

# N. Notaro Homes Limited

## La Fontana

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

La Fontana is a nursing home that was providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 57 people living there.

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.

### People's experience of using this service and what we found

Improvements had been made in regards the assessment of risk. However, they needed further development to ensure they were more focused on outcomes for people. Measures were being taken in regards national concerns in regards infection. Hand gel and information was available to visitors to the service on the appropriate protection, for example washing hands.

Improvements in systems and processes had been made to protect people from potential abuse and avoidable harm. Staff had received additional training in supporting people who may pose a risk to each other. Incidents of people hurting themselves and each other had reduced. Care plans contained control measures for staff to follow to keep people safe and staff had received additional training in regards behaviours and understanding dementia.

People received more personalised care responsive to their individual needs and choices. There was a focus on treating people as individuals. People had developed relationships with staff, and feedback from people and relatives was overall very positive. Staff had got to know people and their relatives really well, their likes, dislikes, about their family and what was important to them.

There were enough staff to meet people's needs, although there were some vacancies with ongoing efforts being made to recruit staff. Staff understood their responsibility to report incidents. Reporting and recording of accidents and incidents had improved.

Improvements had been made to minimise restrictions on people's freedom and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received more training. This additional training had ensured people benefited from a staff team who were competent, motivated and happy in their work. Staff had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines. People told us they received their medicines safely.

People's concerns and complaints were listened and responded to. People and relatives said if they were

unhappy about anything, they could tell nurses or senior staff, who addressed their concerns.

Improvements had been made in making sure people's care records reflected their care and health needs. Staff had undertaken further training on the electronic care record system. People's care records were audited regularly, with ongoing improvements being made.

The provider monitored reports to identify trends, make changes and improvements to prevent recurrence. For example, accidents and incidents. Staff understood their responsibility to report incidents. Reporting and recording of accidents and incidents had improved.

Whilst it was evident the service had made improvements since our last inspection, there were still areas that needed to be improved. These included the oversight of risk, such as safe swallow and falls.

Quality monitoring systems and processes had improved.. Where audits or practice observations identified areas for improvement these were followed up. People, relatives and staff all reported improvements in the quality of care. All said the decision to allocate staff to work in specific units had meant, staff had got to know people and their visitors better, which had improved the quality of care.

The last rating for this service was requires improvement (published 2 November 2019) and there were multiple breaches of regulation. We imposed conditions on the provider's registration. These required the provider to carry out specified audits and report on the outcomes of these audits to CQC each month. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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](http://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?

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# La Fontana

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

La Fontana is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection-

We spoke with 20 people who used the service and 16 relatives about their experience of the care provided.

We spoke with 13 members of staff as well as the registered manager, independent consultant, head of care, and professionals visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and five medication records. We looked at five staff files in relation to recruitment and training. A variety of records relating to the management of the service, including, policy and procedures in regards health and safety records.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We spoke with the quality and improvement manager and one professional who regularly visit the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate at this inspection this key question has now improved to requires improvement. At our previous inspection in July 2019 we found a continuing breach of Regulation 12, and new breaches of regulation 13 and regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, and the provider is no longer in breach of these regulations. However, we have rated this key question requires improvement as further time is needed to demonstrate the improvements can be sustained.

This meant some aspects of the service needed further time to evidence that improvement in regards safety and risk could be sustained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider remained in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). This was because they had failed to robustly assess the risks relating to the health safety and welfare of people.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in regards the assessment of risks. However, the provider needed further development to ensure they were more focused on outcomes. For example, where people had been assessed as a high risk of falls, when the risks had reduced, the risk assessments had not been amended. One member of staff told us, although risks of falls reduced when people were no longer mobile, the risk assessment were not changed.
- People with an identified risk of choking had safe swallow guidelines in place. Staff had received training on supporting people and understood what was required to support people safely. However, we observed one person who was no longer able to follow their eating and drinking guidelines. Although staff were aware there were changes the appropriate referrals to review the person's risk had not been actioned. Following our discussion of concern, a referral was made to the person's GP. We asked the registered manager to review risk assessments in regards falls and safe swallow plans. These were reviewed and updated in response to our feedback.
- Staff were more aware of individual risks such as falls and pressure ulcers and swallowing risks and knew how to minimise those risks. Where people were unable to use a call bell, staff visited them regularly to anticipate their needs and keep them company. They used electronic sensors for people at high risk of falling, so they were alerted when a person started moving, and were able to offer assistance.
- People who needed help to move using hoist equipment had their own slings, which was right for their size, which improved safety and prevented cross infection risks.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and

