Villa Maria Care Limited

Villa Maria Private Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Villa Maria Private Nursing Home is a care home which can support up to 26 people in one adapted building. At the time of this inspection, the service was providing personal and nursing care to 21 people.

People's experience of using this service and what we found
The quality and safety of the service had improved for people since our last inspection. There was better information about people and the care they required to help staff deliver support which met their needs. Staff knew people well and understood how their needs should be met. Staff were patient and respectful with people. They supported people in a dignified way which maintained their privacy and independence.

Systems for assessing, monitoring and managing risks had also been improved to help reduce risks to people's safety and wellbeing. Staff knew how to manage and minimise identified risks to people. People said they were safe at the service and staff had been trained to safeguard people from abuse. The provider carried out checks on staff to make sure they were suitable to support people. Staff were provided relevant training to help them meet people's needs. There were enough staff to support people.

All medicines were now stored safely. People were supported to take their prescribed medicines when they needed these. People were encouraged to stay healthy and well and helped to eat and drink enough to meet their needs. When people became unwell, staff sought assistance for them promptly. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs.

The provider was now meeting their legal duty under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had improved the range of activities for people to enjoy and supported people to maintain relationships that were important to them. People had a choice of spaces to spend time in when at home. The provider had been redecorating and refurbishing the premises to make this a more comfortable and pleasant place for people to live. The provider carried out health and safety checks of the premises and equipment to make sure they were safe. The premises was clean and tidy, and staff followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

People knew how to make a complaint if needed. The provider had arrangements in place to make sure any accidents, incidents and complaints were fully investigated which included keeping people involved and informed of the outcome. Learning from complaints and investigations was shared with staff to help them improve the quality and safety of the support they provided.

People spoke positively about the management of the service. The provider made sure staff were well

supported, motivated and clear about their duties and responsibilities and encouraged to help people achieve positive outcomes in relation to their care needs.

The provider encouraged people and staff to have their say about how the service could improve. They used this feedback along with other checks, to monitor, review and improve the quality and safety of the support provided.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 26 June 2018) and there were multiple breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe 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.

Inspection team
This inspection was undertaken by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 and took place on 20 June 2019.

What we did before the inspection
Before the inspection we reviewed information the provider is required by law to send us about events and incidents involving people. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care and support provided. A visiting healthcare professional also shared their experiences with us. We spoke with nine members of staff including the registered manager, registered nurses, care workers, the activity co-ordinater and the nominated individual. 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 nine people's care records, medicines administration records (MARs), two staff files, training and supervision information and other records relating to the management of the service.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had not always ensured that bed rails and pressure relieving mattresses were used safely. They had also not always assessed risks relating to people's care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had acted to reduce the risk of people getting hurt from poorly fitted and/or incorrectly used bed rails and mattresses. People's records had been updated with information about how and when this equipment should be used, and the action staff needed to take to reduce risks posed to people from their use.
- The provider had put systems in place to assess and monitor the use of pressure relieving mattresses. Staff undertook regular checks to make sure mattresses were set correctly. This was important as this helped to reduce risks to people at risk from pressure ulcers.
- The provider had improved their systems for assessing and managing risks to people. Where people needed support to move and transfer safely, staff had better information about the equipment they needed to use to do this safely. For people at risk of falls, management plans were in place for how this risk should be minimised. Staff were vigilant and did not hurry or rush people when helping them to get up out of chairs, their bed or when moving around the home. This reduced the risk of people falling or sustaining an injury from poor handling.
- Guidance for staff about how to reduce risks to people from choking had also improved. There was information on people's records about the types of food staff could offer them that would help reduce this risk. Other risks to people's safety and wellbeing were recorded in people's records with instructions for staff on how to manage these to reduce the risk of people being harmed or injured.
- The provider undertook regular health and safety checks of the premises. Maintenance issues were dealt with promptly. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use. After our last inspection the provider had acted on our feedback and introduced a formal risk assessment for Legionella to help them better manage and reduce the risk of this bacteria developing in the water system.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. A relative told us, "[Family member] is definitely safe from harm."

