

Marist Sisters Villa Maria

Inspection report

53 Seabrook Road
Hythe
Kent
CT21 5QE

Tel: 01303266723

Date of inspection visit:
13 June 2018
14 June 2018

Date of publication:
02 July 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected the service on 13 and 14 June 2018. The inspection was unannounced. Villa Maria is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Villa Maria is registered to provide accommodation and personal care for 29 older people, people who live with dementia and people with physical or sensory adaptive needs. There were 22 people living in the service at the time of our inspection visit. The service was owned and operated by the Marist Sisters. They are a charitable, religious order. Sixteen of the people living in the service were Marist Sisters with the other residents being 'lay guests'.

The service was administered on a day to day basis by another charitable, religious body who had been commissioned by the Marist Sisters to run the service. This management charity was responsible for undertaking a range of tasks including the delivery care services and the recruitment, training and deployment of staff. The management charity was also responsible for ensuring compliance with regulatory requirements. The Marist Sisters had formed a Provincial Council formed of three of their number, one of whom was the chair. The council was responsible for managing the service's finances and for liaising with the management charity.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the Marist Sisters and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 14 February 2017 the overall rating of the service was, 'Requires Improvement'. We found that there were four breaches of the regulations. The first breach of regulations was because sufficient provision had not been made to provide people with safe care and treatment. This included an instance on which a person was not provided with the right assistance to keep their skin healthy. It also included oversights in the steps taken to monitor some people's blood pressure and to ensure that other people had enough to drink. The second breach of regulations referred to shortfalls in staffing arrangements because sufficient numbers of suitably qualified care staff had not always been deployed in the service. Another breach of regulations involved oversights in the steps taken to obtain people's consent to elements of the care that they received. The fourth breach referred to shortfalls in the arrangements used to monitor and improve the service including consulting with people to obtain feedback about suggested improvements.

We told the registered persons to send us an action plan stating what improvements they intended to make and by when to address our concerns and to improve the key questions of 'safe', 'effective' and 'well led'

back to at least, 'Good'. After the inspection the registered persons told us that they had made the necessary improvements.

At the present inspection we found that sufficient progress had been achieved to meet all of the breaches of regulations. People received safe care and treatment. Enough suitably qualified care staff had been deployed. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The systems and processes used to assess and monitor the operation of the service had been strengthened to ensure that the service could learn, innovate and ensure its sustainability.

Our other findings were as follows. People were safeguarded from situations in which they may be at risk of experiencing abuse. Medicines were managed safely. Background checks had been completed before new care staff were appointed. Suitable provision had been made to prevent and control the risk of infection. Lessons had been learned when things had gone wrong.

Appropriate arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. People were helped to have a balanced diet and suitable provision had been made to help people receive coordinated care when they moved between different services. People had been supported to access all of the healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and preferences.

People were treated with compassion and respect. They were also given emotional support when it was needed. People had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates. They could also obtain support from one of the sisters who was the community leader and who provided pastoral assistance to everyone who lived in the service. Confidential information was kept private.

People received responsive care that met their needs for assistance including care staff supporting them to have access to written information that was relevant to them. Suitable arrangements had been made to promote equality and diversity including provision for the sisters to honour their religious observances. There were suitable arrangements for managing complaints and provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had been supported and encouraged by the Marist Sisters and the management charity to develop an inclusive culture in the service. Suitable arrangements had been made to ensure that regulatory requirements were met. The registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received safe care and treatment

There were suitable and sufficient care staff to promptly give people all of the care they needed.

People were safeguarded from the risk of abuse.

Medicines were safely managed in line with national guidelines.

Background checks had been completed before new care staff were appointed.

People were protected by the prevention and control of infection.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good ●

The service was effective.

Care was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good ●

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to pursue their hobbies and interests.

Care staff recognised the importance of promoting equality and diversity by supporting people to meet their spiritual needs and to make life-course choices.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good ●

The service was well led.

There were systems and processes to monitor the service and to consult with people about its development.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Villa Maria

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 registered persons continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 13 and 14 June 2018 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection visit we spoke with eight sisters and lay guests. We also spoke with three care staff, a senior member of care staff, one member of domestic staff, the maintenance manager, the administrator and the registered manager. In addition to this, we met with the community leader and the chair of the council. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After the inspection visit we corresponded by email with two relatives and spoke with a third relative by telephone.

