

Review of compliance

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| Villa Scalabrini Trustees Villa Scalabrini | |
| Region: | East |
| Location address: | Green Street Shenley Hertfordshire WD7 9BB |
| Type of service: | Care home service without nursing |
| Date of Publication: | July 2012 |
| Overview of the service: | Villa Scalabrini provides accommodation and personal care for up to 53 people. It does not provide nursing care. |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Villa Scalabrini was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 June 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

During our site visit, on 26 June 2012, we met most of the people using the service. For many of them, English was not their first language, but all the staff were able to communicate in people's own native language. We observed that people were generally relaxed and content. A person mentioned that the home was always 'spotlessly clean'. Another person said, "We have no trouble with the staff. We have very nice staff." This was echoed by a person who commented, "The staff are very kind and they work very hard."

When asked about choices, one person said, "They provide very nice food here, and you can request things you like." Another said, "We have a choice of menu every day. We have an Italian music event here every Tuesday: we have had a keyboard-player and an accordion-player. We also have regular gym sessions, and organised walks in the gardens. Another person commented, "This home is not bad. We have choices. If I want, I can go out."

What we found about the standards we reviewed and how well Villa Scalabrini was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity, choices and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment, and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse, and to prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard because there were enough qualified skilled, and experienced staff to meet people's needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard because it had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Two people we spoke with stated that they were pleased that the service catered for their cultural needs and preferences. A person mentioned that people were entertained weekly with live Italian music, such as a musician playing the accordion. Another person said that they were given a choice of menu and had activities such as exercise, dancing, games and daily mass if they wanted to take part. This showed that people were given choices, and were able to influence their care, in accordance with their needs and preferences.

Other evidence

During our visit, three senior staff we spoke with said that people had been consulted and involved in making decisions about their care and treatment. This involvement was reflected in the written care plans we reviewed, which demonstrated people's involvement in planning their care.

People had been encouraged to influence how the service was run through residents' and relatives' meetings, where people's views, comments and suggestions had been taken seriously, and had resulted in changes being made to improve the service. For example, in a recent meeting, a person had commented that they would like liver on the menu. Both manager and chef had taken appropriate action to ensure that the menu

had been revised to include a liver dish as a choice. Comments made about clothing being ruined or lost had led to improvement in the laundry service. For example, laundry staff had received training on how to use the laundry machine, and on more efficient way of labelling clothing and distributing them to the appropriate people. This demonstrated that people's suggestions and preferences had been listened to, their choices had been respected, and they had been involved in how the service was run.

Staff we spoke with said that they had attended training on equality and diversity, and this had enhanced their awareness of people's distinct needs, values and preferences. We noted that staff respected people's cultural preferences, which was clearly demonstrated through the type of meals served and the type of musical entertainment provided. This showed that staff had been responsive to and had respected the lifestyle, choices and preferences of the individuals in their care.

Our judgement

The provider was meeting this standard. People's privacy, dignity, choices and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Five people we spoke with said that they 'have no complaints' about the service or the care staff. A person said that the 'care is fine' and that the staff 'are very kind' to them. This showed that the planning and delivery of care met their individual needs in a sensitive and caring way.

Other evidence

During our visit, we reviewed some care plans, which demonstrated that people were assessed prior to admission, and were involved in planning their care. The deputy manager told us that there had been six monthly reviews with the individual and their relatives. There was an annual review for those funded by the local authority which involved the person, their relative and representatives of the multi-agency team. We saw evidence of these reviews in the care plans. All these measures had ensured that people's care and treatment had been planned and delivered in a way that had ensured their safety and welfare.

The care plans we reviewed covered all aspects of people's care needs, including risk assessments and action plans, where appropriate. For example, there was a healthcare plan that detailed any health concerns, details of appointments and the action required by staff. There were risk assessments for people with restricted mobility and those prone to falling, or individuals who suffered from dementia, who needed constant supervision. The care plans and risk assessments had been documented and reviewed monthly by designated key workers. Staff confirmed that they had had access to the written care plans so that they had been kept fully informed of people's changing needs.

This had ensured that people had received safe and appropriate care, treatment and support which reflected their present needs,

The deputy manager said that there had been procedures and arrangements in place to deal with foreseeable emergencies, and that staff had had access to the evacuation plan. Staff had been trained to be able to assist people safely and effectively in the event of a fire or other emergency.

