

# Aston Care Limited

# Glebe Villa

## Inspection report

26 Glebe Road  
Bristol  
BS5 8JH

Tel: 01179541353

Website: [www.astoncarehomes.co.uk](http://www.astoncarehomes.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Glebe Villa is a residential care home providing accommodation and personal care for up to seven people with a learning disability. At the time of this inspection there were six people in residence.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Improvements had been made to enable people to have maximum choice and control of their lives and how staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At the last inspection the service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture. This had improved since the last inspection. Staff had received some training since the last inspection including the use of restraint and safeguarding. Further training was needed such as supporting people with learning disabilities and dementia.

Improvements had been made to the records kept in the home including incidents, accidents and the use of restraint. The use of restraint had significantly reduced since the last inspection with staff using a more person-centred approach.

People had access to health care professionals. Improvements had been made to the records relating to healthcare with everyone now having their own individual health record. This meant staff could easily monitor and review each person and people's confidentiality was maintained.

### Right Care

People and their relatives said they were happy with the care and support. People had personalised their bedrooms. People were now supported to go shopping, to the local hairdressers and other places of interest. People told us they were planning holidays for next year.

People were still not being protected by the provider's recruitment process because staff had not had the right checks completed in respect of a Disclosure and Barring Check. Assurances were provided that this would be completed immediately.

### Right culture

Improvements had been made since the last inspection.

People were now being supported in a way that enabled them to have choice and control in their daily lives. The routine of the home seen at the last inspection that was potentially having a negative impact on people was being addressed. Activities people wanted to take part in, and the structure of the day was being reviewed. House meetings had been reintroduced so people could have influence on how they received support and the running of the home.

People's aspirations and goals were being explored to ensure they were living the life they wanted to. This work was still ongoing and needed to be embedded and sustained.

Improvements had been made to ensure the provider had oversight of the service with improved checks being put in place. This work was ongoing with a newly appointed operations manager.

Systems had been reintroduced to monitor and make improvements to the service. These needed to be fully embedded and sustained. Areas identified at the last inspection had been addressed in respect of safety, such as radiator covers and door guards.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 23 August 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations in respect of good governance, safeguarding, treating people with dignity and respect, staffing numbers and safe care and treatment. The provider remains in breach of regulations in relation to safe recruitment and staff training.

This service has been in Special Measures since 23 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements and the warning notices that were served in respect of dignity and respect and good governance. This report only covers our findings in relation to the key questions safe, effective, caring and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glebe Villa on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

The provider remains in breach of regulations found at the last inspection. These relate to the recruitment of staff, staff training and the provider's governance arrangements.

We have recommended the registered manager and the provider improve their knowledge and understanding of regulatory requirements to help them have a better understanding of managing and operating a care home and help drive improvements.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Glebe Villa

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Glebe Villa is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glebe Villa is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service about their experience of the care provided and spent time with others observing interactions with staff. We spoke with four members of staff, the registered manager, the operations manager and the provider. We spoke with three relatives and contacted four health and social care professionals about their experience of the service. We reviewed a range of records. This included three people's care records, daily records and medication records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plans and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment processes were being followed ensuring adequate checks were in place for new care workers. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 19.

- Not all checks had been completed for a recently appointed member of staff to ensure they were suitable to work with vulnerable people. Whilst references had been obtained and a disclosure and barring service check (DBS) had been sought, this was only a basic check and not an enhanced check to ensure the staff were suitable to work with vulnerable adults. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.
- We checked four other care staff and their DBS was only a basic and not an enhanced check. The registered manager had misunderstood and said that the only staff that had been checked at the appropriate level was herself and all care staff had only had a basic level check. The provider's recruitment policy was clear that all care staff should have an enhanced DBS completed. Therefore, the registered manager had not followed the provider's policy or legal requirements.