welfare of people. This was a breach of regulation 13 (Safeguarding ) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Care records had been updated in regards managing people when they became anxious and upset. Behaviour support plans were in place to help staff and professionals understand and monitor behaviours. However, further guidance was required if initial steps by staff did not work, for example seeking advice from a GP or from the mental health team.
- Improvements in systems and processes had been made to protect people from potential abuse and avoidable harm. People and relatives said they felt safe with the staff who supported them. Comments included, "We used to find bruising on her, but not so much now as they make sure a senior member checks her skin every day". "I didn't feel safe before, but I do now".
- Staff had received additional training in supporting people who may pose a risk to each other. Incidents of people hurting themselves and each other had reduced.
- Staff members told us they felt much more confident to support people following their training. comments included, "The training we have received was a very good insight how to manage people's behaviours and share experiences". "The training for behaviours was the best ever. They showed us how to work with people to keep them safe".
- Staff told us they would recognise the signs of abuse and would be confident to raise an alert. The registered manager was able to discuss how they had acted on a recent safeguarding.

At our last inspection there were shortfalls in staff recruitment procedures. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- Since our last inspection, staff had been organised into unit-based teams. This meant people were cared for by staff who worked with them regularly and had got to know them well. People, relatives and staff all gave us positive feedback about impact of this change, on improving safety and the quality of care. comments included, "There have been significant changes since you last came. We are really happy with the improvements, it boils down to the same staff. Communication is better, they communicate with each other so much better this has made a difference".
- There were enough staff to meet people's needs, although there were some vacancies with ongoing efforts being made to recruit staff. Workload for staff had been reduced by temporarily closing beds in one unit, so available staff had less areas to cover.
- Recruitment files for new staff recruited since our last inspection showed more robust pre-employment checks were in place before staff started working with people. For example, more detailed records of previous employment, verification of background checks and making sure references were obtained from previous employers.
- All agency staff undertook induction when they first worked at the service. Summary written information about people's care needs and any risks were available for new staff and agency staff who hadn't yet got to know people well.

### Using medicines safely

- People received their medicines safely. Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
- There were further improvements in managing medicines prescribed to be given 'when required'. Protocols were available for staff on how to use these medicines. Where medicines were used to support behaviours, their use was monitored by the head of care and registered manager. This meant they were monitoring that staff were following protocols and were alerted to significant changes which might require further advice from the person's GP or from mental health services
- The service used an electronic recording system for both care records and medicines administration. The system checked medicines and dosages against the prescription, which alerted staff to potential dosage errors. This reduced the risk of medicine errors and improved safety.
- An emergency practitioner visited the service regularly and reviewed people's prescribed medicines. They liaised with the person's GP if any prescription changes were needed.

### Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices. Staff used personal protective equipment such as disposable gloves, aprons and alcohol gel to prevent cross infection. We observed staff putting their training into practice.
- The service was clean and odour free. A team of housekeeping staff followed cleaning schedules.
- When we visited, concerns were growing about a Coronavirus outbreak. There was a heightened awareness of importance of handwashing and of advising visitors about not visiting if they had recently visited affected areas or were feeling unwell. The service was developing contingency plans in case of an outbreak and were following up to date national advice.

### Learning lessons when things go wrong

- The management and staff team had acknowledged when things had gone wrong and had taken steps to make sure improvements were made. The provider monitored reports to identify trends, make changes and improvements to prevent recurrence. For example, in relation to falls, medicine errors and staff practice. Accident/incident data showed a significant reduction in number of accidents and incidents since November 2019
- Staff understood their responsibility to report incidents. Reporting and recording of accidents and incidents had improved. All reports were reviewed by nursing staff and the registered manager to ensure actions were taken to minimise risk of recurrence.
- Additional equipment such as stand aids and hoist slings had been purchased, to ensure there were enough on each unit. This meant staff were not spending time waiting to borrow equipment from other areas when they needed to help people move about.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found some people had restrictions in place. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Improvements had been made in meeting the requirements of MCA and DoLS. Staff had undertaken further training in MCA and DoLS and had a better understanding of how to apply the principles in practice.
- People were consulted and involved in day to day decisions about what time they wanted to get up, what to wear, food choices and how they spent their day. At this inspection the provider had made a number of applications to the local authority in regards DoLS, due to people's changing needs. Systems were in place to ensure the records were up to date.
- At previous inspections we found some people had unauthorised restrictions in place. At this inspection, improvements had been made to minimise restrictions on people's freedom. For example, when a person indicated they wished to leave the unit, staff noticed and offered to take the person outside, which the person was happy with. This was in accordance with the person's DoLS authorisation, which included a condition that required staff to make sure the person had regular opportunities to go outside.

