N. Notaro Homes Limited

La Fontana

Inspection report

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10 December 2020
16 December 2020

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
La Fontana is a 'care' home that provides personal and nursing care to people aged 65 and over. La Fontana provides long term and respite accommodation for up to 76 older people with personal care and nursing care needs. La Fontana accommodates people across three separate units, each of which has separated adapted facilities. Each unit specialises in providing care to people living with dementia. At the time of the inspection 46 people lived at the home with nursing, mental health needs and some were living with dementia.

We undertook this targeted inspection to follow up on specific concerns which we had received about a significant outbreak of COVID-19 at the service. A decision was made for us to inspect and examine those risks.

People's experience of using this service and what we found
People were not always protected from the risk of acquiring infections as staff were not always following government guidance relating to Personal Protective Equipment (PPE). Staff were observed not following good hand hygiene or social distancing practice when moving from unit to unit.

Staff were not following government guidelines regarding close contact with people. Staff were observed going into people's bedrooms without following the appropriate PPE guidance.

Staff were not following relevant guidance regarding the use of PPE and maintaining social distancing from each other which increased the risk of cross infection.

Staff had received training in infection control, however the training had not been embedded into practice. On the day of the inspection staff were observed wearing the PPE outside the building when taking their breaks. They did not change their masks when re-entering the units.
The PPE supply was not stored in an area that was easily accessible for staff when supporting people who had tested positive with COVID-19. Following our inspection, the provider took immediate action to ensure there were sufficient donning and doffing stations in all units so staff could safely put on and remove PPE.

Staff were not following the provider's policy with regard to safe social distancing. For example, on the day of the inspection staff took their breaks together. They were not physically distancing from each other inside and outside the building. Following the inspection, the provider made arrangements for staff to maintain safe social distance whilst taking breaks and ensured good practice was monitored. Following the inspection, the provider arranged for additional training for all staff.

The registered manager had compiled a risk assessment and action plan in relation to the COVID-19 pandemic. The COVID-19 action plan had not identified the need for increased cleaning and the cleaning of other frequently touched areas around the home such as door handles.

At our inspection the registered manager demonstrated a lack of awareness in most aspects of safe infection control processes. Following our inspection, the registered manager worked closely with the local authority to update their policies in regards infection control. Improvements were noted by the infection control visit carried out by the Clinical Commissioning Group on 14 December 2020.

We found the following examples of good practice.

Staff reported people were in good spirits despite the current restrictions of being cared for in their rooms. Where some people were unable to stay in their rooms the communal areas were available. Activity co-ordinators visited people regularly to support them with one to one activities. People were supported to keep in touch with loved ones via telephone, mobile phone and via the internet.

Staff and people were regularly tested in line with the government's current testing programme.

The size of the home and variety of spaces meant there were light and airy, well ventilated spaces and large gardens, which supported social distancing.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe. As a result of this inspection, we took urgent action and imposed conditions to the providers registration. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We will continue to monitor the service.

We have identified a breach in relation to Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected
CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. This inspection has not been rated.

We have found evidence that the provider needed to make improvements. Please see the Safe section of this report. We have signposted the provider to resources to develop their approach.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We requested an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

Further information is in the detailed findings below .
Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for La Fontana on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were not assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

La Fontana

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 10 December 2020 and was unannounced. The inspection continued by teleconference on 16 December 2020.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place.

Inspection team
Two inspectors completed the site visit.

Service and service type
La Fontana is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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.

What we did before the inspection
We received feedback from the local authority and Clinical Commissioning Group (CCG) with regards to the outbreak at La Fontana.

During the inspection
When we visited, people were being cared for in their rooms, so we did not speak with them. Five people were observed walking or sitting in communal area. Due to the limited time being spent at the service as a result of risks related to COVID-19 we did not hold conversations with them. We spoke with the registered

manager, deputy manager, quality and improvement lead, two nurses and one care assistant. We reviewed infection control policies and procedures, cleaning records, COVID-19 risk assessment and action plan and an infection control audit.

Following the visit
We held a teleconference with the registered manager and operations manager on 16 December 2020. We requested copies of infection control policies and procedures at the service, cleaning schedules, a COVID-19 risk assessment, the most recent infection control audits and contingency plans in the event of an COVID-19 outbreak. We used all this information to support our inspection.

Inspected but not rated

Is the service safe?

Our findings

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

Preventing and controlling infection. Assessing risk, safety monitoring and management.

- People were at increased risk of infection.
- There were insufficient donning and doffing stations when entering each unit, or near any bedrooms where people had tested positive for COVID-19. For example, where two people had been tested positive on one unit, the only donning and doffing station on the unit was located at an entrance of a unit where people were not positive. This meant staff had to cross the communal space where other people were.

- Staff were not wearing Personal Protective Equipment (PPE) in line with government guidance relating to COVID-19. Staff were observed entering and exiting the bedrooms of people who were tested as positive without performing any hand hygiene practice to minimise the risks of spreading infection.
- Staff had received training on infection control, however the training had not been embedded into practice. Staff were observed wearing their PPE outside the building when taking their breaks. They did not change their masks when re-entering the units. The registered manager told us that staff had received training in regard to donning and doffing by video in June 2020. They confirmed the other training in September 2020 was 'Face, space' training. The Somerset Clinical Commissioning Group (CCG) confirmed they had not delivered any training at the home.
- One member of staff told us they each had their own visors and took them home each day. There was no monitoring to ensure visors were suitably cleaned.
- Staff were not following the provider's policy regarding safe social distancing. For example, on the day of the inspection staff took their breaks together. They were physically close together in the staff room and when leaving the units to take their breaks.
- The registered manager demonstrated a lack of awareness of some aspects of government guidance. For example, the registered manager informed an inspector that they had not reviewed the government care home or winter plan guidance. The registered manager informed the inspection team they had been waiting for an inspection visit to support them to manage the COVID-19 situation at the home. This meant at the time of our inspection there were no assurances that there was effective oversight of infection control measures.
- The concerns found at the inspection had not been identified by the provider's governance systems. For example, the registered manager informed us following receiving positive test results for one member of staff on duty they needed to send them home with immediate effect. However, they were unable to discuss any other action that they had taken regarding decontamination of areas the staff member had been in. This increased cross infection risk.
- The registered manager had compiled a risk assessment and action plan in relation to the COVID-19 pandemic. The COVID-19 action plan had not identified the need for increased cleaning and specifically cleaning of other frequently touched areas around the home, such as door handles and light switches.

Infection prevention and control measures were not sufficient to protect people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

●Following the inspection, the provider made changes to reduce the risks of cross infection. They ensured there were sufficient donning and doffing stations on each unit and updated their PPE audits; including additional checks on cleaning and checks on hand hygiene. They also arranged additional training for staff and made arrangements for staff to maintain a safe distance whilst taking breaks. They put checks in place to ensure good practice was monitored and implemented new cleaning schedules.
●Staff reported people were in good spirits despite the current restrictions of being cared for in their rooms. Where some people were unable to stay in their rooms the communal areas were available.
●Activity co-ordinators visited people regularly to support them with one to one activity. People were supported to keep in touch with loved ones via telephone, mobile phone and via the internet.
●Staff and people were regularly tested in line with the government's current testing programme. The registered manager stated they had plentiful supplies of personal protective equipment.
●The size of the home and variety of spaces meant there were light and airy, well ventilated spaces and large gardens, which helped promote social distancing.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection prevention and control measures were not sufficient to protect people. Regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We urgently imposed conditions on the provider's registration.