The registered manager did not always follow their recruitment process and ensure adequate checks were in place for new care workers. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Post inspection the provider and registered manager provided us with evidence they were completing an enhanced DBS check for all staff.
- The registered manager since the last inspection had reorganised and audited each staff file to ensure all documentation was in place. Where there were missing references this had been followed up. The registered manager told us they would ensure staff would not commence employment unless all documentation was in place.

At our last inspection the provider had failed to ensure there were sufficient staff working in the home. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of



regulation 18 in relation to staffing levels.

- Since the last inspection a person's presentation had changed and they no longer needed three staff to help with personal care. Staff confirmed the person was more settled. Our observations confirmed the person was more settled and relaxed in the company of staff.
- Staff confirmed there were enough staff to ensure people received the care and support they needed. They told us there were always three staff during the day and often this was four when the registered manager was on duty or the senior care worker. There were two staff at night, one waking staff and the other staff member completing a sleep-in duty who could be called for in the event of an emergency. A relative told us, "I think there are enough staff, new staff seem to be getting to know people, no concerns, they do their utmost".
- The registered manager and the provider's representative told us they were in the process of reviewing how they were working out staffing levels.
- People told us they were supported to do the things they wanted to do. They gave us some examples such as going out to clubs, shopping and for walks locally. We observed staff were attentive to people's needs throughout the inspection including support with attending appointments and shopping trips. People that had requested to go out were supported.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Nine out of the twelve staff had received training in the use of restraint, new documentation had been put in place to record all incidents where restraint was used. This included what led up to the event, any restraint used, and staff involved. These were being monitored by the registered manager. After the inspection we were told further restraint training had been booked for February 2023 for the three staff that had not received the training.
- Staff confirmed they had received restraint training and since the last inspection the use of restraint had greatly reduced. This was no longer being used on a daily basis as evidenced in the records viewed. The person's care plan had been updated providing clear guidance to staff on how to support the person without the use of restraint. Advice had been sought from health and social care professionals.
- Staff confirmed they had received safeguarding training and were aware of their role in keeping people safe and their responsibility to report any safeguarding concerns. Staff had discussed safeguarding in a recent team meeting. Staff were aware of what constituted abuse and the role of the local authority's safeguarding team.
- People told us they liked living in Glebe Villa. They were relaxed in the presence of staff and other people living in the home. One person said they liked living with their friends.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection the registered manager had responded to concerns found at that inspection. Radiators were covered where there were known risks and automatic door closers installed so that in the event of a fire, they would automatically close. There was one outstanding radiator requiring a cover, which was behind a wardrobe. The registered manager said this was being addressed in case the person wanted to move their bedroom around, which would then expose the radiator.
- The registered manager had reviewed risks for each person and updated these in response to our findings at the last inspection. This included moving and handling and ensuring people were safely using the stairs and the risks in relation to one person receiving visitors.
- Additional handrails had been installed on the stairs to enable people to use these safely. The registered manager told us they had followed the advice of an occupational therapist.

#### Using medicines safely

- Medicines were stored safely and administered in line with their prescription.
- Staff had received training and their competence assessed. Staff competency had been reviewed since our inspection in July 2022.
- One person's medication had been reviewed and under medical advice was slowly being reduced with the aim for this to be discontinued.
- The staff and registered manager were aware that people's behaviour should not be controlled by excessive and inappropriate use of medicines and ensured that people's medicines were reviewed by the person's GP in line with these principles. This was in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The registered manager had reintroduced medicine audits to ensure people were receiving their medicines safely. The registered manager said moving forward this would be done monthly. Since the last inspection, the medicine cabinet had been moved from the lounge to the sleep-in room.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The registered manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- Improvements had been made to ensure lessons were learnt when things go wrong. In response to our findings at the last inspection, the registered manager had introduced new documentation both to capture any accidents and incidents, and a system to review these.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were adequately trained and supported to meet people's assessed needs. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection; however, the provider was still in breach of regulation 18 (2).