- Where people lacked capacity to make decisions, best interest meetings were used to agree the decisions. Assessments had been completed and feedback from relatives told us they were consulted, however not all assessments evidenced this, as they had not been fully completed. We discussed this with the registered manager who took immediate action to review the assessments.

At our last inspection we found shortfalls in staff training, skills and experience. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had provided more training and support to staff. This additional training had ensured people benefited from a staff team who were competent, motivated and happy in their work. Staff told us they had learnt a lot from the training, comments included. "The training on challenging behaviour and nutrition and food was very good. I learnt so much". "We have had better training ( registered manager) has been much more supportive. They come down every day to make sure were ok. We have a daily meeting, so we know what is going on at other units".
- People and their relatives had confidence in the staff who supported them. One relative told us "There are core members of staff, you can see who the leaders are. When they are not on duty you can tell, but they are working on it".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they began to use the service. This made sure the staff had the skills required to meet their individual needs and expectations.
- Care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people.

Supporting people to eat and drink enough to maintain a balanced diet

- Where needed people had safe swallow plans in place. We reviewed five safe swallow plans and found although staff had a good understanding of the risks, changes were not always recorded. One senior member of staff told us they waited until the person was being reviewed on ' resident of the day' before reviewing the plans. This meant there was a risk that risks were not reviewed quickly, and the assessment of people's needs were not as person centred as they could be.
- People had their nutritional needs assessed. The on-line system recorded how much people had eaten or drank over a 24-hour period.
- People were supported to improve their health through good nutrition and hydration. One person said, "The food is very good. I have a [food allergy], they cope very well with that." Several people and relatives said they appreciated having a fridge in their room for keeping drink and snacks cold.
- Improvements had been made in the dining room to make people's dining experience more pleasant. The dining rooms were set with table cloths and condiments. People were observed sitting with their visitors or with staff enjoying their meal time experiences.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service had taken account of the recent national guidance about oral healthcare in care homes. Each person had an oral health care plan which informed staff about the support they needed to maintain oral hygiene and care for their teeth/dentures. Although oral care plans were audited, we noticed several

people's toothbrushes were very dry. We asked the registered manager to make sure further attention was given to ensuring people actually received support with their oral healthcare each day.

- Systems were in place to make sure people received support when required. People's physical health needs were monitored by trained nurses. Nursing staff provided support to people to manage long term health conditions and responded to emergency medical situations.
- Health professionals told us that the service had improved, one health professional told us. "I have recently paid a visit to La Fontana nursing home. I found the whole atmosphere of the home has improved and is friendlier".

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

- The layout of home had improved since the last inspection. People were able to socialise in small areas with visitors or friends. There were a number of quiet areas off the main communal areas which had sensory touches to the room.
- Each person had their own bedroom which reflected their personal preferences and interest. People had chosen to personalise their bedrooms with photographs and personal items. Some people were able to access the garden areas from their rooms.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had developed relationships with staff and enjoyed spending time with them. We observed genuine affectionate relationships shown to people from staff. Feedback from relatives was overall very positive. One relative told us, "I can't fault the carers, they are not aware I am watching them sometimes. They are always very kind and caring, they always knock if they come in the room". We observed when a person became anxious and upset, the staff member noticed immediately and went to comfort and reassure them. They went down on one knee, gave eye contact and held their hand. The person was comforted.
- People received more personalised care responsive to their individual needs and choices. There was a focus on treating people as individuals. People and relatives' comments included. "Staff here are interested in me, and check on me regularly," "Staff pop in and chat" and "They know now what [person's name] likes." A relative told us, "We would like the opportunity to say that we have never felt more confident as we do at present. To know that she is treated as an individual, understood, is warm and safe, clean, well fed, loved and cared for in a way that we, as a family couldn't provide on a day to day basis is a blessing".

