services within the local community. People were provided with sufficient to eat and plenty to drink.

The provider had systems in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had a clear understanding of their responsibilities to uphold people's legal rights.

The premises had been sensitively adapted to meet the needs of people with physical impairments enabling people to move around freely and safely

**Is the service caring?**
The service was caring.

Good

People were supported by kind and attentive staff to meet their needs.

Care plans were written in a person centred way, they included people's likes and dislikes, interests and hobbies

Staff demonstrated they had good knowledge and understanding of people's needs including their routines and preferences

There was an advocacy service available if people needed it, this meant when required people could access additional support.

**Is the service responsive?**
The service was responsive.

Good

People had access to a range of activities in and outside the home regularly.

People were supported by staff to attend health appointments in the local community when required.
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Systems were in place to prove assurance that complaints were investigated and action was taken as necessary when required.

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

There were effective quality assurance systems in place. This included staff meetings and annual support plan reviews.

The staff were clear about their roles and responsibilities. This helped to ensure people received a good quality service that met their needs.

# Glebe Villa

**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.

This inspection took place on 31 March 2015 and was unannounced. The inspection team comprised of one inspector.

Before the inspection we looked at the information we held about the service including notifications they had sent us.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people living at Glebe Villa two members of care staff and the registered manager.

We looked around the building. We looked at two records of people who used the service and one staff record. We also looked at records relating to the management of the service.

Following our visit we spoke with two relatives and two health care professionals, who were involved in the care of people living at the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe at the home and staff treated them well. One person said, “I feel safe. They look after us well here”.

The relatives we spoke with told us that they felt that their family members were safe and protected from harm. One said, "We feel confident that our relative is safe at Glebe Villa, we have no concerns"

The provider had a safeguarding adults and whistle blowing policy and procedure in place along with the local authority’s multi-agency safeguarding procedures. This informed and guided staff in what their role and responsibilities were to protect from potential abuse.

The provider responded appropriately to any allegation of abuse. Information we received from the provider showed that incidents of a safeguarding nature were reported and responded to promptly. This included working with the local authority safeguarding team. The registered manager told us they had recently reported an incident of a safeguarding nature to the local authority, however, this did not meet the local authority’s safeguarding threshold. The provider had acted in a manner consistent with their safeguarding policy.

Staff were trained to identify potential abuse and take action to protect vulnerable people from harm Staff confirmed they had attended safeguarding adults training and records viewed confirmed what we were told. Staff members showed a good understanding of their role and responsibilities. Staff said they were confident that if they reported any safeguarding concern to the registered manager it would be acted on appropriately.

One staff member told us, "We have attended safeguarding and whistle blowing training. I will report any allegation of abuse to the manager and I know they would act immediately to make sure that people are safe “. Staff .confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

There was evidence of learning from incidents and the investigations. There were arrangements in place to deal with foreseeable emergencies. People had a personal emergency evacuation plan to inform staff of how individuals were to be supported in the event that the building needed to be evacuated. For example, fire or flooding. The home's business contingency plan included action that should be taken in the event of failure of essential utilities such as gas or electricity.

Recruitment records of one full time staff member showed they had been recruited appropriately to work at the home. All required checks had been carried out before this staff started work. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. These staff had signed declaration forms indicating they were medically fit for work.

Criminal records checks had been undertaken to ensure the staff were suitable to work with vulnerable people. Detailed interview notes were kept in the personnel files. The registered manager told us that only people who were of a caring and friendly nature were recruited to work at the home.

The staff duty rota showed there were adequate numbers of staff to meet the needs of the people who lived in Glebe Villa. Staffing levels reflected the number and circumstances of people living at the home. For example, the registered manager told us an extra member of staff was on duty to support people with a planned event on the day. The registered manager took action to ensure this by operating an internal bank system comprised of existing staff in order to cover vacant shifts. They were able to raise staffing levels when needed in order to maintain safe and appropriate care. The registered manager told us they did not use agency staff. One staff member told us, “The number of staff each day depended on the dependency of the service users and the activities the residents were undertaking”.

Control of Substances Hazardous to Health (COSHH) risk assessments were in place and cleaning materials were locked away when not in use. Records showed that gas equipment, fire alarms and fire prevention equipment (such as extinguishers and the emergency lighting systems) had been serviced within the last year by suitably qualified professionals. The electrical appliances had been tested for safety, as had the home's wiring. This meant that the provider had taken steps to provide care in a safe environment that was appropriately maintained. The home was found clean and free from hazards

Good

# Is the service safe?

Appropriate arrangements were in place to obtain, administer, record and dispose of medicines. There was a policy in place about the safe handling of medicines and the senior staff we spoke with were aware of its content. The people we spoke with raised no concerns about their medicines. Medicines were ordered regularly and delivered directly to the home by the pharmacy. There was a system in place to record all medicines going in and out of the home. This ensured that medicines were not misused.