- Some staff had attended training in restraint and safeguarding. However, not all staff had attended training in supporting people living with dementia, food hygiene and basic first aid. Three staff were yet to complete the restraint training. Not all staff had attended moving and handling, one person was supported daily in this area.
- Staff confirmed they had access to a combination of online training and face to face training. New staff completed an induction, which was based on the care certificate. A relative told us, "There are some new staff, they are still getting to know people".
- Improvements had been made to the recording of supervisions and training with a matrix now in place, detailing when the training had taken place and when staff required an update. Staff confirmed they had received supervisions and support from the registered manager. Annual appraisals were taking place.

People were not supported by staff who were adequately trained and supported to meet people's assessed needs. This was a continued breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider sent us an action plan detailing when the training would take place for those staff that had not attended training in restraint. Evidence was also sent for another member of staff that had completed their training on the 30 November 2022 in respect of safeguarding, treating people with dignity and respect, Mental Capacity and Deprivation of Liberty Safeguards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection the registered manager had failed to complete a comprehensive assessment for two people who had moved to the home to ensure they could meet their care and support needs. There had been no new admissions to enable us to check whether this shortfall had been addressed.

- The registered manager said moving forward they would always meet with the person, their family and health and social care professionals to ensure they could meet the needs of the person and complete the required documentation to enable them to plan the care with the person.
- Our last inspection findings evidenced the service was not meeting some of the underpinning principles of Right support, Right care, Right culture. For example, people's care plans did not identify any goals or aspirations. Everyone in the service attended the same social group with no evidence that alternatives had been explored. Some work had been completed to ensure people's care records included goals and aspirations. This was work in progress.
- People were being asked at house meetings what activities they would like to participate in. Improvement was still needed in this area to ensure this was fully embedded.
- Since the last inspection, daily routines were being explored to ensure they met people's needs and were discussed at house meetings. Mealtimes were no longer at 11.30am and the evening meal at 3pm. People had been consulted and mealtimes were now an hour later or more flexible if people were out and about.
- Staff confirmed people could choose when they wanted to eat and could help themselves to drinks when they wanted. This showed the team were addressing some of the institutionalised practices found at the last inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to eat and drink sufficiently throughout the day and evening. People told us they were involved in the menu planning.
- The menu lacked detail on what fruit and vegetables people were being offered to demonstrate they were getting at least five portions a day. The registered manager told us this would be addressed as there was always plenty of fruit and vegetables. This had been addressed by day three of the inspection.
- People were observed being offered a choice of what they wanted for lunch. People told us that if they did not like what was being offered, they could have an alternative.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to implement robust governance systems to ensure records were maintained demonstrating how they were meeting people's needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager was able to demonstrate in response to our findings at the last inspection, people now had an individual record to document the attendance and outcome of any healthcare appointments. This would ensure people's confidentiality as it was no longer in one central record and made it easier to review and monitor people's healthcare support.
- People had recently been supported to attend the dentist and opticians. Annual health checks were being arranged with the GP. Feedback from health and social care professionals was positive.
- The dementia wellbeing team were working alongside the staff to support one person and they were visiting weekly. This included a specialist psychiatrist, who had reviewed the person's medication.
- Relatives confirmed they were kept informed about the health and wellbeing of their loved ones. A relative told us, "The manager is really good and will follow up any concerns about health".

Adapting service, design, decoration to meet people's needs

- Glebe Villa was in keeping with other homes in the local area and was in close proximity to shops and

public transport links.

- People had personalised their rooms. One person told us how the flooring in their bedroom had been replaced and they had been involved in choosing the colour. Flooring in the communal hallway had been replaced since our last inspection.
- People had access to a small lounge and a conservatory. Improvements in this area had been noted with new sofas being purchased. The filing cabinet and medicine cabinet had been moved to the sleep-in room. The room appeared more spacious and less institutionalised. The provider told us they were planning to adapt a vacant bedroom into an additional lounge/activity room for people to access.
- At this inspection the provider told us they had submitted an application to extend the property to provide more space on the ground floor. They were involving the people and their relatives in the development of the plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- In response to our findings at the last inspection, one person's DoLS had been reviewed with an assessor from the DoLS team. This had been updated to reflect the care and support that was in place. This included the use of restraint. There were a number of conditions. The registered manager was clear what they had to do. Some areas remained outstanding such as staff receiving training in supporting people living with dementia and to explore goals and aspirations with the person.
- Best interest decisions were recorded in respect of support with medicines, finances and personal care.
- Not all staff had completed training in the Mental Capacity Act or the Deprivation of Liberty Safeguards. The provider's representative told us they were planning face to face training with staff over the forthcoming months to improve knowledge and understanding.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection the registered manager had failed to ensure people were supported in a dignified and respectful way that encouraged people to have autonomy, independence and control over their lives.

