Villa Maria Care Limited

Villa Maria Private Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inspected but not rated**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Villa Maria Private Nursing Home is a residential care home providing personal and nursing care to people aged 65 and over, people with a disability and younger adults. The service can support up to 26 people in one adapted building. There were 22 people living there at the time of the inspection.

People's experience of using this service and what we found
People were supported to have choice and control of their lives most of the time and staff usually supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were designed to support this practice.

However, during the Covid-19 pandemic and the third national lockdown, there had been occasions when some people had not always been given maximum choice and control over their care and had at times been restricted more than necessary. The provider had stopped visits from people's families and reduced the amount of time a person could spend out in the community.

Some people were not aware that they could choose when to have their breakfast and other meals and the provider had not always asked people the time they preferred to eat their meals or recorded it in their care plans. This had lead to some people being given their breakfast earlier than they would have liked.

The provider had not always recorded all people's communication needs and preferences in enough detail for staff to know how to communicate with them effectively.

People's lack of choice and control at times meant the provider had not always given all people person-centred care because they had not always responded to people's personal preferences.

There were audit systems and training in place to support continuous learning. However, the provider's auditing systems had not identified the areas of concern we found during our inspection.

People received safe care and treatment and there was a stable staff team with a positive and supportive staff culture.

The provider had robust and effective infection prevention and control policies and procedures in place to protect people from Covid-19 infection.

The provider's policies and practice promoted a positive culture in the home and involved people and their families and staff in the development of the service. People's personal cultural requirements were taken into consideration. People achieved good health outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 11 July 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns we had received about the service. The inspection was prompted in part due to concerns received about person-centred care, staff culture and staff turnover, safe care and treatment and infection prevention and control practice. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with person-centred care, so we widened the scope of the inspection to become a focused inspection which included the key questions of responsive and well-led.

We looked at infection prevention and control measures under the Safe key question. This was to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the responsive and well-led sections of this full report.

The overall rating for the service has changed to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Villa Maria Private Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to Regulation 9 (Person-centered care) and Regulation 17 (Good governance.)

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Villa Maria Private Nursing Home

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 Care Act 2014.

We undertook a targeted inspection to follow up on specific concerns we had received about the service in relation to person-centred care, staff culture and staff turnover, safe care and treatment and infection prevention and control practices.

As part of this inspection we also 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
Villa Maria Private Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection, including notifications and feedback. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the two directors, one of which was the nominated individual, the registered manager, the clinical lead nurse, a senior care worker and four care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found and we looked at quality assurance records. We also spoke with one professional who visits the service.

Inspected but not rated

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Preventing and controlling infection

● We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
The way the provider had prevented visitors from catching and spreading infections did not follow Government guidance for visits to care homes during the Covid-19 pandemic and third Government lockdown. The provider had stopped visits to people from their families instead of risk assessing each individual visit to see if there was a safe way the visit could take place. During our inspection we spoke with the registered manager and the two directors about this and the provider immediately resumed visits to people and contacted their families informing them visits could take place subject to risk assessment.

● We were assured that the provider was meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• The provider had not always given all people choice and control over all aspects of their care. Staff told us breakfast was usually served from seven o'clock in the morning. The time some people preferred to have their meals had not always been recorded and some people were unaware they could choose what time to eat their breakfast.

• One person told us, "Breakfast is always around six to seven o'clock in the morning" and said they had not been told they could eat their breakfast later. Another person told us, "We used to have it [breakfast] around six in the morning but around two days ago it was moved to eight in the morning. Having it at eight in the morning is fine, but I was having it at six, that was too early, you might be hungry by lunch time."

• A person had a 'Do not attempt resuscitation' order (DNAR) in place. Their GP had authorised it when the person was in hospital. However, this had not been reviewed and the person told us they did want to be resuscitated.

• One person had not been out in the community during the third Covid-19 lockdown. The registered manager said the place the person usually went was closed during lockdown. However, the provider had not looked into alternative places the person could visit and had not risk assessed the possibility of the person being able to go out during lockdown.

• At the time of our inspection the provider had stopped visits to people from their families and friends because of the Covid-19 pandemic and the third national lockdown. However, this did not follow Government guidance, which said that care homes should not have a blanket ban on visits but should risk assess each visit individually.

The provider's failure to plan personalised care to ensure all people had choice and control and to meet all people's needs and preferences was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• During our inspection the registered manager spoke with the person with the DNAR order to clarify their wishes and updated the person's care records and removed the DNAR certificate from their file.

• After our inspection the registered manager confirmed the person who had not been out in the community during the third Covid-19 lockdown was going out into the community again.

• During our inspection the provider reinstated family visits and emailed people's families informing them that visits were taking place again subject to risk assessment.

• Some people had individual care plans that provided staff with information about their background history, needs and abilities, associated risks, interests, likes and dislikes and preferences for support. Some people's plans included information about their preferred routine for starting the day, how they wished to

spend their time and when they preferred to go to bed. People said staff understood how to meet their needs and knew what was important to them.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• The provider had not recorded all people's communication needs clearly and consistently. This meant they did not always follow the AIS requirements.
• People's communication needs were not always recorded in enough detail for staff to communicate effectively with the person and in their preferred way.
• Two people's care plans said staff should make every effort to communicate effectively with the person but had no information about their communication needs or how to communicate with them.

The provider's failure to follow the Accessible Information Standard (AIS) was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider displayed written information in large print and Easy Read format. Easy Read is an accessible format that uses simple words in short sentences, with pictures to help explain the words.