Is the service safe?

Our findings

At our last inspection on 14 February 2017 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. In particular, there were shortfalls in the provision that had been made to support people who were at risk of developing sore skin. There were also oversights in the arrangements that had been made to monitor some people's blood pressure and to ensure that other people had enough to drink.

After the inspection the registered persons wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that action had been taken to address our concerns. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who were at risk of developing sore skin were receiving all of the care they needed. This included being helped to relieve pressure on their skin by resting on special soft mattresses and cushions. It also involved being helped by care staff to stay as mobile as possible and to reposition themselves regularly when seated. Records also showed that people had been appropriately supported to monitor and manage on-going healthcare conditions. This included keeping track of their blood pressure when a healthcare professional had asked for this to be done. A further improvement was the arrangements that had been made when people were at risk of not drinking enough to promote their good health. We saw that care staff were encouraging the people concerned to regularly drink. Records showed that care staff were also carefully recording how much the people concerned were drinking each day. This was done so that a healthcare professional could be notified if they did not drink enough to maintain their hydration.

We also found that suitable measures had been taken to help people avoid preventable accidents. Examples of this included the service being fitted with a range of specialist hoists that were necessary to enable people to transfer safely. Other examples were hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained. Documents showed that the Kent Fire and Rescue Service had identified a small number of improvements that needed to be made to ensure that the system continued to provide a high level of protection. The registered manager told us and records confirmed that plans had been made for the required improvements to be completed by the end of July 2018.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a lay guest who was worried because they could not remember when they were next due to receive a visit from one of their relatives. The person was becoming anxious and loud in their manner. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person about when their relatives were not out at work and so were usually available to visit them. After this the person became settled and relaxed.

The registered persons had made suitable provision to provide people with safe care and treatment and this had resulted in the breach of regulations being met.

At our last inspection we found that there was a breach of regulations because the registered persons had not deployed sufficient care staff to ensure that people promptly received all of the care they needed. In particular, the registered persons had not carefully established how many care staff needed to be on duty given the care that each person needed to receive. This shortfall had resulted in occasions when people did not receive all of the care they needed or when its delivery was delayed.

After the inspection the registered persons wrote to tell us that they had made the necessary improvements to ensure that sufficient care staff were available to care for people.

At the present inspection the registered manager told us and records confirmed that they had accurately established how many care staff needed to be on duty. This involved taking into account the number of people living in the service, the care each person needed to receive and the layout of the building. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered manager. We also noted that on both days of our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

The registered persons had made suitable arrangements to deploy sufficient care staff and this had resulted in the breach of regulations being met.

People told us they felt safe living in the service. One of them said, "Yes, I'm very content living in Villa Maria. This place is really a community that's quiet and calm and the staff are absolutely lovely." A person who lived with dementia and who had special communication needs smiled and waved in the direction of a passing member of staff when we used sign assisted language to ask them about their experience of living in the service. Relatives were also complimentary about the service. One of them remarked, "I think that Villa Maria is a lovely place for my family member to live, not just because of the beautiful building but because the staff are so attentive."

People were suitably safeguarded from situations in which they may experience abuse. Records showed that staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition to this, the registered persons had established suitable systems to assist the people to manage their personal spending money. This included the administrator keeping an accurate record of any money received for safekeeping and subsequently spent on things such as toiletries. This arrangement contributed to protecting people from the risk of financial mistreatment. We were told that each of the sisters had asked the community leader to assist them to manage their finances in line with their commitment to contribute to the costs of maintaining their spiritual community.

Medicines were safely managed in line with national guidelines. For each person there was up to date written information about allergies, the medicines to be taken, their side effects and any other special instructions. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training and had been assessed by the registered manager to be competent to complete this task. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. This included medicines that a doctor had said could be administered on a discretionary basis as and when they were needed.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. The registered persons had completed all of the necessary checks including obtaining a disclosure from the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. The records also showed that references had been obtained from people who knew the applicants. These measures had helped to ensure that only people who could demonstrate their previous good conduct were employed to work in the service.

The registered manager operated a number of systems and processes to analyse accidents and near misses so that lessons could be learned to help keep people safe. This was done so that they could quickly establish what had gone wrong and what needed to be done to help prevent a recurrence. An example of this was people who were at risk of falling being referred to specialist health care professionals so that care staff could be advised about how best to keep the people concerned safe.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation had a fresh atmosphere and that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when assisting people with close personal care.