Systems had not been established to assess, monitor and mitigate risks in respect of the culture of the home and care and support of people. This placed people at risk of harm and breached their human rights. This was a breach of regulation 10 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice and told them to meet Regulation 10 by 30 October 2022. We went back to the service to check that the warning notices had been met.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 10. These improvements needed to be fully embedded ensuring people were treated with respect and fully involved in their care delivery.

- People were being treated in a dignified and respectful manner. We observed positive engagement during this inspection with people. Staff sat with people rather than congregating in one corner of the lounge.
- People told us they liked living at Glebe Villa. One person told us, "It's ok, I am living with my friends". The atmosphere was relaxed with people interacting with each other and the staff.
- When staff were supporting people with personal care or offering assistance this was done in a discreet way.
- Relatives spoke positively about the care and support given to their family member. Comments included, "Very welcoming, (name of person) is happy", "Care Staff do the utmost to care, (name of person) can be difficult to please, but they are really good", and "It's getting better, the new staff are getting to know (name of person)".

Supporting people to express their views and be involved in making decisions about their care

- Since the last inspection, people's views had been sought via a house meeting. This included asking people about what they would like to do and their preferences in respect of mealtimes. People were actively involved in the menu planning.
- People's views were being sought in respect of their goals and aspirations but as yet these had not been formalised into a plan of care for everyone and fully embedded into the philosophy of the service.
- People now had a key worker. One person told us they were going on holiday with their keyworker next

year.

Respecting and promoting people's privacy, dignity and independence

- Shortfalls found at the last inspection had been addressed such as records relating to health care were now recorded in an individual record and poorly fitting curtains had been replaced. This meant people's confidentiality and privacy was maintained and protected.
- Two people were observed making hot drinks independently. People told us they could access the kitchen when they wanted. Drinks were being offered to people throughout the day and not at set times as seen at the last inspection.
- Improvements had been made to ensure people had meaningful activity and opportunities to go out when they wanted. One person told us how they were planning to attend a local hairdresser, previously this had been cut by the registered manager. They said they were regularly going shopping to buy snacks and drinks of their choice. Another person told us how they were planning a holiday and still liked going to their club. Another person told us how they had been supported to go shopping to buy some books and how much they enjoyed doing their crochet.
- People told us they were involved in some household chores such as folding laundry. They told us they had an allocated day each week to do their own laundry.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant leaders and the culture they created did not always support the delivery of high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, the provider and registered manager had failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served the provider a warning notice and told them to meet Regulation 17 by 30 October 2022. We went back to the service to check that the warning notices had been met.

- Some improvements had been made in respect of the governance arrangements, but this still had to be fully embedded ensuring compliance was sustained. For example, medication audits had only been carried out in August and November 2022 and not on a monthly basis. The registered manager told us this would be completed monthly moving forward.
- Other audits such as a health and safety and a chemical hazardous to health audit had been implemented. These were in the form of a tick chart and did not include specific areas reviewed and the quality of what was seen. There were no checks completed on training, supervision or people's care plans. The registered manager said they were waiting for the provider to introduce new systems to enable them to review these areas.
- Since our inspection in July 2022 there had been three provider quality checks. These had taken place in August, September and November 2022. The quality of the reports had improved demonstrating the provider was completing checks in a variety of areas including speaking to people. However, the registered manager told us they had not seen the reports from August and September 2022.
- The newly appointed operations manager had completed a provider check at the beginning of November 2022 with areas identified for improvement. They had introduced a temporary audit tool however; this would be more suited to a large care home for older people. This was because it focussed on daily walk arounds, people with dementia and clinical needs of people.
- The operations manager told us they were exploring different formats for these monthly checks, which would encompass the legislation and be specific to supporting a person with a learning disability. They assured us they were reviewing and implementing a more robust governance system.
- Action plans from the last inspection were not robust and did not reflect the breaches in regulations. For example, the response to the breach in relation to staffing numbers discussed a vigorous assessment of