Our judgement

The provider was meeting this standard. People experienced care, treatment, and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A person commented that they had 'no trouble with the staff' and that the staff 'worked very hard.' This tended to indicate that any abusive situations would be speedily exposed and reported.

Other evidence

During our visit, six members of staff we spoke with said that they had received training on safeguarding issues, the whistle-blowing policy, and the joint safeguarding procedures. The staff were clear about how to report any incidents of abuse they observed. This was clearly demonstrated in a recent safeguarding referral to Hertfordshire County Council made by the director assistant. This showed that staff had taken safeguarding action when necessary.

The director assistant had arranged refresher training on safeguarding issues and the joint safeguarding procedures for 27 June 2012. This training had enhanced staff's knowledge, and had ensured that staff were well prepared to respond appropriately and effectively to any safeguarding issues that may arise.

The staff we spoke with said that they had received training on the Mental Capacity Act 2005, and the Deprivation of Liberty safeguards, so that they could act in the best interests of people in their care, in accordance with the law.

Our judgement

The provider was meeting this standard. People who use the service were protected

from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse, and to prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

All the people we spoke with had been complimentary about the staff. One person said that the 'the staff are very nice' and another commented that the staff 'are very kind' to people. This showed that people had been cared for in a considerate and friendly way.

Other evidence

People had been cared for by a sufficient number of suitably qualified, skilled and experienced staff. During our visit, the deputy manager stated that the staffing level had been regularly reviewed to ensure that people's care needs were being met by a sufficient number of staff, and that there was an adequate skill mix at all times. The deputy manager said that there had been an adequate number of staff on each shift, and that additional staff had been deployed when required. This had ensured that people had been cared for safely by an adequate number of skilled staff at all times.

Staff had been given a range of training and education to ensure that there would be appropriate numbers of competent staff on duty. During our visit, the six members of staff we spoke with said that they had attended mandatory training and refresher courses on topics such as fire awareness, health and safety, moving and handling and dementia. Staff said that they had had regular supervision, team meetings and management support to help them provide appropriate care to people.

The three management staff stated that they had been attending further courses on dementia at diploma level so that recent advances could be cascaded down to all staff. This had ensured that staff had the knowledge and skills to care appropriately for

people with dementia. We were given a copy of the ongoing training programme, which had ensured that staff had received appropriate training to meet people's changing care needs. This evidence showed that people were being cared for by trained and experienced staff.

Our judgement

The provider was meeting this standard because there were enough qualified skilled, and experienced staff to meet people's needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not seek people's views for this outcome.

Other evidence

The provider had an effective quality and monitoring system in place. Residents' and relatives' meetings had been held regularly to give people an opportunity to express preferences, and to raise concerns. During our visit, we were shown evidence that a survey had been conducted. We were shown the questionnaire which had been used. This had been sent out to people, their relatives, and other stakeholders to ask for their views about the care and the service provided. We were shown the results of the survey, which formed part of the annual summary report for October 2011. The responses were overwhelmingly in the excellent or good categories.

However, a small minority of people had expressed concerns in two areas: clothes getting lost or ruined or returned to the wrong person by the laundry service, and undue delay in answering phone calls, especially at weekends. Both problems had been addressed to improve the service. This showed that the provider had taken steps to encourage people to express their opinions, and had responded appropriately to the comments made.

The deputy manager said that there had been regular audits of the service, which had covered, among other matters, health and safety, medication and care plans. This indicated that the standards of the service had been examined regularly.

The provider had investigated and learnt from incidents, comments and concerns raised, and had made appropriate changes. All accidents and incidents, comments and concerns had been recorded, and had been discussed with staff at team meetings, so that lessons could be learnt in order to improve the service. For example, as a result of the comments made about the telephone service, a new system had been introduced whereby callers could speak to the correct person in the relevant unit, or to the management or administrative staff. This showed that the provider had taken appropriate action to improve the service.

Our judgement

The provider was meeting this standard because it had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

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|-----------------------|---|
| Website | www.cqc.org.uk |
| Telephone | 03000 616161 |
| Email address | enquiries@cqc.org.uk |
| Postal address | Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA |