

Villa Scalabrini

# Villa Scalabrini

## Inspection report

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### 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 

### Overall summary

The inspection took place on 9 July 2015 and was unannounced. At our last inspection on 14 June 2014 the service was found to be meeting the required standards. Villa Scalabrini provides accommodation and personal care for up to 53 people, some of whom may have dementia. It does not provide nursing care. At the time of our inspection there were 47 people living at the home.

The home originally catered primarily for people of Italian origin; however the mission and ethos of the home has developed to welcome people from all ethnic backgrounds and supports people of various spiritual and religious denominations.

There was a manager in post who has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection a number of applications had been made to the local authority in relation to people who lived at the home.

People told us they felt safe at the home. Staff were able to demonstrate a good knowledge of how to protect people from avoidable harm and had received training in safeguarding people from abuse. We saw that there were enough staff members with appropriate skills and experience available to meet people's needs. We saw that there were contingency plans in place to deal with any emergency situations or unforeseen events.

We found that people had been supported to take their medicines as prescribed. Medicines were administered by senior staff who had been trained in the safe administration of medicines. We saw that potential risks to people or their health and well-being had been identified, and risks mitigated where possible.

Staff told us they sought consent from people before providing support or personal care. This was, in most cases recorded in their care records.

People who used the service told us the staff were very good and kind. Relatives too were very complimentary about the abilities of the staff. We saw that staff had received Induction and training including regular updates. Staff were well supported by the management team and had team meetings, regular supervision and an annual appraisal, all of which support ongoing personal development.

People enjoyed a range of food, mainly Italian cuisine. People were able to eat in one of the dining rooms, communal areas or in their bedrooms. We observed lunch being served and saw that people had a choice of

food. Specialist diets were available if required, and people were offered a range of fresh foods and drinks including regular snacks which provided people with a healthy balanced diet.

People were supported with their day to day health care needs. There were weekly visits from a local general practitioner (GP) and people had access to a range of health care professionals including chiropodists, opticians and dentists when necessary.

We observed positive interactions between staff and people who used the service and saw that people were looked after with kindness and compassion. Staff had well developed and meaningful relationships with people who knew them well. We observed gestures and body language which people were familiar with and which was personal to them. Staff were patient and calm throughout the day, and this provided reassurance to people, when there was the potential for people to be anxious.

We saw that people were involved in their care planning, and were asked about likes and dislikes. People and their relatives contributed to reviews of their care and support. Care plans were personalised. People and their relatives told us they received a service that was personal to them. We found that staff knew the people they were supporting well and knew what they liked and disliked.

People's dignity and respect was maintained and we observed people were given privacy, and staff were discrete when assisting people with care. We saw that records relating to people were stored and moved safely to ensure confidentiality.

We saw that there was a variety of things people could do and we saw people enjoying entertainment and a musician was playing 'Italian music'. People and their relatives said there were always things going on and there were opportunities available to pursue things that were of interest to them.

We saw that complaints were welcomed and encouraged as a way of improving the service. They had been appropriately investigated and the outcomes recorded and shared with complainants. People and staff told us that management listened to them and responded to any concerns they made, and in a positive way.

# Summary of findings

People, visitors and staff were all complimentary and positive about the management team and the management arrangements at the home. We saw that there were good governance processes in place, and a commitment to drive continual improvement.

# Summary of findings

## 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 safe.

Staff knew how to recognise and report allegations of abuse.

Sufficient numbers of staff were employed and available to meet people's needs in a timely way.

Staff did not start work until satisfactory employment checks had been completed.

Potential risks to people's health were identified and effective steps taken to reduce and or mitigate risks.

People's medicines were managed safely, and were administered by staff who had been trained.

Good



### Is the service effective?

The service was effective.

People gave consent to their care and support and staff complied with the requirements of the Mental Capacity Act (MCA) 2005.

Staff received regular support, supervision, and training which meant that people's needs were met by competent staff.

People were assisted with eating and drinking sufficient amounts to keep them healthy and met their dietary requirements.

People's health needs were met and people were supported to access a range of health professionals as appropriate.

Good



### Is the service caring?

The service was caring.

People were looked after in a kind, compassionate and personalised way by staff who knew them well and were familiar with their needs.

People and their relatives where appropriate, were involved in the planning, and review of the care and support provided.