people's needs on admission and regular reviews of care. The action plan did not address the staffing concerns we found at the last inspection. There was also a lack of understanding of the requirements in relation to recruitment and staff not completing an enhanced DBS check. This showed a lack of understanding both by the provider and the registered manager of the legislation in respect of managing a care home ensuring people received safe, effective care that was responsive and well led.

We found no evidence that people had been harmed however, systems were still not robust enough to demonstrate there were effective systems to monitor the service by the provider or the registered manager. This was a continual breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have recommended the registered manager and the provider improve their knowledge and understanding of regulatory requirements to help them have a better understanding of managing and operating a care home and help drive improvements.

- The provider had recruited a new operations manager who had experience of managing care homes and supporting people with a learning disability. They had an understanding of the legislation and were committed to drive improvements. They had been in post since the end of October 2022. They had been in regular contact with the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst there had been some improvements to the culture ensuring people were involved in their care, this needed to be fully embedded and sustained, such as evidencing how people's aspirations and goals were going to be met and their continual involvement in their care. The operations manager told us staff would be completing further training to enhance their knowledge and skills to support people with a learning disability.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the last inspection, the registered manager had implemented systems to monitor and review any incidents. This meant they were able to identify whether the duty of candour needed to be implemented to enable them to offer an apology when things went wrong.
- The registered manager at the last inspection had not reported allegations of abuse or incidents of concern to the local authority or the Care Quality Commission. There had been no incidents that were reportable since the last inspection.
- The registered manager had notified us retrospectively about two people that had an authorisation of a Deprivation of Liberty Safeguard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection the registered manager had reintroduced monthly meetings for people living in the home. People were asked their views on how they wanted to be supported and what activities they would like to take part in. People confirmed they had planned a train trip but sadly it had been cancelled due to the weather. They were planning for their holidays next year.
- Relatives told us they had regular contact with the registered manager and staff. They were always made to feel welcome and communication was good.
- Relative views had been recently sought via a survey. Overall feedback was positive. Comments included,

"X has the best care never had any concerns", "I believe the staff at Glebe, give and do their best". One relative felt that they could improve on activities and another felt they there could be more shared living space. A relative told us they felt activities had recently improved.

#### Continuous learning and improving care

- Since the last inspection, there had been some improvements to the documentation such as individualised records of healthcare appointments and better organisation of staff documentation. The registered manager had introduced a new filing system, which included records relating to incidents and accidents and a central audit file.
- As noted at the last inspection, the home was using a combination of electronic and paper records. Some of the electronic records could not be retrieved on the day of the inspection such as daily records, food and fluid charts because of the home's information technology connectivity. These were sent to the inspector the day after the inspection. Improvements were needed to ensure records were retrievable and available to staff and health and social care professionals.

#### Working in partnership with others

- Since the last inspection the local authority had reviewed people's care and support. Feedback was positive with the registered manager and staff engaging with health and social care professionals. Relatives confirmed they had been involved in the care reviews and meetings with social workers.
- The provider had reintroduced monthly meetings for registered managers. Moving forward the operations manager said this would be a forum to share and discuss ideas and improve the care for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to establish and operate governance systems to identify shortfalls in the quality of care provision and safety in respect of our findings at this inspection
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider's recruit processes were not operated effectively.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff had completed appropriate training to ensure they could meet people's needs effectively.