Medicines were safely administered. The registered manager or senior care workers who had undergone training administered medication. Senior staff confirmed they had received training in administration of medicines. This was also confirmed in the training records we sampled. We observed medicines being administered at lunchtime and sampled the medicines administration records (MAR). Staff had followed a safe procedure and had completed records correctly.

Medicines were stored safely. Staff checked the temperature of the room regularly to make sure an appropriate temperature was maintained. Unused medicines were disposed of safely. These were returned back to the pharmacy and records were maintained of all medicines returned.

Checks had taken place to make sure staff were following good practice guidance and stocks were correct. Where any shortfall had been found appropriate action had been taken to investigate the concern and minimise the risk of a reoccurrence. There were no medicine errors recorded.

The registered manager said they had also carried out competency checks on staff to make sure they were following the correct procedures. This was evidenced in the staff file we looked at.

Good

# Is the service effective?

## Our findings

People told us they were involved in decisions about their care and were kept informed. Family and friends confirmed that they were involved in decisions about their family members as appropriate. For example, one relative we spoke with told us they were always consulted and felt involved. The most recent being about their diets.

Staff members communicated sensitively and effectively with people who used the service. For example, at lunchtime we observed two staff members asking people who were able to communicate for themselves what they would like to eat and or drinks. We observed staff acted on their choices.

Relatives told us staff always asked their family members before offering care or support. One said, "My relative can and does make some decisions but the staff always involve me in the bigger ones". A staff member told us, "We always make sure people tell us what they want to do daily ".

Support plans and daily records provided evidence that consent had been sought before treatment was given or care and support offered. This meant that people were able to make informed choices about their care.

Staff had a clear understanding of the implications of the Mental Capacity Act 2005 (MCA in areas such as the general principles of consent and people's right to make decisions in their daily lives as well as acting in people's best interests. Training in this area was provided to staff. This meant that staff were able to provide care consistent with the law. One staff member told us, "We always try to act in people's best interests. The manager is very clear about that".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The MCA is legislation to protect people who lack capacity to make certain decisions about their care and welfare. Support plans considered people's needs around capacity and provided support workers with guidance of things to consider. This included information should be understandable and appropriate. 'Support Plan Agreement' advised the support plans were developed on behalf of the person through observation, known preferences and information received from others who knew the person.

People's ability to take risks was assessed and plans put in place to manage the potential of harm. There was evidence that 'best interests' meetings had taken place when people were at risk of potential harm due to their actions or inaction. For example, one person, who was unable to give informed consent, required surgery in order to maintain their health. There was evidence that the registered manager had held a meeting with relatives, the person's GP and staff members. This was to discuss the matter and decide if the person's best interests were served by them undergoing surgery. This meant that the provider was acting in a manner consistent with the law.

The Deprivation of Liberty Safeguards (DoLS) legislation was considered, when people who lacked capacity were at risk of having their liberty restricted due to their assessed needs. For example, we saw relevant assessments and 'best Interest' decisions had been made for a person who required the use of a lap belt and other forms of support to keep them safe but restricted their movement when using their wheelchair. The provider had systems in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguard (MCA and DoLS) and two applications had been completed and awaiting submission for authorisation by the relevant local authority.

Staff had received regular training in areas relevant to the care needs of the people they were looking after, Records showed staff had received induction training and three staff had gained a National Vocational Qualification or equivalent at level 2 or higher. This meant that staff were suitably qualified to meet people's needs. Care staff had received appropriate training for the people they cared for such as person centred planning, autism awareness and dementia. Training certificates confirmed the training record information we looked at.

Staff told us they received support through supervision and appraisal meetings. These meetings are to provide staff support and feedback about their work. One staff member said "I have regular one to one supervision with the manager to check that I am doing my work properly and if I have any concerns. It is very helpful". Records showed that all staff received supervision the most recent being on 31 January 2015 and yearly appraisals on 14 February 2015. This meant that staff were supported to do their job effectively.

Good

# Is the service effective?

Staff told us they had regular team meetings, they said they found these meeting beneficial because it gave them the confident to raise any issues about the service users.