● Staff had received training in how to safeguard people from abuse. Staff understood how to recognise signs that might indicate a person was at risk of abuse and who to report their concerns to, about this.
● Information was displayed for people and visitors about how they could confidentially report any concerns they had about a person's safety and wellbeing to the appropriate individual or authority.
● When safeguarding concerns about people were raised, the provider assisted the local authority with their investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety. At the time of this inspection, there were no current safeguarding concerns raised about, or by, the provider.

Staffing and recruitment
● There were enough staff to meet people's needs safely. Staff answered call bells promptly and responded quickly to people's requests for help. The registered manager regularly reviewed staffing levels to make sure there were enough staff to meet people's needs at all times.
● Staff on each shift had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
● The provider undertook appropriate checks on staff that applied to work at the service. These checks helped them make sure only suitable staff were employed to support people. Newly employed staff told us they were not left to work alone with people without support from a more experienced member of staff.

Using medicines safely
● After our last inspection the provider had acted on our feedback and made improvements to the way medicines were managed at the service. We saw medicines were all stored safely now, including topical medicines. This reduced the risk of people accessing these inappropriately.
● People's medicines records were well organised, complete and up to date. They included important information for staff such as allergies, a current photograph of each person and guidance for when to administer 'as required' medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
● Staff had been trained to manage and administer medicines. Their working practice in relation to medicines administration was regularly assessed to help the provider check that all staff were working in a consistently safe way.

Preventing and controlling infection
● A relative told us, "It's always clean. It doesn't smell." Staff had been trained to reduce infection risks associated with poor cleanliness and hygiene. Staff had access to cleaning supplies, materials and personal protective equipment (PPE) to help them do this.
● Communal areas and people's rooms were clean and tidy. Toilets and bathrooms had soap and hand drying facilities. Guidance was displayed which encouraged people to wash their hands to reduce cleanliness and hygiene risks.
● Staff were also trained in basic food hygiene and followed food safety procedures when preparing, serving and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong
● When accidents and incidents involving people occurred, these were recorded by staff and investigated by the registered manager. The registered manager shared any learning from investigations with staff to help them improve the quality and safety of the support they provided.
● The registered manager analysed all the information about accidents and incidents on a monthly basis to check for any emerging trends or themes that might help them reduce the risk of these happening again.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we found the provider's processes to assess people's capacity and to make decisions in their best interests in line with the MCA, needed to be improved. We also found in some cases the necessary processes had not been followed to deprive people of their liberty in line with the law.
- At this inspection we found the provider had made improvements. People's records showed the provider had assessed people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, the provider involved people's representatives and healthcare professionals, to ensure decisions were made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- At our last inspection we found assessments of people's needs and preferences needed to improve because they were not always thorough or well recorded.
- At this inspection we found the provider had made improvements. People's records were more detailed and personalised. Assessments were carried out with people and their representatives so that the provider had the necessary information about their current healthcare conditions, their care needs, and the outcomes people wished to achieve from the support provided.
- The provider used the information from these assessments, along with information from other healthcare professionals involved in people's care, to develop care plans for people which set out the support they needed. This included information about people's choices about how, when and from whom they received their support so that staff would know what should be provided.

● The care and support provided to people was reviewed regularly to check this was continuing to meet their needs. Staff were promptly informed of any changes to the support people needed when these were identified.

Staff support: induction, training, skills and experience
● People's feedback indicated they had no concerns about staff and their ability to support them with their care and support needs.
● Staff had received training to help them meet the range of people's needs. This included refresher training and updates to keep up to date with current best practice in relation to the support provided to people.
● New staff had to successfully complete a period of induction before they could support people unsupervised.
● Staff had regular supervision meetings with a senior staff member at which they were encouraged to discuss how they were meeting people's needs through their work and any issues or concerns they had about their role. They also had a yearly appraisal at which they were encouraged to identify any further training or learning they needed to help them provide effective ongoing support to people.

