Aston Care Limited

Glebe Villa

Inspection report

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Date of inspection visit:
02 October 2018

Date of publication:
22 October 2018

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

Summary of findings

Overall summary

This inspection took place on the 2 October 2018 and was unannounced, which meant the staff and provider did not know we would be visiting.

Glebe Villa provides accommodation, for seven people. People who live at the home have a learning disability. There were six people living in the home at the time of the inspection. Glebe Villa was in a residential area of Bristol, close to shops and other local amenities.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.

At the last inspection, the service was rated Requires Improvement. This was because some improvements were required to ensure the service was effective and well led. The registered manager was to seek support and training, about current legislation in respect to the Health and Social Care Act 2008 Regulations 2014. This was because the registered manager and the provider were still working with the previous legislation. Many of the policies and procedures required updating. The induction of new staff was not meeting the current standards as set down
by Skills for Care with staff completing the Care Certificate. Action had been taken to address these shortfalls and improvements made with the service now being rated overall as Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People were care for taking into consideration these principles.

People were supported to lead the life they wanted including accessing social activities based on their interests and hobbies. There was a relaxed and friendly atmosphere. People were treated with kindness by staff who knew them well.

Systems were in place to ensure people were safe including risk management, and safe recruitment processes. People received their medicines safely. Sufficient staff supported people and this had been kept under review.

People were protected from the risk of abuse because there were procedures in place to recognise and

respond to abuse and staff had been trained in how to follow the procedures.

People were involved in making decisions about their care. People had a care plan that clearly described how they wanted to be supported. The service was introducing a new electronic system of recording to capture how people were supported.

People had opportunities to take part in activities in both the home and the local community. Other health and social care professionals were involved in the care of the people living at Glebe Villa.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. Appropriate applications had been made in respect of deprivation of liberty safeguards.

People were provided with a safe, effective, caring and responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of the service. This included seeking the views of the people they supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service continues to be safe.

Is the service effective?

Good

The service had improved and was now effective. The registered manager and provider had responded to a recommendation to review the induction to ensure meeting current good practice based on Skills for Care.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Good

The service had improved and was now well led. This was because the provider and the registered manager were more up to date with the changes in legislation and practice.

Checks on the quality were being completed. Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service.

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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 2 October 2018. One inspector carried out this inspection. The previous inspection was completed in September 2017 when the service was rated requires improvement. This was because we found, some improvements were required to ensure the service was effective and well led. Appropriate action had been taken to ensure compliance.

Before the inspection, we asked the provider to complete 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 planned to make. This was returned to us.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted the local community learning disability team, two health professionals and the GP to obtain their views on the service and how it was being managed. We received three responses. You can see what they told us in the main body of the report.

We spoke with five people living at Glebe Villa, two staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included policies and procedures, checks completed on the service, recruitment and training records for staff. We spent time observing people and their interactions with staff.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People told us they liked the staff who supported them. People told us there was always enough staff to support them if they wanted to go out and when they were in the home.

Some people were prescribed medicines they could not manage themselves. The arrangements for managing medicines on their behalf were safe. Care files included information about what medicines people were taking and any side effects. This included guidelines for the administration of 'as required' medicines. The GP reviewed people's medicines during their monthly visit to the home this ensured they were appropriate.

Medicines were stored securely. Discussion was had with the registered manager on whether the medicine cabinets and medicine fridge could be moved from the lounge as this distracted from the homely feel. Clear records were kept of all medicines received into the home and where these were returned to the pharmacy when no longer required. There had been no medicine errors in the last 12 months.

Staff described to us how they kept people safe. They told us about specific risks and how they responded to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. There was information to guide staff about these risks in people's care plans and the action staff should take to reduce these. These had been kept under review and other professionals such as speech and language therapists had been involved in advising on safe practices and any equipment required. For example, the staff had worked with a physiotherapist in obtaining a specialist chair for a person to reduce the risk of skin break down. Staff told us no one had a pressure acquired wound. They felt this was because where people at risk they were supported with regular position changes and good skin care was promoted within the home.

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 people from potential abuse. Staff described to us their role in reporting allegations of abuse. They were aware of the role of the local authority safeguarding team. They said they would report to the registered manager and they knew she would do the right thing to safeguard people. There had been no safeguarding alerts in the last 12 months.

There was information available to people about keeping safe and what they should do if they were unhappy. The registered manager told us they were spending time with people going through what was abuse and their right to good safe care. Easy read posters were available to people to guide them through the process should they or their relative want to raise concerns about abuse.

