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 |

## Overall summary

This was an unannounced inspection that took place on 17 September 2015.

Villa Maria Private Nursing Home provides accommodation and nursing care for up to 26 people, who have various complex needs. There were 23 people living in the home when we visited.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In August 2013, our inspection found that the home met the regulations we inspected against. Since then changes had taken place, and in May 2014, a new provider purchased the service.

# Summary of findings

People and their relatives told us the home had a new owner. They said that it still provided a "great service", an atmosphere that was enjoyable and they liked living there. Three generations of one family had used the service over the years.

Health and social care professionals told us they felt it was a caring and homely service which met people's needs effectively. They said people liked the small scale environment and found it a welcoming alternative to larger scale establishments whilst maintaining the high standard of care. A health professional involved with people in the home said there was "good communication and plenty of engagement with professionals." They also told us staff were proactive in addressing people's health care needs.

Staff provided good quality care with tenderness and compassion at the end of people's lives that took their wishes into account. The care records were sufficient detailed and up to date. These provided the correct information for staff to enable them deliver the care and nursing people required.

Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, such as GPs as required. People were protected from risks associated with nutrition and hydration. People were positive about the choice and quality of food available, they had a variety of menus to choose from that met their likes, dislikes and preferences.

The home was safely maintained, suitably furnished, clean and fresh smelling. A refurbishment programme was underway to help improve the environment.

Staff engaged with people in a friendly manner and assisted them as required, whilst encouraging them to be as independent as possible. Staff were very knowledgeable about the people they cared for and the field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. Staff said they had access to good support and career advancement.

Staff were supported through an induction support network and on-going training, based on the needs of the people who used the service. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Good leadership was present in the home. People using the service and staff reported on strong and clear direction given by the manager within the home. Relatives said the manager inspired them with confidence, she was approachable and responsive. The provider consistently monitored and assessed the quality of the service provided to drive improvement.

# Summary of findings

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

We always ask the following five questions of services.

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

People felt safe, the provider deployed appropriate numbers of suitably vetted staff to provide care over a twenty four hour period. People had risk assessments in place and these were appropriately managed.

The service had in place appropriate safeguards which staff followed to ensure people were protected. Medicine procedures were robust. People received their medicine as prescribed from suitably trained staff. Medicine systems were audited frequently to ensure procedures were adhered to.

Good

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

People were cared for a regular team of staff who were well trained and qualified. Staff promoted the healthcare of people, they were vigilant and monitored closely that people had a balanced diet and sufficient food and fluid intake.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Where relevant referrals were made to local authorities for DoLS. Training was delivered to staff and people underwent mental capacity assessments and 'best interests' meetings were arranged as required.

Good

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

Staff were familiar with people they cared for; they engaged with and interacted well with those who used the service. People were involved in planning their own care and were provided with the same opportunities, irrespective of age, disability or belief.

People were supported to access advocacy services, should they wish to do so. People were respected, with their privacy and dignity being consistently promoted.

Good

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

People's care needs were reviewed and care records updated as their needs changed. Staff took appropriate action and made the necessary arrangements to meet people's changing needs.

People who used the service were supported to take part in a range of activities in the home.

There were processes in place to make sure that people and their relatives could express their views about the quality of the service and to raise any suggestions or complaints about the care provided.

Good

**Is the service well-led?**
The service was well led.

Good

# Summary of findings

The service had an experienced and qualified manager in post, there were good staff retention levels.

People experienced a consistently well led service which provided them with confidence and stability. Quality assurance processes were in place. The views of people using the service were used to inform future planning and development of the service. The manager and staff were skilled and competent and understood their roles and responsibilities to the people who lived at the home.

# Villa Maria Private Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured the home was safe, effective, caring, responsive and well-led.

We visited the home on 17 September 2015. Our visit was unannounced and the inspection team consisted of an inspector 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 service.

On the day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. We examined staff files for two staff members and records related to the running of the service.

During our inspection we spoke with 12 people using the service, five visitors, six care staff, the registered manager and the care providers. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We contacted and received feedback from five health and social care professionals including a GP, we also had feedback from an IMCA we met during the inspection.