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

- People were supported to express their views according to their ability. For example, care plans included details of decisions each person could make for themselves."
- People said staff consulted and involved them in day to day decisions about their care and in reviews. For example, when a person was 'resident of the day'. One staff member told us, "I am a keyworker, when they are the 'resident of the day' I speak with the person to make sure they are involved in any decisions and speak to their relatives. I have been trying to ring a relative today. I will try again tomorrow. One relative told us, "We do get phone calls telling us what they are doing like having their hair done. They ask us if everything is ok". A member of staff told us, "When I was doing a resident of the day, the resident told me they loved prawn cocktail. I asked the cook to do them one. They loved it". People and relatives' comments included. "Staff here are interested in me and check one me regularly," "Staff pop in and chat" and "They know now what [person's name] likes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were discreet when supporting people with personal care. Care records captured what aspects of care people could manage independently and what they

needed staff support with. One person said, "I can shower nearly every day if I want to."

- People had equipment to help them maintain their independence. For example, one person had a two handled beaker so they could drink independently. Another person had a grabber to help them reach and pick up things.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as require improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found improvements had been made in making sure people's care records reflected their care and health needs. Staff had undertaken further training on the electronic care record system. People's care records were audited regularly, with ongoing improvements being made.
- Since we last visited, staff had got to know people and their relatives really well, their likes, dislikes, about their family and what was important to them. For example, looking nice was important to one person, so staff made them up a large make up bag, with a carry handle, so they could take it around with them. A staff member speaking to the person said, "You look wonderful today."
- Staff had a better understanding of the needs of people living with dementia and how to connect with individuals. For example, staff told us about a person living with dementia who regularly got upset and wanted to leave the home. On talking with the person and their family members, staff learnt more about the person's career and previous business, which included regular trips to the bank. A member of staff made a cheque book and some notes for the person, which helped the person engage in a meaningful way for them. This meant the person was occupied and much more content.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of people who relied upon hearing aids or glasses to enhance their communication.
- A whiteboard helped remind people of the day and date. Photos of reading, distance glasses to help person and staff choose right pair. An 'easy read' survey was used to capture people's feedback.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We followed up concerns about lack of personalised activities for people. Although we found some improvements had been made, further improvements were needed. Most relatives commented on improvements in activities, but some relatives and many staff identified this as an area for further improvement. Comments included, "The staff do try but there is a lack of activities". The registered manager

said attempts to recruit another co-ordinator were ongoing but had not yet been successful. A member of staff worked some hours as an activity co-ordinator, they also supported people in their rooms to reduce social isolation. Staff were observed sitting down and spending time with people. One professional told us, "Staff here all seem very caring. They interact well with people, sit and spend time with them."

Staff were observed doing activities with people and also supported staff with activities for people. This meant there improvements in

- Staff had more time to spend with people and were able to tell us about and showed us pictures of what people had done over the past few months. Photos were displayed in each unit to remind people and show their families what they had been doing. For example, we saw recent photos of people tossing pancakes, being visited by family members and the family dog.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People and relatives said if they were unhappy about anything, they could tell nurses or senior staff, who addressed their concerns.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person and displayed around the home. Since we last visited, the service had only received two complaints, one of which was not upheld. The service worked positively to address the concerns and improve communication.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. People had a Treatment Escalation Plans (TEP) which recorded important decisions about whether or not the person wanted life-prolonging treatment or admission to hospital, if their health deteriorated.
- People's end of life wishes such as any religious or cultural preferences, preferred funeral arrangements were captured in their end of life care plan.
- Following the death of their loved one, a relative continued to visit people living at the home regularly. They said they appreciated ongoing contact with people and staff. They said, "It's become part of my life".

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as require improvement. At this inspection this key question has remained the same, as further time is needed to demonstrate the improvements can be sustained.

This meant the service management and leadership needed further time to demonstrate the improvements to promoting a positive culture that is person centred could be sustained.