Supporting people to eat and drink enough to maintain a balanced diet
● People spoke positively about the meals they ate. One person said, "The food is excellent." Another person told us, "Thumbs up, the food is good… cook is amiable and fits in what the residents want."
● At our last inspection people's likes and dislikes in relation to food were not always well documented in their records and meals were not always provided that reflected people's cultural needs.
● At this inspection we found the provider had made improvements. There was better information about people's preferences for the meals they ate. Senior staff used meetings with people and their representatives to ask for feedback about the menu and how this could be improved to meet people's specific needs.
●The chef had a good understanding of people's dietary needs and how they wished to be helped with these. They knew about people's specialist needs due to their healthcare conditions and took this into account when planning and preparing meals.
● Staff monitored and recorded what people were eating and drinking. They used this information along with other checks, such as people's weights, to look for any issues that people might be having with food and drink. In these instances, specialist advice and support was sought from health care professionals about how this could be managed so that people ate and drank enough to meet their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;
● People's records contained information and guidance for staff about the support they needed to manage their health and medical conditions.
● Information about people's current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff informed and updated about any specific concerns about a person and how these were being managed.
● People were able to see healthcare professionals when they needed to. Outcomes from healthcare and medical appointments were reviewed by staff to check for any changes to the support people required.
● Staff reported any concerns they had about a person's health and wellbeing promptly so that people received appropriate support in these instances. When people needed to go to hospital, staff made sure information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

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

● Since our last inspection the provider had made improvements to the home to make this a more accessible and pleasant place for people to live. Pictures of people were displayed on their bedroom doors to help people, especially those living with dementia, locate their rooms more easily. Flooring had been replaced and communal areas had been repainted which gave the home a brighter and fresher feel.

● Further redecoration and refurbishment of people's rooms, bathrooms and communal areas was planned to meet people's needs and preferences.

● There were a range of comfortable spaces where people could spend time in. In addition to their own room, people had access to a large communal lounge, dining room and a large garden.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave us positive feedback about staff. One person told us, "The staff are wonderful." Another person said, "Staff stop and chat. They're good people, like [staff member]. She really helps us." And a visiting healthcare professional told us the service provided "warm, friendly care"
- Staff were patient and respectful to people. The entire staff team, including senior staff, knew people well and greeted them warmly. Staff were attentive and interested in what people had to say. They encouraged people to talk about things that interested or mattered to them.
- People looked comfortable and familiar with staff and did not hesitate to talk to them or ask for their help and support. Staff were observant to people's needs and quick to provide comfort and reassurance to a person that became anxious.
- People were offered choice and given the time they needed to make decisions. For example, people got to choose what to eat for breakfast and where they ate this. During the lunchtime meal, staff explained what was on offer and did not rush people to make a decision about what they wanted to eat.
- During activities, staff made sure people were encouraged to take part, so they were not excluded. If people chose not to take part, this was respected. Where people chose to spend time in their rooms staff checked on them regularly to make sure their needs had been attended to.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were noted in their care records so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People and their representatives were involved in making decisions about their care. People were asked for their views and choices prior to them using the service and then on a regular basis in review meetings with senior staff. This helped to ensure that the support provided to people was tailored to meet their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity were respected. Staff knocked before entering people's rooms and asked for permission before they provided any support. Personal care was provided in the privacy of people's rooms or in the bathroom. Staff made sure people were clean and dressed appropriately for the

time of the year.

● When people wanted privacy, staff respected this so that people could spend time alone if they wished.

● People's records were kept securely to keep information about them private and confidential.

● Staff prompted people to do as much as they could and wanted to do for themselves. To support people to do this, tools and aids were used, for example, adapted cutlery and plates to help people eat independently. Staff only took over when people could not manage and complete tasks safely and without their support.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we found the provider had not always planned people's care, including end of life care, in a 'person centred' way. Care plans were not robust or reliable for staff to follow. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● People's care records had been reviewed and updated. There was now current information about people's preferences and choices for how their care and support should be provided. This included information about their likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed. These improvements meant staff had access to information to help them provide care and support that people needed, in a consistent way.
● From our checks of daily records maintained by staff, we saw that people were provided with care and support, which was individual and personalised.
● People were supported at the end of their life to have a comfortable, dignified and pain-free death. Where possible people were able to remain at the service and not be admitted to hospital. The service followed the Gold Standard Framework (GSF) when caring for people on end of life care. The GSF is a national good practice model for the standard of care people nearing the end of their lives should expect to receive.
● Advance care plans were in place and people's wishes had been recorded. 'Do not attempt resuscitation' orders (DNAR) were in place and records showed people and their families had been consulted. Specific medicines to relieve symptoms for those people at the end of their life were available when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Since our last inspection the provider had made improvements to activities provision at the service. They had appointed a full time activity co-ordinater who was designing and delivering activities for people based on their choices and preferences.
● There was still a structured programme of group based activities for people to take part in such as games, quizzes and arts and crafts. In addition to this the activity coordinator had collected information about the specific activities people enjoyed doing on a 1-2-1 basis. This information was shared with care support