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

Good

# Is the service safe?

## Our findings

People and their relatives told us the home was a safe place to be. One person said, "Yes, I have been happy and feel safe here." A visitor spoke of their confidence in the service, they said, "This place is great, my relative is entirely safe here." A relative of another person told us they visited the home on regular occasions and never saw or heard anything that gave them concern for people's safety or well-being.

The home had policies and procedures regarding the protection of people from abuse and harm. Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. Information from health and social care professionals confirmed there were no concerns about the welfare of people who lived in this care home. Safeguarding information was provided in the staff handbook and local authority contact numbers were on display in the office. Staff were able to demonstrate their understanding of what abuse was and the action they would take if they encountered indicators of neglect or abuse. Staff said protecting people from harm and abuse was part of their induction and refresher training.

Any risks associated with individual needs were identified at the time of admission. Staff were knowledgeable about people's needs, and how to care for people who were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. A range of equipment such as hoists and wheelchairs were available for staff to assist with moving people safely. Staff were seen supporting a person who could become distressed when the hoist was used; they placed their favourite soft toy in their hands when they moved them back to their bed. The risks were seen to be reviewed regularly and updated when people's needs and interests changed. Staff ensured suitable management plans were put in place to address these risks appropriately and in the least restrictive manner.

People were supported in making choices and with taking risks via discussion and with assistance. For example some people liked to go out to the shops; they were advised to let staff know their whereabouts when going out. For those who required support with mobility issues staff were available and supported them to go out safely. People's care records contained risk assessments that showed how staff enabled them to take acceptable risks and enjoy their lives safely. There were risk assessments for health, mobility and aspects of people's daily living including social activities. Staff were observed to be sensitively supervising some people who needed help to move around safely. The care plans contained actions staff needed to take to help prevent accidents such as falls from being repeated. There was always a staff presence in the lounge areas to ensure staff could identify when people needed help and respond to people's requests for personal care promptly. One person's plan showed they had a tendency to roll out of bed when asleep. Staff discussed this with them, and the risk assessment identified that bed rails were needed at night to keep them safe. Call bells were placed closely to people that remained in their bedrooms; and when people requested assistance staff attended to their needs quickly. There were also accident and incident records kept, these showed that there was a low incident of falls experienced in the home.

The service had infection control procedures in place which staff followed, the premises were clean and hygienic and odour free. Staff were in uniform and 'bare below the elbow'. This allowed staff to wash their hands more effectively. Staff were seen wearing personal protective equipment such as gloves and aprons and there was hand wash, paper towels and antibacterial gel available throughout the home to help prevent cross infection. People were complimentary about the standard of hygiene, the following comments were received, "The home is very clean, they keep it nice" and "My room is cleaned daily." The service had environmental risk assessments for the home and fire safety arrangements were in place to help keep people safe. There was a pleasant garden which had level access for people; many people were seen enjoying some of the day outdoors. A person who used a wheelchair told us, "I like coming out in the garden, the paths are even for my chair."

Staff shared information within the team regarding individuals' needs and the support they required to reduce the likelihood of risks. This included highlighting events and passing on any incidents that were discussed at shift handovers or during staff meetings. Staff told of the whistle-blowing procedure and said they would be comfortable using these.

We examined staff recruitment procedures. Two new staff were employed in the past twelve months. The registered

Good

# Is the service safe?

manager ensured there was a recruitment and selection policy in place and that it was followed. Staff confirmed they had completed application forms which had recorded their education, training and employment histories. Application forms seen were fully completed showing the person's employment history. References and relevant checks were taken up prior to the person starting in post; there was proof of the person's eligibility to work. The registered manager carried out registration checks with the NMC (National Midwifery Council) for qualified nursing staff. There was also a six month probationary period, during which new staff shadowed experienced staff. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. There was one staff vacancy at the time of our inspection.