At our last inspection the provider had a continual breach of regulation 17, as there were Shortfalls in assessment and monitoring the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Whilst it was evident the service had made improvements since our last inspection, there were still areas that needed to be improved. This included ongoing monitoring of people's risks, in regards falls and safe swallow plans.
- The provider's governance systems had identified areas for improvements within care plans and risk assessments. Whilst there were action plans in place to address this, we identified further improvements could be made to ensure identified actions were completed by the service management.
- People, relatives and staff all reported improvements in the quality of care. All said the decision to allocate staff to work in specific units had meant, staff had got to know people and their visitors better. Comments included, "More permanent staff, a changed atmosphere. Staff have taken personal pride and responsibility." Health professionals' comments included, "I really do think it has improved. I would recommend it more now, but I wouldn't have done in the past." "The care staff in each unit have made an effort to not only personalise rooms but also communal areas of the home".
- Staff reported improvements in staff morale, communication and team working. They said, "Things are getting better, but we are not there yet," "On the up, absolutely." "Teamwork is better," "Everyone seems a lot happier. Staff take more pride". The registered manager said, "We have adopted a different approach, we have to improve, no more being defensive." They planned to introduce more senior roles and leads in regards supervisions, infection control and oral health.
- An independent consultant was employed on a temporary basis two days a week. They worked with the registered manager, quality and improvement manager and head of care, to help support staff and improve quality monitoring systems. The registered manager said they anticipated ongoing recruitment of nurses would enable the head of care to have dedicated time in the near future.

- The registered manager said they anticipated ongoing recruitment of nurses will enable the head of care to have some dedicated time in the near future. The quality and compliance manager informed us they had not appointed a quality lead for La Fontana. However, a new operations director was being appointed by the provider to provide leadership over all their services. Therefore, at this time we could not yet be confident the improvements in leadership and quality monitoring governance were embedded and will be sustained over time at the service. Following the inspection, the provider informed us the independent consultant would continue to support the service until such time a quality lead was appointed to ensure continuity and consistency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager notified CQC about safeguarding concerns and accidents resulting in injuries. Regular notifications included detailed information about ongoing steps being made to further reduce risks. This included making people and families aware of any issues of concern and the steps being taken to address them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The head of care and independent consultant worked alongside nursing and care staff. The registered manager spent more time around the home speaking with people, relatives and staff and observing staff practice. The senior team role modelled the behaviours expected and helped staff identify and implement improvements to personalise people's care. For example, making sure staff engaged with people and spent time with them.

- At 11 each morning, the head of care, registered manager and nursing staff from each unit met to review how the day was going, so any new developments or concerns were identified and responded to. On each unit, one person was the nominated 'Resident of the day.' This meant staff worked with the person, and their family to focus on all aspects of the person's care to evaluate what was working well and any changes needed. Their care records were reviewed and updated to reflect any actions agreed.

- Quality monitoring systems and processes had improved. For example, where audits or practice observations, identified areas for improvement these were followed up. In relation to accidents, incidents, safeguarding concerns and record keeping.

- Staff were more confident using the electronic care records and most recent care plan audit showed ongoing improvements.

- The service worked closely with local health and social care professionals to review people's needs and update individual care plans.

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

- People were consulted and involved in day to day decisions. Minutes of a resident and relatives meeting in January showed actions being taken to improve were discussed. For example, the introduction of 'Resident of the day'. People's views were sought about menu planning and activities. A recent survey of people and relatives showed they were happy with progress. Comments seen included, 'In past six months improvements have been brilliant...it looks like a different home,' 'The change is amazing, it looks a completely different home,' and 'The improvement everyone has done is brilliant. Staff are working hard and have a positive attitude.'

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. Minutes of meetings showed equipment, training, equality and diversity issues and professionalism were discussed. A recent staff survey showed positive feedback with staff

reporting improvement. An employee of the month scheme recognised and rewarded staff for good practice with a small gift. A staff member said, "We feel free to suggest ideas, use our initiative and make changes."

Continuous learning and improving care. Working in partnership with others

- The service had an action plan which identified improvements and highlighted progress on actions being taken.
- As part of a condition imposed on the providers registration to drive improvement, the registered manager sent monthly reports to the Care Quality Commission to provide assurance on progress with improvements and to highlight any ongoing risks.
- Staff spoke about further improvements in activities they hoped to make. For example, more sensory activities and creating a dedicated reminisce room.