Care was provided in a way that was respectful of their wishes, dignity and maintained their privacy.

People's personal information was protected and confidentiality was maintained.

Good



### Is the service responsive?

The service responsive.

People were entertained with a variety of entertainers who came to the home. Hobbies and interests were available to suit people's varying abilities.

People received personalised care that met their needs and took account of their choices.

Good



# Summary of findings

People were encouraged and supported to raise concerns and have them resolved with to their satisfaction.

## Is the service well-led?

The service was well led.

There were various systems in place to monitor and review the quality of the service provided to people. The management and staff strived to achieve continual improvement.

People, their relatives and staff were positive about the management and leadership arrangements at the home.

Staff had clear direction and understood their responsibilities. Staff were well supported by the management team.

There were good quality assurance arrangements in place and we saw that these were used to continually improve the quality, and manage risks effectively.

**Good**



# Villa Scalabrini

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 9 July 2015 and was unannounced. The inspection team consisted of one Inspector, and an interpreter advisor. The interpreter was able to communicate with people who live at the service whose first language was not English.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who lived at the home, six relatives, five staff members, the registered manager, deputy manager, a visiting professional and the provider. We requested and received feedback from stakeholders and reviewed the local authority's latest contract monitoring report.

We reviewed care plans relating to six people who lived at the home. We reviewed the staff recruitment processes for two staff. We reviewed quality monitoring arrangements, audits, complaints, safeguarding records, and other documents relating to different aspects of the service. We carried out observations in two different dining areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt assured that people were safe living at the home. One person told us “I feel very safe because there are enough staff members to care for me at all times”. A visiting relative told us that they “were able to go home and not worry” knowing that their relatives were being cared for appropriately. Another visiting relative told us that they felt their relative was very safe and happy in this environment and trusts the carers fully”. People repeatedly spoke about the skills and abilities of staff and their role in helping to keep people safe.

Staff were able to demonstrate an appropriate knowledge of what their responsibilities were around protecting people from avoidable harm. Staff had received safeguarding training and were able to talk us through the reporting process. One staff member told us “I would tell the manager or senior immediately”. There had been three recent safeguarding allegations. Two of these had been concluded, and were unsubstantiated and one was still being investigated at the time of our inspection. However the manager told us although a thorough internal investigation had been done, in the case of one event, they had not reported the incident to safeguarding. They had since reported it retrospectively and had learnt from this incident. They had reviewed and strengthened their processes around reporting. However we saw that the risks of a reoccurrence had been mitigated and since this incident we had been informed of two other incidents appropriately demonstrating that they were following their safeguarding procedure appropriately.

Staff told us about the whistle blowing policy which was in place to ensure they were able to report concerns about practice. We saw that policies and procedures for safeguarding people were available and accessible to staff. Staff had access to information and regular updates to ensure they had the most up to date knowledge to make sure that people were protected from abuse.

We saw that there were contingency plans which were available in the event of an emergency and these included personal emergency evacuation plans for people who used the service.

We reviewed risk assessments and saw that these were comprehensive and where possible mitigated risks to people. The risk assessments had been completed with input from people and or their relatives and people had signed to indicate their consent to the care. We saw that although risks and care plans were reviewed, that in some cases people recorded ‘no change’ or ‘remain the same’ and managers told us they were reviewing this practice to ensure these were focused on people’s individual needs. Staff told us that they encouraged and supported people to be as independent as possible, whilst managing any potential risks.

We saw there were enough staff deployed to deliver care in a timely and unhurried way. There were eight care staff, three managers and three senior care staff on duty as well as several ancillary staff. Rotas demonstrated that staffing levels were appropriate to meet the needs of people. There were robust recruitment procedures in place and we saw that all pre-employment checks were in place, and once staff were confirmed an induction and training shadowing and support continued throughout the probationary period.

Medicines were administered by staff that had been trained in the safe administration of medicines. We saw the process for ordering and disposal of medicines were managed safely. Medicine Administration records (MAR) charts were completed in accordance with the policy and medicines were stored securely and maintained at the correct temperatures. Appropriate stocks of medicines were kept to ensure an adequate supply was always available. The latest audit two weeks prior to the inspection had not found any shortcomings and the manager was waiting for the report to be received.