Staffing levels were based on the numbers and needs of the people who lived at the service. A staff rota was planned to provide sufficient numbers of staff during the day and at night time. Staff checked at regular intervals on people who were spending time in their own rooms to ensure they were satisfactory and if they needed anything. The staffing resources made suitable provision so that the home could deliver good end of life care which required additional support from staff. Staff were available to provide support and guidance to people if they were undertaking an activity. For example staff assisted people to engage with an afternoon activity organised by a volunteer. Relatives told us they felt staffing levels were good and people did not wait long to get the help they needed. The home was well staffed, during the morning there were two qualified nurses and four carers on duty to look after twenty three people, with three carers and two nurses on duty for the afternoon. At night there were two care staff and one qualified nurse on duty. In addition to the care staff team there was a cook and a kitchen assistant employed, and a laundry assistant. We saw that staff worked as a team. For example the cook came to talk to someone who requested a different meal for lunch. People and their relatives told us they thought there were confident there were enough staff to meet their needs. One visitor told us "There are usually plenty of staff; I've never seen them struggle when I've been here." Our observations throughout the day were that there were suitable numbers of staff to meet people's needs, and the numbers of staff on shifts during the inspection matched those on the staff rota.

We checked the arrangements for the management of medicines. All medicines were administered by qualified nurses. Medicines were stored securely and in appropriate storage conditions. All medicines coming into the home were recorded and medicines returned for disposal were recorded in a register. A register was also maintained for controlled medicines. These medicines were checked by two staff at each handover and these checks were recorded. People told us they received their prescribed medicines on time. We checked medicine records for three people. We found that a medicine profile was completed for each person and any allergies to medicines recorded. The medicines administration records we checked were accurate and contained no gaps or errors. Any changes to people's medicines were prescribed by the person's GP. The pharmacist was consulted and when they had offered advice this had been followed. Staff were trained in using a pain assessment tool and this helped them to assess whether people were experiencing pain even if they were unable to tell the staff. The service had protocols in place that staff followed for using "when required" medicines. A health professional reported positively on how staff managed situations, they said, "Staff fully understand the use of anticipatory medications in end of life care and use them carefully as required."

Good

# Is the service effective?

## Our findings

One person said, “When my spouse came here I was so worried they may feel excluded because they were not mobile. Things have worked out well and staff provide the care he needs.”

The provider promoted good practice by developing the knowledge and skills staff required to meet people’s needs. Staff training records showed that staff had been trained in areas relevant to their role to ensure that people living at the home were supported by suitably trained staff. The training consisted of safeguarding, moving and handling, infection control, safe food handling, fire awareness, first aid, health and safety, dementia and end of life care.

There was qualified, skilled and experienced staff to meet people's needs. During our observations, we saw two members of staff using equipment to transfer a person with limited mobility from a wheelchair to their bed. The process was carried out sensitively and skilfully to promote the person’s dignity. During the process the person was reassured constantly and told about what was happening. The service had a range of equipment to help people mobilise such as wheelchairs and standing hoists to transfer them safely. In our discussions with staff and the observations made of transfer techniques staff were seen to be competent in carrying out their role safely and effectively. Staff told us, “Our training is good; we are trained sufficiently to care for people who live here.”

Staff confirmed that an induction programme was in place. The majority of staff had worked at the home for some years. They worked well as a team and helped newly recruited staff with their induction. Staff were knowledgeable about people and understood their individual needs to ensure consistent care.

Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, “Yes we have supervision and appraisals, we always get the support we need.” Staff told us that during difficult times such as when providing end of life care staff received good support, they had debriefing sessions and worked well as a team. We spoke to the manager who stated that staffing levels enabled them provide appropriate one to one support when delivering end of life care. The manager confirmed that supervision took place with staff to discuss issues and their development needs.

Staff confirmed that they had annual appraisals or were due to have one. The staff records we reviewed supported this. The provider confirmed they had purchased a software package to help monitor and organise information electronically and so that they could produce matrixes and reports.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The basic principle of the act is to make sure people whenever possible are enabled to make decisions, and where this is not possible any decisions made on their behalf are made in their best interests. According to care records and the manager’s reports staff had coordinated best interests meetings for a number of people. Deprivation of Liberty Safeguards (DoLS) provide a legal framework to prevent unlawful deprivation and restrictions of liberty. These safeguards protect people who lack capacity to consent to care or treatment and need such restrictions to protect them from harm. We were notified some months ago of a DoLS application that had been approved regarding a person’s safety which might lead them to harm if leaving the home unsupported. Since this approval the registered manager had made DoLS applications for two other people who needed one to one support to keep them safe when going out into the community. Staff had an awareness of their responsibilities regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) as they had attended training in this area, there was further training planned.