There were safe recruitment and selection processes in place to protect people receiving a service. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing

information about a person's criminal record and whether they were barred from working with vulnerable adults.

Sufficient staff supported people to provide safe care. The registered manager told us there was usually three or four staff working during the morning and two or three staff working in the afternoon or evening. There was a waking and a sleep-in member of staff working in the home at night. Staffing was planned flexibly to accommodate social activities and the support needs of the people living at Glebe Villa.

During the inspection, the service was visited by an environmental health officer. Three weeks previously, the service had been given a two-star rating. This was because not all the documentation in respect of safeguards in the kitchen were in place and they needed to purchase some specific cleaning solution. The registered manager told us the rating of two was in part because the kitchen was in upheaval due to the refurbishment and documentation had been mislaid. The environmental health office reviewed the rating and now the service had been awarded a rating of 4 stars. This showed the registered manager had taken appropriate action to make sure people were safe in respect of food hygiene and preparation.

Safe infection control procedures were in place. Staff were observed using gloves and aprons when preparing food. Disposal cloths were used in the kitchen to prevent cross infection. Staff completed training on infection control. The home was clean and free from odour. There was sufficient hand washing facilities and hand gel for staff, people and visitors to use.

Good

Is the service effective?

Our findings

In response to a recommendation from the inspection in September 2017. The service had introduced the Care Certificate for all staff new to care. The Care Certificate is aimed at all care staff in residential settings and is a mandatory induction for new staff to complete within 12 weeks of them starting work. The registered manager told us a new member of staff had completed their induction in respect of the theory and was now being assessed for their practical skills. We saw certificates confirming they were in the process of completing this.

There was a training programme in place, which was monitored by the registered manager and the provider. All staff had to complete regular refresher training annually. Examples included safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with autism and epilepsy, and managing behaviours that challenged. Where people had particular needs associated with their health, staff told us they had received training to support them. This included for example, supporting a person with a Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure performed when a person is unable to safely receive nutrition orally.

A member of staff confirmed they had an opportunity to complete further qualifications in care, which included a diploma. They said they had started this prior to working at Glebe Villa and was supported to complete with their assessor continuing to visit them at the service. At the last inspection, the registered manager told us most of the staff had a National Vocational Qualification (NVQ) at either level two or three. The NVQ has now been replaced by the Diploma in Health and Social Care but remains a recognised qualification.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. Records were maintained of health appointments and any follow ups. Feedback from professionals indicated that referrals were appropriate, timely and staff acted on their advice. Specialist support was available to people who were living with dementia. Staff had received training in supporting people with dementia and end of life.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. People were weighed monthly and any concerns in relation to weight loss was promptly discussed with the GP and other health professionals. Food and fluid was monitored where there were concerns about weight loss or gain.

At the last inspection, people told us they enjoyed the food and there was always a choice at lunchtime and an alternative to the evening meal if it was not want they wanted. People took it in turns to help plan the menu for the forthcoming week. People told us generally the staff prepared the meals but they would help with laying of the tables and clearing up afterwards. People told us they continued to go out on a Saturday

for lunch.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions and these were respected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Two people had been assessed as not having the capacity to consent to their care arrangements. They were also subject to continual supervision to ensure they were safe and their needs met. The registered manager had recognised this amounted to a deprivation of their liberty and had made the appropriate applications. They confirmed they had received the authorisation two days prior to this inspection and was in the process of notifying us of these. They clearly explained how they were going to meet the conditions in respect of one person and was arranging a meeting with the family in respect of their end of life wishes to ensure it was in the person's best interest.

Communal areas were homely and as seen at the last inspection people's bedrooms were personalised. Since the last inspection, the boiler had been replaced and the kitchen refurbished including new flooring and units. This was being painted during the inspection so staff had made part of the conservatory into a kitchen area with tea, coffee facilities and a microwave. The staff told us they had chosen this specific day for painting as it would be the least disruptive as three of the six people were out for lunch.

The registered manager told us an extension was planned to the side of the house. They said this would increase the lounge space as present this area was very compact. Especially when all six people were in this area along with staff.

Good

Is the service caring?

Our findings

People looked well cared for. Some people were supported with all aspects of their personal care. The registered manager told us people were offered a bath or shower daily if that was what they wanted or needed. Staff told us they never felt rushed when supporting people and gave people the time they needed. Where people needed support this was done discreetly, for example, a member of staff quietly asked if a person would like to change their top due to spillage. Another person's top was falling of their shoulder and staff promptly and discreetly helped the person with their consent.