A health care professional who visited the home told us that staff were very helpful and had no concerns. They said general observations were good and that they always show a willingness to improve. They assisted appropriately, identified risks, and obtained specialist advice where appropriate and followed guidance for example about pressure care and skin integrity, to reduce the risks and deliver safe and effective care.

# Is the service effective?

## Our findings

People and their relatives told us the staff were “wonderful”. Relatives and visitors said people were looked after by staff who were experienced and had been given training. We observed staff and saw that they looked after people in a personalised way that met their individual needs. Two people said, “They [staff] are very, very good. A visiting relative also spoke highly of the skills and abilities of the staff. Another said “without exception the whole team and managers are brilliant”.

We saw that people and their relatives were involved in decision making and that appropriate consents were sought within the legal framework of the mental capacity act (MCA). This is legislation to protect people who may not be able to make their own decisions about important things in their lives. Staff had received training in MCA and were able to describe what it meant and how they ensured they operated within the legal requirements. The manager told us that DoLS applications had been made to the local authority in relation to seven people who lived at Villa Scalabrini and were pending an outcome at this time. These related to bedrails which were in use to protect people from harm and were used in the person’s ‘best interest’.

Staff asked for people’s consent before providing care and support. However people did not always communicate their consent verbally and we observed body movements and gestures for example a person holding their hand out to go to the dining room with the care staff. We heard staff talking to people and explaining what they were going to do.

People enjoyed the food and we saw that people were given a choice. Relatives said the food was really good. We

saw that food and drink was served efficiently and the food was hot and looked appetising. “A relative told us “cooking and eating is so important in Italy”, it is social and enjoyable. We observed the lunch time to be unhurried and people were assisted in a dignified manner. We saw a range of special diets being served including a pureed diet and gluten free diet. Staff told us that they monitored people’s weight and food and fluid intake and if there were any concerns they referred people to the speech and language therapist for a swallowing assessment. (SALT)

People told us that they had in the past few weeks been able to make pizza and bread which they enjoyed and this activity meant that people were supported to pursue hobbies and interests that were of interest to them.

People’s health needs were met. A GP visited the home every Tuesday and anyone who needed to be seen by the GP was seen at that time. At other times staff called the practice to request GP visits. Other professional healthcare people visited the home periodically or when required including chiropodists, optician and dentists. People were supported to attend hospital appointments as required. We saw a physiotherapist at the home assisting a person who had recently had a fall. The person was being supported to regain their confidence and get back to the level of mobility they had prior to the accident.

We saw that new staff members completed a comprehensive induction programme before being allowed to work in an unsupervised capacity. Training had been provided in a range of topics including safeguarding adults, food hygiene, moving and handling, care of people with dementia, fire safety. Staff told us they had access to regular training, to support their learning and development. We saw that staff had regular supervision with their line managers and to review performance.

# Is the service caring?

## Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person said, “I have no concerns regarding the standards of care or the staff, on the contrary, I feel very at ease with them and they are very friendly”. Another visiting relative told us “staff are very good at keeping us informed” “they always consult me when there’s any need for any particular action to be taken, i.e. medical intervention”. Another person said “They [staff] are all very nice, they’re helpful to us.” People repeatedly told us about the staff being caring and supportive to them as well as their relatives.

We observed staff attending to people throughout the day and at all times observed them to be supportive and reassuring. They were patient and unhurried and people were supported at a pace that was right for them. We saw staff taking time to explain things to people, and gently guiding them by way of a reassuring arm when people looked uncertain. Staff were knowledgeable about the people they cared for, knew them all by name, and friends and visitors also. Visiting family told us they were welcomed at any time, and were always welcomed in the same way whether it was morning or night. A relative of one person told us, “My [family member] regards this place as home, although they are confused at times, they are happy to be here.”

We observed lunch and staff were supportive but discreet. People had space to be independent, but when they saw a person struggling they were quick to respond and support them.

People were provided with information relevant to their needs. For example the use of advocates, interpreters and other useful information about what was going on in the home. We also saw Italian magazines and newspapers which people were able to read to keep them informed of the outside world. Staff wore name badges and there were photos to help people identify staff. People’s records and confidential information was handled with respect for privacy and confidentiality. For example documents that we had asked to see were requested to be returned for safe storage when we had completed our review of them.