A health professional who visited the service stated, “The physical care of people in this home is good”. Records showed that people had access to appropriate healthcare services such as GP’s, opticians, dentists and speech and language therapy. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. Staff said any concerns were raised and discussed with the person’s GP. There was a GP that attended the home weekly and issues of concerns were

brought to their attention so they could review the person’s condition, and when people required medical intervention. A visiting health care professional described the home staff as “proactive” in addressing people’s health care needs.

Good

# Is the service effective?

Where people had mobility needs or were susceptible to falls or injuries, information was recorded to advise staff how to help minimise these incidents. Healthcare professionals said staff followed their advice and support plans. Health professionals also said staff contacted them in a timely manner when people's needs changed. This helped ensure people had their healthcare needs met in a timely manner.

People had their needs assessed and specific care plans developed in relation to their individual needs. For example, where people needed assistance with eating or had special dietary requirements, information and guidelines were provided to kitchen staff to ensure their needs were met. Staff were able to tell us of the specific needs of individuals, care records included details of their nutrition and hydration needs. An assessment tool used by staff was the Malnutrition Universal Screening Tool (MUST). Weight charts were maintained and staff monitored how much people had to eat and drink. Water and juice was available in the lounge and in people's rooms. Drinks were offered to people throughout the day. There was information regarding the type of support people required at meal times. Nutritional advice and guidance regarding the consistency of food was provided to staff. Menus were varied and met individual tastes and dietary needs. Choices were offered. While a person said they did not want the braised steak they ordered earlier we observed the response. The cook came to them and offered them an alternative which was an omelette. One person nearby told us this was not unusual, they said the cook was very helpful and was forever preparing something different if people expressed a wish to change their minds.

We toured all the communal areas premises, and were invited to view eight bedrooms. Four of the bedrooms were occupied by two people who had agreed to share. Their privacy was protected by curtains/screens. Two of the people we spoke with were happy sharing and enjoyed having company. We noted that handrails were placed throughout the home to support people's independence.

Good

# Is the service caring?

## Our findings

All the comments we received were overwhelmingly positive. One person said “I am so happy here. I knew other people who recommended the home.” Another person told us, “Staff are so kind. They will do anything for us and are excellent at their job.”

We found the atmosphere in the home calm and peaceful with people using the service visibly relaxed and engaged in activities. Care delivered was observed to be of a kind, sensitive and of a jovial nature. It was obvious that staff members and people who used the service had developed easy and friendly relationships. People said they had choice about where they spent their time. Staff were seen to interact positively with people when in their company and they addressed people by their preferred names. People appeared well dressed and groomed. A number of people said that the response to calls for help was quite prompt. Dignity and privacy was observed, especially when introducing the inspection team to people.

People who lived at the home said staff always provided them with explanations and clear guidance when giving care and they felt staff listened to them, whilst considering their wishes. This helped promote the well-being of those who used the service. Care and support was carried out with respect and consideration. Policies and procedures provided staff with clear guidance about equality and diversity. This helped to ensure staff were aware of the importance of providing people with the same opportunities, irrespective of age, ethnic origin or disability. Staff used their knowledge of people so that their conversations reflected their individual preferences. Staff told us this was in line with individual’s preferences. Personal care was provided in privacy, with doors and curtains closed. People were assisted to dress well and in a way that reflected their tastes, for example some liked to wear their jewellery every day. They had the opportunity to have their hair done by the hairdresser who visited. A visiting relative told us, “My spouse always looks nice and comfortable and well cared for, their clothes are always changed and kept clean.”