Supporting people to develop and maintain relationships to avoid social isolation; Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them
• During the Covid-19 lockdowns people maintained and developed relationships with people that mattered to them by using video and telephone calls and there had been some window visits. The provider used emails and telephone calls to keep people's families informed and updated about their relative.
• The activities coordinator supported people to make cards and paintings to send to their families.
• An activities coordinator provided a varied range of activities to keep people entertained and stimulated. People who preferred to stay in their room were supported with individual one to one activities based on their interests.
• The provider had asked people what they were interested in and recorded it and the activities coordinator took people's feedback about activities and asked them what they would like to do. Staff were in the process of supporting people to create their life history folders. People were complimentary about the activities coordinator.
• People could choose what activities they did and were empowered to participate in activities they were passionate about. One person organised and delivered a group video call to other care homes to make people aware of the signs and symptoms of strokes.
• Before the Covid-19 pandemic, activities included visits from a variety of musical entertainers, pre-school aged children and faith groups. Some people attended a day centre and choirs went in at Christmas time. The service also held memorials for people that had passed away and invited their family members. The provider intended these activities to resume when Covid-19 rules allowed them to.

Improving care quality in response to complaints or concerns
• People and relatives knew how to raise a complaint. Information to support them to do this was clearly displayed and people were also encouraged to raise any issues through meetings and questionnaires.
• People expressed confidence the management would address any complaints.
• Records showed how the service had responded to complaints along with a report of the outcome and any action taken in response. The provider monitored complaints to see whether improvements could be made to their service.

End of life care and support

• Staff had undertaken training which gave them the skills and knowledge to provide compassionate care to people nearing the end of their lives.

• People and families were asked for their views and preferences for end of life care and their wishes were recorded in advanced care plans.

• The provider worked in partnership with St Christopher's hospice and was looking into implementing St Christopher's end of life care system. This is a six-part process used to improve the quality of end of life care.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

•The provider had a range of auditing systems in place to review the quality of service performance and identify any areas for improvement. However, these were not effective because the provider had not identified the failings we found during the inspection.

•The provider did not have robust arrangements to ensure people always received person centred care. Some people did not always receive breakfast and mealtimes at a time of their choosing. The provider had also not identified the issues we found regarding restrictive practices and a person having a 'Do not attempt resuscitation' order (DNAR) which had not been reviewed in line with the changing circumstances of the person. The provider had also not identified the issue we found regarding the Accessible Information Standard (AIS) and people's communication records.

• The provider did not have a system to calculate how much Personal Protective Equipment (PPE) they used, to ensure they always had enough PPE in stock. They had also not always followed Government guidance for visiting care homes during the Covid-19 pandemic and had stopped visits to people during the third national lockdown.

The provider's failure to have effective systems to assess, monitor and improve the quality of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider promoted a positive culture that was somewhat person-centred. One person told us, "Staff do know me well, they know what I like and dislike. It's nice here, I like it." A relative said, "The atmosphere is very positive, the staff dance with [my relative] and make [my relative] and the other residents happy, it is very good of them."

• There was a stable staff team at the service and the staff we spoke with told us there was good teamwork, open communication and managers were approachable. The provider recognised the contribution staff made to the quality of care people received. The registered manager said they would consult staff about reinstating an employee of the month scheme staff had decided to stop using.

• The provider had a statement of purpose explaining the service's values and vision and there was an action

plan for improvement works. People, families and staff were involved in the development of the service.
• One relative told us, "[My relative] was at [care home] before and she was very thin. She has now put on weight, things are a hundred percent better at Villa Maria. She was always in hospital, in and out, at the other place, and at Villa Maria she is not in hospital anymore".
• The registered manager and staff were clear about their roles. Staff were supported to understand their roles and responsibilities through meetings, shift handovers, supervision, yearly performance reviews and training. The provider had systems for assessing, monitoring and managing risk and had risk assessments in place to keep people safe.
• The provider understood their CQC registration requirements. Statutory notifications about incidents that occurred had been submitted. The provider's CQC rating was clearly displayed.
• The provider acted with openness and transparency when something went wrong. The registered manager was aware of and adhering to the duty of candour. When an incident had occurred people and their families had been informed of the incident, the investigation and the outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, their relatives and staff were encouraged to give feedback on the service and share their ideas and suggestions. The provider sought their views through care plan reviews, surveys and meetings. People, families and staff could also share their views in an informal way by talking to managers or contacting them by telephone and email.
• Records showed the service responded to people's and staff feedback. Examples included the provider purchasing a toileting sling, a chair scale for weighing people in wheelchairs, a hot food trolley for people and looking into using an electronic care recording system.
• People had been offered meals specific to their cultural heritage or nationality.

Continuous learning and improving care
• The provider had auditing systems, methods for receiving feedback and training in place to ensure continuous learning. Staff regularly did internal and external training and were supported with supervision and yearly appraisals. The registered manager and clinical lead nurse supported staff to work practically with people as well as monitoring their overall performance. This meant the provider was able to ensure improvements were made where necessary.
• Staff welcomed advice and support from other health and social care professionals and the provider implemented improvements identified by the local authority.
• Team meetings gave staff opportunities to discuss their work and build a connected team approach. Staff discussed best practice areas, health and safety issues and working with other agencies. People's care was discussed at shift handovers and team meetings and staff shared concerns they had about individuals and sought advice.

Working in partnership with others
• The service worked in partnership with others to provide people with good quality care and support.
• The registered manager and staff worked with other organisations and healthcare professionals to make sure they followed current best practice. This included local authority teams, GPs, community nurses, the rapid response healthcare team, mental health teams and hospice services. People received safe, coordinated care and a GP carried out a weekly round in the home.
• Before the Covid-19 pandemic and government lockdowns, the service had effective links with the wider community. This included day centres, faith groups and children's nurseries. The provider intended to resume activities in the community when Covid-19 rules allowed them to.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always planned personalised care to ensure all people had choice and control and to meet all people's needs and preferences. The provider had not always followed the Accessible Information Standard.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the service.