We saw that people were consulted about their care and where possible relatives were invited to contribute to the process. A visiting relative told us “they keep us informed and always ask our opinion”. We also found that care records were reviewed with staff who were working with the person and not just taken to the office for completion. A person told us “this was important otherwise information becomes diluted”.

We found that personal care and support was provided in a way that promoted people’s dignity and respected their privacy. We observed staff discreetly assisting people. Staff knocked on bedroom and bathroom doors, and requested permission to enter the room. Two relatives told us how staff were so respectful in their approach and how they communicated with people. individuals.”

# Is the service responsive?

## Our findings

People and their relatives spoke positively about how the staff responded to people's changing needs. Relatives told us they were always updated if there was any changes to their relative's needs, and also that staff and management at the home were good at keeping them informed about what they had done or were proposing to do when there was a change in the needs of people who used the service.

The staff told us they tried to provide a range of suitable and stimulating entertainment and activities that were meaningful and interesting to people who had a range of differing abilities.

For example they provided cookery classes where people were supported to make Pizzas and bread, a relative told us "this was so good" because their relative "had dementia, but was able to participate in the pizza making because they had retained those skills from years ago".

People also told us about community type events including a recent summer fete and BBQ held in the gardens. The manager told us they were in the process of developing the gardens to include a sensory area for people living with dementia. They were also getting a fish tank with tropical fish which people had expressed an interest in.

We observed people in the garden and in the activities room; some people were relaxing in a quiet lounge listening to music. People and relatives told us that they really tried to provide activities that people could engage in and that were tailored to meet people's needs.

People had personal items in their bedrooms, which included family photographs, furniture and ornaments. People and their relatives were involved in the 'mission' of the home and had a 'shared vision'

Staff were able to talk about people and their specific needs, likes and wishes. Staff told us they strived to ensure care was personalised and everything they did was to enhance people's lives. We found that care and support was delivered in a way that was responsive to and met people's individual health and support needs. Care plans and risk assessments demonstrated that staff and managers were responsive to people's needs. We spoke to a visiting healthcare professional who had visited the home over a period of some months and spoke positively about the responsiveness of staff and managers.

People and their relatives told us that they felt confident that the manager and staff listened to them and responded to any comments or feedback they had to give. We saw that people were supported to make complaints, and there was guidance displayed in the entrance of the home. Complaints were fully investigated and an outcome recorded which demonstrated that the management was keen to resolve things to the satisfaction of the person making the complaint.

People, relatives and staff were invited to attend meetings which were held regularly and provided an opportunity for people staff and managers to have discussions about the service and share their experiences about the services provided.

Quality assurance was a priority within the service and was currently being reviewed with many new projects being explored. We saw that people had been asked to complete questionnaires as a means to obtaining feedback about the service. We saw that all feedback was positive and that corresponded with the feedback and observations throughout the inspection.

# Is the service well-led?

## Our findings

People, their relatives and staff were very positive about the management of the home and the strong and visible leadership demonstrated by both the provider and manager.

People and their relatives all knew who the management team were and said they could always speak to a manager if required. Staff told us managers were supportive and demonstrated strong, leadership, and staff had clearly defined roles and responsibilities. Relatives we spoke with told us the staff were fantastic and were positive about all aspects of the service including the management team. A new general manager had recently joined the service and was in the process of reviewing all quality assurance systems within the service. We saw from documents provided and discussions that there was a commitment to ensure continual improvement and everyone was aspiring to achieve an outstanding rating in the future.

We observed positive interactions from staff and managers both with people who used the service and relatives and friends.

We were shown a range of quality monitoring audits, and checks that had been undertaken. These were in place to assess the performance of various aspects of the service.

Where any shortfalls delivery were identified, action improvement plans were in place with clear guidance about how the improvements would be made, by whom and clear timeframes. For example staffing levels were consistently under review, as well as risks and risk management, quality of care and customer satisfaction. These all demonstrated the commitment of the management team to continually improve the quality of the service.

We saw that staff were supported to continually develop in their chosen roles and were able to attend training which supported their development. The management team told us they were developing a number of lead roles including a dementia champion and infection control lead.

The general manager informed us about complaints, falls monitoring and any other incidents in a timely way. We saw that there were robust processes in place to support and sustain good standards of care for people who used the service.

Measures were also in place to identify, monitor and reduce risks at the home. The actions arising from these checks were analysed by the manager and shared with the management team for their information and further action as considered necessary.