We observed during this inspection that staff treated people with respect and provided assistance in a kind and caring manner. Staff had worked with people for a number of years. We saw how staff made efforts to take an interest in people and ensure they were happy and enjoyed their lives. A person who used the service told us "I cannot speak highly enough of staff; they always seem to be available when I need them, and they are excellent." Advocacy services were available for people who lacked mental capacity and who do not have an appropriate family member or friend to represent their views. During our inspection we met with a specialist Independent Mental Capacity Advocate (IMCA) who was visiting a person in the home to discuss their medical issues. When someone is assessed by a doctor or social worker as lacking mental capacity to make key decisions in their lives they can have the help of a specialist Independent Mental Capacity Advocate (IMCA), and this was relevant for people who used this service.

We found that staff had taken on board recommendations made by external professionals on the consultation process for people receiving end of life care. For people who chose to, they were cared for at Villa Maria Private Nursing Home until their death. They or their representative were fully involved in the advanced planning of their own care and these discussions and agreements were recorded. Staff provided compassionate care for people nearing the end of their lives. Staff had been trained and developed skills in this area. There were well developed relationships between the home, palliative care teams and the GP, and professionals worked in partnership to provide a seamless response to people’s care needs. People were offered the opportunity to make advanced care plans to detail their wishes and preferences. These were discussed with relevant people, including relatives and the GP and observed in practice.

A health professional who visited told us the home was “ delivering very good end of life care”. They said the manager and staff were particularly skilled in this area. We saw that staff had taken on board recommendations made by external professionals on the consultation process for people receiving end of life care.

The manager had developed a number of information brochures for people who used the service and relatives. For example there was a brochure for the person to take on admission to the hospital. This showed the person was receiving palliative care and wished for a reduced stay in hospital. The information returned showed that 99% of people spent their final days at their preferred place in the home. We saw that the advance care planning in this home took account of people’s unfulfilled dreams. For example

Good

# Is the service caring?

one person told of their final wishes to visit Monkey World. Staff had arranged this visit, the person told was how much they enjoyed it and felt grateful that staff had taken the trouble to arrange this.

Relatives and friends told us they were encouraged and supported to be present with people as their condition deteriorated, if they so wished. A person had passed away the night before our inspection. People were aware and we saw them being supported in a compassionate manner by staff. Records also showed that funeral wishes were also discussed and that included religious and cultural needs. The manager was instrumental in developing further information leaflets and advice for relatives on loss and bereavement such as, “As life draws to a close” and “Miss me but let me go.” The manager recognised the importance of supporting bereaved relatives. They arranged in the home an annual service for relatives and friends to come and celebrate the lives of loved ones who have used the service.

Photographs were displayed of these events. A number of recent ‘Thank you’ cards were received from relatives of those who have lived at the home. The following are some of extracts, ‘”Thank you so much, such warmth from staff is rare when looking after people.” “Thank you for arranging the memorial service, it is a pleasure to come back and celebrate their lives here with you all.”

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Good

# Is the service responsive?

## Our findings

Prior to moving in people were provided with written information about the home and what care they could expect. People, their relatives and other representatives were consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. One person said "I spent a lot of time looking at nursing homes and this is the best for my spouse."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The five care records that we looked at showed that each person had moved into the home following the completion of a pre-admission assessment and confirmation that the provider could meet the person's care needs. People's assessed needs included the developmental stages and impact of dementia or mental health on their wellbeing, personal hygiene, spiritual needs and social activities. The care plans that we reviewed contained sufficient detail to guide staff about the way in which they needed to deliver each person's care in line with their preferences and wishes. We observed staff to be cheerful and caring; and staff we spoke with demonstrated knowledge of individual person's likes, dislikes and needs. Records indicated that a needs review for each person was completed regularly to ensure that the support being provided was adequate and that staff were responding to people's changing needs.

People received the care and support they needed and that considered their needs. Care records and daily communications sheets showed that people were provided with the care in accordance with their plan of care. A relative told us "I cannot fault the care provided here, it is really good. Staff involve me in the decisions related to the care of my spouse."

People were consulted by staff about what they wanted to do and when, throughout our visit. Staff enabled people to decide things for themselves, listened to them, took action and needs were met and support provided appropriately. Staff made themselves available to talk about any problems and wishes people might have throughout our visit. One person said, "Staff are very alert and respond quickly to any of our requests, they are present in the lounge areas and quickly identify if a person needs help to use the bathroom."