There was a four weekly menu in place with choices and options for every meal. Menus and food options were regularly discussed at residents meetings so that meals could be varied in line with people preferred options at the time. Nutritional assessments had been undertaken to ensure that people's individual needs were met.

At lunchtime people enjoyed their meal and that staff were available to assist. People said the food was good. There were plenty of drinks available for people at any time. Food and fluid intake was recorded in people care plans if necessary to ensure their nutritional needs were monitored. We observed staff sat beside the person they were assisting with their meals to make sure they had adequate nutrition and were monitored to reduce the risk of choking. We noted some people were provided with softer diets and specific diets and these were recorded in their care plans.

People's care held a summary of personal information regarding health action plans and guidance for staff on managing challenging behaviours where appropriate. For example, one individual with epilepsy had a health action plan which included giving prescribed medicine should they experience a fit and including homely remedies for minor ailments such as headaches.

The registered manager told us that staff were aware of the guidance however, the person had not experienced any episodes for a long time. This demonstrated that there were arrangements in place to deal with foreseeable emergencies.

Good

# Is the service caring?

## Our findings

People told us they spoke with staff about their preferences. Everyone said that staff were kind and caring to them. One person told us that they had their privacy and dignity respected when staff were assisting with personal care. The person said that all the staff closed the doors while supporting them to have a shower and knocked on the door and waited for an answer before going in. Another person said “sometimes I prefer to have a shower and staff respect that “and “If I am in my bedroom staff will knock before they come in, they don’t just come in to my room”.

Relatives told us they were happy with the care and support provided to their family members. One relative told us “I am happy with care. They really do a good job. The staff are friendly and helpful”. Another relative said “My relative is very happy there. We get on well with staff and we are involved with the care plan”. Healthcare professionals told us that staff were friendly and kind and have gone above and beyond what was expected of them in terms of supporting people.

Staff demonstrated they had good knowledge and understanding of people’s needs including their routines and preferences. For example, one staff member described how they supported a person with limited verbal communication. They described how they spoke slowly and listened attentively to the person to understand what they wanted in order to meet their needs. An example of this was evident when people were supported to go out for their external activities. There was good interaction between support workers and people who used the service. People were relaxed and comfortable in the presence of care workers who showed people respect and dignity.

.people’s care plan contained information such as personal and family details, how to support the individual, personal care routines and communication. The majority of information included easy read pictures format to enable the people living at the home to understand their care. Where people were able the care had been signed by the individual.

One of the care plans contained information relating to the involvement of an advocate in all best interests decisions to ensure that the individual was appropriately represented. An advocate is an independent person who would support a person to make decisions about various areas of their daily life. There was evidence that people had been involved in regular reviews of their care. Staff had provided people with support and encouragement to make choices about their care and welfare.

Good

# Is the service responsive?

## Our findings

People received care and support according to their individual needs and preferences People had individual activity plans that included domestic and leisure activities that promoted community involvement and independence. For example, one person had a day at home for colouring and painting. One person told us they needed minimal assistance and they were very independent and could go out on their own if they wanted to. People told us they were able to take part in activities of their choice. We saw people were supported to go out in their local community, For example, one person told us they were going to help out with a group activity for an art and craft at a day centre and went out for group lunch afterwards. The registered manager supported people to do these activities.

Other areas of community involvement included going shopping, attending singing groups, bingo and going to local cafes. People told us they also went on holiday as a part of their recreational activity. One person told us they went to Brighton last year and are looking forward to another holiday this year summer. Photographs of last year's holiday were displayed in the home.

These processes showed that people received care and support according to their individual needs and preferences.

We spoke with health and social care professionals who were involved in the care of people living at the home and their feedback was positive. One person said "There is always something happening for the residents. They go out for activities each time we went there".

People needs were assessed prior to moving into the home. This ensured that support plans were in place to meet the persons identified needs. Support plans were written in a person centred way, they included people's likes and dislikes, interests and hobbies, family histories and people's cultural and religious preferences The support plans provided support workers with detailed information of what's a person's needs were and how to meet them. Support plans and review documents had been signed by people who used the service, or where required their relative or advocate. This was to confirm their agreement and understanding of their care needs. The support plans were evaluated monthly by keyworkers and reviewed by the registered manager.

The support plans provided staff with clear guidance to follow when giving support and care to people. They contained information to help staff recognise early signs of deterioration in people's wellbeing and safety. Staff told us and we saw how they used observation and care guidelines to support people with their needs. For example, we observed staff quickly supported a person who was becoming agitated to calm down, ensured they were safe as well as those around them.

In the care a file a communication passport was present for each person. A communication passport is a document that records what a person's communication need is and provides guidance on how to support and assist the person with expressing their needs. We found the information detailed and person centred. Both these documents are well recognised as good practice within learning disability services.

When a person had been admitted to hospital, the service had worked well with the hospital ward staff, physiotherapist and speech and language team to make sure they received the support they needed when they returned to the home. This meant the person received the care they needed on discharge.

People's needs were assessed and care planned and delivered in line with their individual care plan. Care plans were written in a person centred way, they included people's likes and dislikes, interests and hobbies and family histories. The registered manager told us that all the care plans had been re written and replaced by person centred plans which were completed with the individual's and their keyworker.

People were made aware of the complaints system. This was provided in a format they could understand either in writing to them or their representatives on admission to the home, or informally via staff members subsequently. Relatives felt that they could make a complaint if they needed to and would be listened to. One relative said, " I have no concerns but will not hesitate to speak to the manager if we are not happy about any aspect of the service"

Good

# Is the service responsive?

The complaints policy and procedure included clear guidelines on how and by when issues should be resolved. The policy contained the contact details of relevant external agencies, such as the local authority and the Care Quality Commission. This was a complaints procedure in easy read language to enable people who had communication needs to know how to make a complaint and know their rights.

Whilst no recent complaints had been made in the last 12 months, the registered manager told us they would act in accordance with their complaints policy, If any complaint was received. The registered manager told us they operated an 'open door' policy in which people, their representatives and staff could raise issues important to them. People and their representatives told us they could also speak with the manager on an individual basis and in confidence. This meant that people could raise issues of concern to them without the fear that they would be discriminated against.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. They demonstrated in-depth knowledge of the needs of the people living in Glebe Villa. There was a positive rapport between the registered manager and the people living in the home. One service user told us “the manager is always there for us, we love her”.

People and their relatives told us they were happy with the service. One person said “I am very happy here it is my home the manager is very good to me. I can ask them anything and it is done”. Another person said “they always ask us what we think when we have our meeting and I think that’s good”. One relative told us” X is very happy there. They always want to go home. “We are regularly sent a questionnaire by the provider to check if we are happy with the care and services provided at Glebe Villa”.

A quality assurance survey had been completed in January 2015, where questionnaires had been sent to people who lived at the home and their relatives .The feedback from the survey was positive and demonstrated that those who responded were happy with the social activities and other services provided. One comment was”my relative is content at Glebe Villa so we no complaint with any level of service”. One healthcare professional told us “people have told me they would like to carry on living there”. In addition we saw that regular resident’s meetings were held to consult people about the service. This meant the provider asked people and their representatives formally for their views about their care and support.

The manager carried out regular monthly audits that included, but were not limited to, the medication systems, care plans, risk assessments and environmental checks. Action plans were set following these audits and completed promptly. The registered manager told us that a representative from the provider organisation conducted regular quality assurance visits to the home and provided them with management support.

An accident/incident book was in place and fully completed. Since the last inspection one accident related to fall had occurred and was appropriately recorded and followed through, showing actions taken to minimise the risk.

Staff meetings were held regularly. We saw minutes of the most recent meeting; The agenda covered a range of items which included; medicines and holidays. Staff signed to confirm they had read notes of the meeting and actions that needed to be taken. For example ensuring that the medicines administration records sheets were checked daily.

Staff told us they received regular supervision from their manager and meetings were recorded. Staff understood their role and responsibilities and lines of accountability were clear. They had access to the policies and procedures to help and guide them in their roles .One staff member told us “ my role is to make sure people receive good care”. The manager told us that they operated a call system to ensure that staff on duty had appropriate support.

Policies and procedures were available in the home. These supported the operation of the service. Staff were clear in their understanding of the exact procedures to follow during the course of their duties which helped to minimised risk to individuals and to provide an individual and personal service. For example, how to contact the registered manager in any untoward emergency.

The registered manager told us that they promoted a culture of openness and transparency. For example, they told us that relatives and friends could visit the home at any time. This was confirmed by the relatives. Staff told us the registered manager was approachable and they would have no hesitation in approaching them should they have any concerns.

One staff member told us that their aim was to promote dignity, respect and privacy for the people living in Glebe Villa and treat them individually to fulfil their potentials. The staff member also told us “our aim is to provide a caring and safe environment for the people who use our service and be responsive to their needs”.

The registered manager confirmed that they had the skills and knowledge to manager the service. They told us that they had attended many courses and had achieved the Registered Manager’s Award. They had been registered to attend another leadership training to support her role.