workers to help them deliver activities so people would continue to have things to do when the activity coordinator was not at work.

● Special occasions and significant events were celebrated at the service and people and their representatives were encouraged to participate in these.

● People were encouraged to maintain relationships with the people that mattered to them. Relatives told us they could visit at any time and were always welcomed by staff. Staff had developed good relationships with relatives and kept them informed of their family member's health and wellbeing.

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.

● People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.

Improving care quality in response to complaints or concerns

● People's feedback indicated they were satisfied with the care and support they received from staff. Two people raised specific issues with us during the inspection which we raised with the registered manager who acted immediately to investigate their concerns.

●The provider had arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider. The complaints procedure was displayed in the main entrance. We saw this was easy to read and used pictures to help people understand what they needed to do to raise a concern.

● When a complaint had been received, the registered manager had investigated this and then provided appropriate feedback to the person making the complaint. Outcomes from these investigations were shared with staff to help them improve their working practices when required.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found the provider lacked suitable systems to check they were providing care in line with Regulations. The provider had not identified the breaches we found during that inspection and so had not taken the necessary action to improve. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

● The provider had taken on board our findings from the previous inspection and used this to drive improvement at the service. Changes had been made to information about people and their care needs to help staff deliver more personalised support. Systems for assessing, monitoring and managing risks had been improved to help reduce risks to people's safety. All medicines were now stored more safely and there were more activities for people to enjoy. The provider was also now meeting their legal duty under the MCA.
● The provider had improved their quality monitoring systems so that audits and checks of the service were more thorough and detailed. We saw where shortfalls were found through these checks the registered manager addressed these promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 our last inspection a new registered manager had been appointed. The registered manager understood their responsibility for meeting regulatory requirements. They were confident that the issues we found at the last inspection would not happen again as systems were now in place to reduce the risk of this.
● Staff had clearly defined roles, responsibilities and duties. The registered manager used supervision and team meetings to make sure all staff were up to date in their knowledge of people's care and support needs and well informed about any changes to the service's policies and procedures.
● The provider had displayed their rating awarded from their last CQC inspection. This was important as this helped inform people and others about the quality and safety of the service.
● The registered manager was open about things that went wrong. They investigated all accidents and incidents that happened and made sure people were kept involved and informed of the outcome.
● The registered manager understood their legal responsibility to tell us promptly of events or incidents

involving people. This helped us to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

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

● People gave us positive feedback about the registered manager. One person said, "Management, when all said and done, do very well. [Registered manager] has stepped up and the office is always open." Another person told us, "The manager is a lovely woman. I'd take a complaint to her."

● Staff told us they felt well supported and motivated to provide high quality care to people. One staff member said, "[Registered manager] is very people focussed and would deal with issues. This is a good staff team and we all help each other out."

● The provider had clear expectations about the quality of care and support people should receive from the service. Staff were encouraged and supported to review their working practice through supervision to make sure this was helping people achieve positive outcomes in relation to their care and support needs.

● The registered manager was looking at new ways to motivate staff to deliver high quality care and support. They had recently introduced an 'employee of the month' scheme to reward those staff that demonstrated excellence at work.

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

● People and staff were provided opportunities to have their say about the service and how it could improve. The provider sought people's views through 'residents' meetings', quality surveys and reviews of their care and support needs. Staff's views about the service were sought through supervision and team meetings.

● The provider had developed good links within the local community and people were regularly visited by local faith groups, entertainers and schools who engaged with people in a range of activities and events.

Working in partnership with others

● There were good working relationships with a wide range of healthcare professionals involved in people's care and treatment. Recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.