Is the service effective?

Our findings

At our inspection on 14 February 2017 we found that there was a breach of regulations because suitable provision had not always been made to obtain people's consent to the care and treatment they received. In particular, suitable arrangements had not been made to establish when a person lacked mental capacity and so was not able to give informed consent to care that restricted parts of their freedom.

After the inspection the registered persons wrote to tell us that they had made the necessary changes. This involved strengthening the systems and processes used to assess and respond to occasions on which people were not able to consent to the care they needed to receive.

At the present inspection we found that suitable arrangements had been made to follow national guidelines in order to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. We also checked whether the registered persons had ensured that any conditions on authorisations were met.

We found that people had been consulted about the care they received and had consented to its provision. We also noted that the registered persons had correctly established when a person lacked the necessary mental capacity to make decisions about important things that affected them. Furthermore, when this had occurred they had involved key people in a person's life to help to ensure that decisions were taken in their best interests.

Records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

The registered persons had made suitable provision to obtain consent in line with national guidance and this had resulted in the breach of regulations being met.

People told us they were confident that care staff knew what they were doing and had had their best interests at heart. One of them said, "I get on very well with the staff and they're all very helpful and so I don't

mind asking for help." Another person said, "The staff never make you feel like you're being a nuisance as they genuinely want to help you. Sometimes they're a bit too willing to help and some people take advantage of that." Relatives also told us that the service was run in an effective way. One of them told us, "Whenever I call to see my family member I find them to be neat and clean and well cared for. I don't have any concerns about the care staff at all because they know what they're doing."

Care staff told us and records confirmed that new care staff had been provided with introductory training before they started to provide care for people. Records also showed that new care staff had been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way.

We also found that care staff had received additional ongoing training in key subjects including supporting people who experienced various medical conditions. Furthermore, we noted that the registered manager had regularly observed care staff when providing care so that they could give them advice and guidance about their professional practice. We also observed care staff when they were assisting people and in addition we asked them questions to assess key parts of their knowledge. We found that care staff had the knowledge and skills they needed to care for the people who were living in the service at the time of our inspection visit.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources to meet people's needs. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

People told us that they enjoyed their meals. One of them remarked, "The meals here are excellent but we sometimes get too much food and I don't like leaving it." People were being supported to eat enough to maintain a balanced diet. The menu showed that there was a choice of dish served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size.

Records showed that people had been offered the opportunity to have their body weight measured. This was so that any significant changes could be noted and referred to a healthcare professional. As a result of this some people had been prescribed a food supplement that was designed to help them increase and/or maintain their weight. There were also systems and processes in place to enable care staff to identify people who needed to be referred to healthcare professionals because they were at risk of choking. This was so that care staff could receive advice about how best to support them including specially preparing their food and drinks so that they are easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered persons offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals

such as dentists, opticians and dietitians.

The accommodation was designed and adapted to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were laid out as bed sitting areas and each bedroom had a private bathroom. Although some of the carpets in the hallways were worn and looked unsightly, records showed that there were plans to replace them in the near future. There was a large conservatory overlooking the gardens that were well maintained and had seating if people wanted to spend time out of doors.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff here are very caring indeed and I have no problem with them." Another person remarked, "Villa Maria is special because it's really a spiritual community and so there's a Christian ethos of caring for each other and that's how the staff are." Relatives impressed upon us their positive assessment of the service. One of them remarked, "I see first-hand how the staff interact and deal with my family member and have found them to be patient and caring." Another relative said, "My family member is surrounded with love and respect."

People were treated with consideration and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the reading room/activities lounge. They both looked out of the window to the seascape beyond. A ship could be seen on the horizon and they both wondered to which port it was heading. The person then reflected on how every aspect of modern day life was busier than before and they enjoyed describing to the member of staff how quiet the roads had been when they were a child.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. Furthermore, we saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff had asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. All of the sisters were supported by the community leader. They regularly spent time with each sister and liaised with the registered manager as and when decisions about the provision of care needed to be made.