One person told us they were reminded of and encouraged to join in activities and staff made sure people were not left out. We saw this during activity sessions when individuals were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. A relative said, "Staff are always concerned that people are stimulated and do this by engaging with them." People had care plans that were focussed on the individual and contained their 'social and life histories'. The information gave the home, staff and people using the service the opportunity to identify activities they may want to do. GP who visited the home gave positive feedback in relation to staff responsiveness and of ensuring that people received coordinated care when concerns were identified and advice was given.

There was no designated activities co-ordinator but the service had volunteers from local churches who introduced arts and crafts to the home. A volunteer showed us a range of artistic work people had completed. Activities taking place were observed on the ground floor. Examples on the day of the visit included watching TV, listening to music, reading newspapers and, in the afternoon, making bookmarks with a volunteer from the local church. Most people said there were a variety of activities, although in the morning the activities observed seemed a little "thin". Evidence of a programme of activities was shown by the manager. One person told us they went every weekday to a day centre for people who experienced physical disabilities. Our observations showed that staff asked people their individual choices and were responsive to these. Staff told us they would spend part of each day talking with people who did not wish to participate in any group activity and other people who wished to stay in their rooms to ensure people were not becoming socially isolated.

Staff told us they used visual aids and signs to assist with communicating with a person unable to verbalise. We saw staff demonstrate this throughout the day, for staff waited for the person to indicate their preference to go and rest in their bed after lunch. We observed people were in the garden, one person told us they spent "many happy hours" enjoying the pleasant garden.

Good

# Is the service responsive?

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that copies of the home's user guide was displayed in individual bedrooms, a copy of the complaint's procedure was included with the guide. We saw that a large volume of thank you and complimentary cards and letters were received from people and their families. The main feature of the correspondence reflected the gratitude of people for the service. One person wrote, “This home treats you as real people, very impressive.” People had opportunities to let staff know their views about the care provided informally and at meetings for people who lived there. The meetings were held every quarter. The agenda gave people the chance to give their views about the care they received, the meals, the activities and other items of general concern. People told us they were confident in reporting to the manager or the provider if they had any concerns or any complaints and they all said they didn’t have any.

Good

# Is the service well-led?

## Our findings

The home had a registered manager in post as required by their registration with the CQC. The manager was experienced and had worked at Villa Maria Private Nursing Home for nineteen years. The service had achieved Beacon Status for end of life care through the Gold Standard Framework (GSF) for the past six years, and was due for reaccreditation in November 2015. Beacon status is the highest award given by the Gold Standards Framework (GSF) for end of life care in care homes. To achieve beacon status, a home must show innovative and established good practice across at least 12 of the 20 standards which are set by the framework. The manager was assisted by two senior nurses who were both completing management qualifications. People and their relatives had confidence in the manager and felt able to talk to about any concerns they had.

The manager, the provider and staff were always available to people who lived at the home. Although the service experienced a change in ownership eighteen months ago people and relatives told of the confidence in the new provider. They said they were approachable, saw them daily and had open discussions with them about changes proposed, they felt able to put forward their suggestions. People told us of the improvements they had already made to the environment and the garden and were confident of the future plans for the home. The provider shared with us their plans for the service improvement to enhance the environment.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Communication between staff was good, handover meetings and staff meetings helped to ensure good communication was fostered.

Records showed accidents and incidents were recorded and appropriate immediate actions taken.

We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had sent appropriate notifications to CQC as required by the regulations. People's personal records including care records were accurate and fit for purpose. For example, we observed that staff updated people's individual records soon after providing care, treatment and support. This ensured the maintenance of timely and accurate records in relation to the care delivered to each person.

The manager undertook quarterly audits of people's care records, medicine procedures, staff records, and care records to ensure that appropriate information was kept, and that care was delivered as planned. We also saw evidence of people's records being updated as a result of the audit findings. The providers (two family members) were based at the home every day and were accessible to people and their relatives. They informed us of a new electronic quality audit system they had purchased but not yet installed. The aim was to facilitate better recording and monitoring processes and to drive improvements in the service.