

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Villa Scalabrini

Green Street, Shenley, WD7 9BB

Tel: 02082075713

Date of Inspection: 14 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Villa Scalabrini Trustees
Registered Manager	Mrs. Angela Onofri
Overview of the service	Villa Scalabrini provides accommodation and personal care for up to 53 people, some of whom may have dementia. It does not provide nursing care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection, people we spoke with gave positive feedback about the care they had received. We noted that some of the people were not able to communicate with us in English as they could only speak Italian. However, their facial expressions showed that they were happy and content. There was good interaction among themselves and with the members of staff.

People who were able to speak English expressed how pleased they were with the staff and the care they received. Some people commented that they had been offered a choice of activities every afternoon. One person remarked, "I am quite happy with the care. The staff are very good. It's a pleasant place." Another person said, "I am happy with the care. I have no complaints." This was echoed by another person who said, "The staff are very good. The food is very good too, and there are plenty of choices."

We observed that staff were readily available to assist people throughout the day. The members of staff we spoke with had good knowledge of the people using the service and delivered appropriate care.

We had a tour of the premises, including the newly renovated unit on the ground floor. We noted that the premises were well maintained and that people had access to all the facilities and communal areas, which were clean and tidy throughout.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

During our inspection, we reviewed some care plans and noted that they had been reviewed regularly and had been updated as people's care needs had changed.

We were shown the pre-admission records for a recent admission, which showed that a full assessment of care needs had been carried out before the person moved into the home. We were told that people and their relatives were also involved in planning their care. Each new admission was given at least a six week trial period before a contract was agreed. This had ensured that the staff got to know the person, identified the person's care needs, and planned and delivered care and treatment in a way that ensured the person's safety and welfare.

In the case of people funded by the local authority, there had been an annual review of people's care needs which had involved the person, their relative and the social worker and, if necessary, representatives of the multi-agency team. We saw evidence of these reviews in the care plans. The manager stated that if the home was not able to meet all the person's care needs, the local authority was asked to find the person more suitable accommodation. This had happened for a recent admission.

The care plans we reviewed covered all aspects of people's personal, healthcare and social care needs. We were told that work was in progress to improve the format to be more person-centred. The care plans included risk assessments for restricted mobility, the need for hoisting and the prevention of falls. The manager said that a referral had been made to the family doctor for a person who had a recent fall to assess if there was an underlying cause for the fall. We observed two members of staff hoisting a person from their wheelchair using an appropriate technique.

We noted that people's daily care notes were detailed and reflected each person's routine and the activities in which they participated. Incidents had been fully recorded. For example, a fall incident had been documented, together with the actions taken by the care staff. The care plan was being updated to reflect the recent fall.

We saw that the care plans were accessible to all the staff, who confirmed that they had also been informed of people's needs at the change of shift. This had ensured that people received appropriate care and treatment.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

The provider has taken steps to provide care in an environment that is suitably designed and well maintained. People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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During our inspection, we noted that the premises were well maintained, including the surrounding grounds. The interior of the building was clean and odour-free. We were told that all the rooms were cleaned and dusted daily. We noted that people's bedrooms and en-suite facilities were clean and tidy, with personal items on display that reflected the person's lifestyle.

Since the last inspection, some renovation work had been done to improve the facilities at Villa Scalabrini. The ground floor had been re-designed to accommodate people using the service who had developed dementia. The new unit had been specially designed with improved community space, broad corridors with handrails and suitable decor using a colour scheme and flooring that were more suited to people with dementia.

A sensory room and a sensory garden were being constructed, and the work was in its final stages. Suitable fencing will also be provided to ensure the spacious garden is made safe and secure for the people who live in the home, including those with dementia.

We were taken on a tour of the whole building. The four units had been reduced to three and the administrative offices had been moved to one side of the building. We noted that appropriate measures had been taken to keep people safe during the renovation. We were told that there had been meetings at different stages to keep people and their relatives informed. The manager said that staff had received training on health and safety, on dementia care and on how to support people as they moved to the new wing. This had ensured that people were supported and assisted to adjust to the new accommodation and facilities.

During our inspection, we met the people who had moved to the new wing. They looked settled and relaxed. They were having lunch, and were joined by people from the other two units. This showed that people felt safe in accessible surroundings that promoted their wellbeing.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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During our inspection, we found that the care plans and daily notes had been maintained appropriately. We noted that people's personal and medical records had been kept securely in a locked cupboard; the care plans, however, were kept on an open shelf within the same office for easy access daily. We were told that the office where this confidential information was kept was locked when not in use. The manager had since placed all the care plans in a locked cupboard for extra security. This had ensured that all documents were held securely and remained confidential.

The members of staff we spoke with said that they had received training in the Data Protection Act, 1998. During our inspection we observed that members of staff had been using the staff office every few minutes and that the staff had been very conscious about the office being locked when not in use.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – 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.

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**Moderate impact** – 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.

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**Major impact** – 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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