Most of the lay guests had family, friends or solicitors who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. We also noted that the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People told us that they could speak with relatives and meet with health and social care professionals in

private if this was their wish. Records also showed that care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that care staff consistently provided them with all of the assistance they needed. One of them remarked, "The staff help me lots but they don't take over and they don't rush me." Relatives were also positive about the amount of assistance their family members received. One of them commented, "When we initially visited Villa Maria we were extremely impressed with the property and the atmosphere and felt no need to look elsewhere. We certainly made the right decision."

People received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included responding to their physical adaptive needs, helping them to promote their continence, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions.

People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There was an activities coordinator who was present in the service on two days each week. On the other weekdays care staff organised small group activities such as quizzes. They also supported people to enjoy individual activities such as looking through family photographs and spending time in the gardens. During our inspection visit several people spent some time in the reading room/activities lounge where they met with friends, enjoyed reading newspapers and spent time doing a jigsaw. Records showed that a number of entertainers called to the service to play music and that speakers also visited to talk about local places of interest.

Care staff understood the importance of promoting equality and diversity. There was a daily programme of religious observances that all of the sisters attended. Lay guests were also free to attend these devotions but there was no requirement for them to accept these invitations. The registered manager and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. People had been informed in an accessible way about their right to make a complaint and how to go about it. Since our last inspection the registered persons had not received any formal complaints.

The registered persons had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. This included consulting with people, their relatives and the community leader to establish how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and the

religious observances in which they wished to participate.

Is the service well-led?

Our findings

At our inspection on 14 February 2017 we found that there was a breach of regulations because suitable provision had not been made to assess, monitor and improve the quality and safety of the service. In particular, quality checks had not always been sufficiently robust to ensure that problems in the running of the service were quickly put right. Furthermore, the registered persons had not actively consulted with people to obtain feedback about how best to develop the service in the future.

After the inspection the registered persons wrote to tell us that new and more detailed quality checks had been introduced. They also told us that new arrangements had been made to consult with people and their relatives so that they could suggest improvements to the service.

At the present inspection we found that the systems and processes used to monitor and evaluate the operation of the service had been strengthened. The registered manager had introduced a number of additional quality checks. These included a detailed audit that was designed to ensure that people reliably received all of the care that they needed and had agreed to receive. Records showed that they had also further developed existing quality checks so that they were more comprehensive and contained specific information about the timescales within which improvements would be made.

A number of arrangements had been made to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular community meetings at which people were offered the opportunity to give feedback about their experience of living in Villa Maria. We also noted that people had been offered the opportunity to complete questionnaires about particular elements of the service they received. There were a number of examples of suggested improvements being put into effect. One of these involved changes that had been made to the menu so that it provided more choice and variety.

The improvements made by the registered persons in monitoring and resolving problems in the running of the service had resulted in the breach of regulations being met.

Everyone with whom we spoke considered the service to be well run. Summarising this view a person said, "I've just been so impressed with Villa Maria. The sisters are lovely and it's a caring place where I know I'm safe" Relatives were also consistently complimentary about the management of the service. One of them remarked, "I think that the new manager has got things ship-shape and the service runs quietly and without any drama. I would recommend Villa Maria to anyone who wants their care to be provided in a restful way."

There was a registered manager who had been appointed shortly after our last inspection. The chair of the council and the community leader told us that they had specifically appointed the new registered manager to problem-solve and to effectively address the concerns we had raised. As part of this care staff said that they had met with the new registered manager who had emphasised to them the importance of developing an open culture in the service to promote its ability to learn and innovate so that people received safe and responsive care.

We found that the registered persons understood and managed risks and complied with regulatory requirements. This included operating systems and processes to ensure that we are quickly told about any significant events that related to the operation of the service. This is necessary so that we can be assured that people are being kept safe. Furthermore, the registered persons had suitably displayed in the service the quality rating we gave to the service at our last inspection. This is important so that people know what we have said about how well the service is meeting people's needs and expectations.

There were a number of systems and processes to help care staff to be clear about their responsibilities. This included there being a senior person on duty who was in charge of each shift. There was also provision for care staff to contact a senior colleague during out of office hours if they needed advice or assistance. These measures all contributed to care staff being suitably supported to care for people in the right way.

The registered manager and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered manager liaising with the local authority to advise them about their capacity to offer a service to new people who needed to receive care in a residential setting. This helped to ensure that people could leave hospital as soon as they were well enough to do so.