The relationships between people at the home and the staff was friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help people. Staff talked about people in a positive, caring and friendly manner. The registered manager and staff clearly knew the people well. It was evident they were knowledgeable about the people they were supporting.

Staff were observed supporting people throughout the inspection. They were attentive and unrushed. For example, two members of staff were supporting two individuals to have their lunch. They were engaged in conversation with the individual and support was given at the pace of the person. One of the individuals had fallen asleep, staff very gently woke the person so they could continue to eat their lunch. This was done in a real caring way to ensure the person was not startled and staff patiently waited until the person was ready. Staff showed empathy for a person that received their food through a PEG. They had worked with professionals and the person could have small amounts of certain foods orally. The person evidently enjoyed the experience telling staff "it's lovely".

Staff were engaged with people and sat with them chatting about the activities they had done or were planning. The atmosphere was happy with people interacting with each other and staff. Staff waited for a person to complete their conversation and provided reassurance when the person had forgotten what they were saying. Offering them reassurance and gentle prompts on names of people, which enabled them to remember what they were saying. This showed that staff knew people well and the important relationships they had with their family.

People told us they generally got on well. However, on occasions people may express a dislike if it was noisy or due to other reasons they were unhappy. Staff told us this was rarely physical but people could be verbally aggressive towards each other and staff. Staff told us that there was always a staff member in the lounge so they could intervene promptly and distract people. At these times some people preferred the privacy of their bedrooms where it was quieter. This enabled the situation to calm down and relationships to return to normal. One person became quite excited, singing happy birthday and telling another person they loved them. However, this was not greeted with the same excitement with the person saying it was too noisy. Staff picked up on this very quickly and offered everyone a cup of tea, which calmed the situation down. The other member of staff sat with the person encouraging them to talk in a quieter voice. The other person told us, if it was too noisy they would go to their bedroom or sit in the conservatory. It was evident from talking with staff that they tried to keep the home calm and friendly. They did this in a way that

respected all parties involved.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. People told us the name of the care worker telling us they spent time with them each month. One person told us they had been on holiday with their key worker to Blackpool. They said they had a really good time. Staff said the person really looked forward to their holidays and spending time on a one to one basis with a member of staff.

People told us how their family friends were welcome to visit and that they went to visit them regularly.

Good

Is the service responsive?

Our findings

The service continues to be responsive. A visiting health professional told us, "I always find the residents to be clean and happy there, with lots of engagement from staff. I find the environment a happy home environment to be in. During my sessions I often meet with family members and they always seem to comment on how happy their relatives are there". People told us they liked living at Glebe Villa and happy with the staff that supported them.

Since the last inspection, the provider had introduced a new electronic care planning system. Staff said this had been positive. They showed us how information was captured daily enabling them to monitor people's care and support needs. This included sleep, food and fluid charts, daily entries of care delivery and one to capture movement of a person. They said this had been very beneficial in helping to review treatment with the GP to ensure it was appropriate. They could also produce the information in a form of a graph providing staff with a clear picture of what was going on such as ensuring a person had sufficient fluid. Staff were provided with a running total of what a person's fluid output and intake was so they could make adjustments such as offering more to drink. They said this was communicated between the team to ensure the person had sufficient to drink to keep them hydrated throughout the day.

A member of staff told us one person had a tremor, which upset them greatly and they would be annoyed with themselves and others. Staff had recorded the tremors/movements and shared this with the person's GP and psychiatrist. The member of staff said they had noticed these had reduced and put this down to their medication being right because of how they had captured the information. They also gave another example for a person where because of the sleep charts the medication times had been changed in consultation with the GP and now they were sleeping better. These two examples had a positive impact on people's general moods and motivation. This showed how the staff had been responsive to people's changing needs.

The member of staff told us the team were in the process of updating each person's care plan onto the electronic care planning system and this was work in progress. In the interim they were still using the paper copies. The care plans covered all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported for example, when they wanted to get up, their likes and dislikes and important people in their life.

The registered manager told us one person who had funding for one to one support 24 hours a day was now funded for an additional four hours per week. This was because their needs had changed and they did not require that level of support. Staff acknowledged that this had been a difficult time for the person who was used to having one to one support throughout the day and night. They said that the person now spent more time in the lounge area with others and staff balanced their time between this person and the other five people living at Glebe Villa. Staff told us, they still regularly spend time with the person listening to music, singing, doing nails and looking at magazines. Opportunities were offered for the person to go out on the day of the inspection, but they had declined asking if they could spend time in their bedroom. Staff told us that they continued regularly to offer opportunities. They told us the person often would enjoy a ride in the

home's vehicle when they were picking and dropping people off to their social activities or a walk locally. The person told us they could no longer walk as well as they use to and now used a wheelchair, when out and about and a Zimmer frame to move around their home.

People told us about the activities they regularly took part in. Three people told us how they belonged to a social group, which was open to all the local community. They said there was a variety of activities like film afternoons, lunch clubs, keep fit, bingo and arts and crafts. Another person told us how they were part of a music group that met up weekly. They told us they really enjoyed the group and playing the musical instruments. Staff told us this had been positive in getting the person out and reducing their feelings of isolation and anxieties. They told us since the last inspection the person was also going out with staff to the local shops and joining the others in going out on a Saturday for lunch. This was viewed positively as previously they had only wanted to go out with their relative. An aromatherapist visited the home on a weekly basis to support some people.

People told us they also went out every Saturday for lunch in a local pub with staff and regularly went out shopping and to local cafes. Some people went out independently others were supported by staff. Staff told us there was usually enough staff to support people either individually or in small groups. Some people were supported to go on holiday with staff or family. From talking with people, it was evident they enjoyed their annual holiday. Staff told us these were planned with the person.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. There had been two complaints in the last 12 months. Full investigation had been completed and followed up with the person raising the concern. This related to a person taking confidential information to their day centre. An apology had been given and systems had been tightened to ensure information of a confidential nature was locked away. The registered manager told us people were asked for their opinion of the service at house meetings and reminded about how they could raise a complaint.

People's end of life wishes were recorded in their care plan on what they wanted to happen if they became unwell and in the event of their death. Some people had told staff they would like to remain in the home and be supported by the staff team rather than go to hospital or move to another residential setting. Where people were unable to discuss this area, staff had spoken with relatives to ascertain their wishes. Staff had completed training in end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. They demonstrated an in-depth knowledge of the needs of the people living in Glebe Villa. Since the last inspection they had evidently increased their knowledge and understanding of the changes in legislation as evidenced in the provider information return (PIR). They were able to tell us about the legislation in respect of registering and monitoring of adult social care. They along with the provider had reviewed the policies and procedures to ensure they were current and in line with the Health and Social Care Act 2014 and other associated legislation. They had also introduced the Care Certificate to staff, new to care. This was because they were previously using the common induction standards, which had been superseded by the Care Certificate. The registered manager and provider had demonstrated compliance to the breach of regulation to ensure they were keeping up to date with current and changing legislation. The registered manager told us they had been on training with the local authority on safeguarding adults and a workshop about regulations in care.

Staff spoke positively about the management style of the registered manager. Staff told us the registered manager was approachable, supportive and worked alongside them. A member of staff said they had worked in a few care environments and this was one of the best. They told us, "The manager is great, she listens and acts on suggestions, she is not bossy but supportive and works alongside us". There was a stable team working at Glebe Villa, three of the staff had worked in the home for more than 12 years. One member of staff had left in the last 12 months and the registered manager told us the vacant post had been filled.

The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management. Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy. There was a clear ethos, which was to support people to lead ordinary lives within a caring and inclusive family environment. Comments from visitors, professionals and relatives confirmed there was a welcoming and homely atmosphere when they visited.

People's views were sought through monthly key worker meetings, three monthly house meeting and annual surveys. People and their relatives had commented positively about the service and the support they were receiving in the surveys conducted this year. One relative stated, 'We continue to be happy, staff keep on top of health issues and X is happy living at Glebe', another relative said, 'Staff do a grand job on keeping everyone happy. X has never complained'.

Systems were in place to review the quality of the service. Either the registered manager or a named member of staff completed these. These included checks on the medicines, daily checks on people's finances, care planning, the environment, infection control, training, supervisions and appraisals. The registered manager told us they completed regular visual checks and recorded any maintenance concerns. Many of these checks were completed daily with the registered manager completing an overarching audit every 12 months of all areas of the service. We discussed if annual checking of the service was prompt in picking up any shortfalls and the registered manager agreed that these would be done more frequently.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. There had been very few accidents and incidents and from the records we viewed and these had not been reportable. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.