

Villa Scalabrini

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Inspection report

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26 January 2021

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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

Villa Scalabrini is a purpose built 'care home' providing accommodation and personal care to a maximum of 53 people. At the time of our inspection, 43 people were living at the service.

We found the following examples of good practice.

- The service was receiving professional visitors with infection control procedures in place. Visitors were screened and had their temperatures checked by staff on arrival. Alcohol gel was made available and all visitors were required to wear personal protective equipment (PPE).
- The service had adapted an office space into a visiting room for people and their relatives. The room had been partitioned with a large window in place, along with an intercom, where visitors can enter the room via an external door without access to any other areas of the service. At the time of our inspection, visits had been temporarily suspended due to an outbreak of COVID-19 at the service. The registered manager told us that once visits are resumed they will be limited and by appointment only, with times allocated to avoid potential infection transmission with other visitors.
- People and staff had engaged with the routine testing scheme. Where people received a positive test result for COVID-19, they were supported to isolate in their bedrooms for a period of 14 days. Staff were allocated to solely work on one of the units within the service.
- Risks to people and staff in relation to their health, safety and wellbeing had been assessed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

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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.

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 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.

This inspection took place on 26 January 2021 and was unannounced.

Is the service safe?

Our findings

S5□ How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were not assured that the provider was using all available forms of PPE effectively and safely. Staff were wearing disposable PPE, such as gloves, aprons, face masks and visors. However, in addition, some staff were also wearing 'coveralls', disposable sleeve covers and additional pairs of gloves. This is not in accordance with guidance and staff had not received training on how to safely don, doff and dispose of the additional items of PPE they were wearing. Processes that staff were following did not meet good practice guidelines and posed a potential risk of transmission of infection. Additional support for the service was sourced from the Clinical Commissioning Group (CCG) following our visit.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service appeared clean, however cleaning schedules in place were not robust and did not give sufficient detail to housekeeping staff as to the tasks they were to complete and the equipment and materials to use. Audits and checks on the environment detailed the aesthetics of the area viewed and were not sufficient to demonstrate that all areas of practice in relation to infection prevention and control had been considered.

We have also signposted the provider to resources to develop their approach.