

Villa Maria Care Limited

# Villa Maria Private Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Villa Maria Private Nursing Home is a care home providing personal and nursing care to people aged 65 and over and people with a disability. The service can support up to 26 people in one adapted building. There were 22 people living there at the time of the inspection.

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

People chose how they received their care and support. For example, people chose the times at which they got up in the morning and when they went to bed at night. They chose how they received personal care, the activities they engaged in and what they ate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider monitored the quality of the service people received and made improvements where shortfalls were identified. Management arrangements had changed since our last supervision with a new registered manager in post supported by an operational manager. The registered manager and staff were clear about their roles and responsibilities and worked in partnership with health and social care professionals to meet people's needs. The provider sought feedback from people and their relatives and used this information to improve the service.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 06 May 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions responsive and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Villa Maria Private Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Villa Maria Private Nursing Home

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried by one inspector and one Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Villa Maria Private Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Villa Maria Private Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

## 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the inspection we spoke with 6 people, 2 staff, the team leader, administrator, clinical lead, operations manager, director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records, the provider's complaints records, quality auditing processes and infection prevention and control records. We also carried out general observations.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection we found the provider was in breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always have choice and control over all aspects of their care such as the time they got up or when they ate breakfast. In addition, we found visits had not been reinstated at the service following the end of the COVID-19 national lockdown and one person had not been supported to go into the community. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 9.

- People told us they chose the times at which they were supported to go to bed at night and get up in the morning. One person told us, "We have discussed this, and the staff help me to bed about 9pm and get up about 8.30am, which is fine." Another person told us, "Staff know that I like to be up by about 8ish."
- People chose where they ate their breakfast and other meals. For example, some people chose to eat their breakfast in bed or sitting in their armchairs, whilst others chose to dine with other residents in the dining room or conservatory. Kitchen staff prepared meals people had chosen and that met with their specific dietary and cultural needs when required.
- People told us they could receive visitors whenever they wanted.
- The provider ensured that people received personalised care. People and their relatives were involved in developing people's care records. These noted people's personal histories, likes and dislikes as well as personalised outcomes. People participated in the reviews of their care plans. This meant people received person centred care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured that information was available to people in formats they could understand. For example, one person was supported to use picture cards to choose activities and meals.
- People had access to an easy to read complaints procedure.

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

- Staff supported people to maintain the relationships that were important to them. Visitors were welcome

at the service and staff supported people to speak to relatives over the phone and online. Additionally, where people required, staff read the cards they received to them.

- The service provided a range of activities for people to engage in. One person told us, "I like the Bingo, they always do prizes which makes it fun and I like the garden when it is warm enough." A second person said, "I do colouring and word searches."
- People who preferred to spend most of their time in their bedrooms were protected from social isolation. One person told us, "Staff come in to see me." The services' activities coordinator visited people in their bedrooms to engage in preferred activities individually.
- Relatives were encouraged to attend events at the service. For example, when there were live performances and for race days.
- Staff supported people to engage in activities in the community. For example, people who chose to, were supported to go shopping and to local cafes.
- People we spoke with told us they did not have any specific spiritual or cultural needs that needed to be met. The service assessed people's spiritual and cultural needs and offered to provide person centred support to meet these when required.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service since our last inspection. People told us they felt comfortable raising any concerns they had. One person said, "I can tell the staff what I think."
- The registered manager made a note of any dissatisfaction relayed to them and recorded the actions they planned and undertook to achieve improvements. This meant action was taken to improve people's care and support in response to issues they raised.

End of life care and support

- Where people required end of life care the provider worked in partnership with people, their relatives and healthcare professionals to ensure personalised care. The registered manager made referrals to a beacon hospice service which provided guidance on high quality end of life care and ensured that healthcare professionals such as dieticians and tissue viability nurses were involved as necessary.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality audits were not sufficiently robust. At this inspection we found that enough improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection a new registered manager had come into post at the service. They introduced new auditing processes to drive improvements. In addition, the provider had created the new post of operations manager to line manage and support the providers' registered managers. The operations manager carried out additional quality checks.
- The provider ensured that audits were sufficiently robust so as to identify and address shortfalls. Audits included the environment, people's care records, medicines and staff files.
- Since the last inspection the provider had transferred care records from a paper format to electronic care records. This enabled the registered manager and clinical lead to monitor and meet changes to people's needs, risks, care and support.

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; continuous learning and improving care

- The provider understood their responsibility to keep people, relatives, the local authority and regulator informed about important developments at the service.
- The registered manager, team leader and clinical lead reviewed incidents at 'lesson learned meetings'. At these meetings issues such as falls, complaints and safeguarding were reviewed, and the lessons learned were shared with staff. This meant information was shared and acted upon to reduce the risk of concerns reoccurring.

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

- People were supported by staff who were clear about their roles. The registered manager ensure that staff received refresher training to ensure their skills and knowledge was up to date.
- The registered manager ensured that new staff received an induction upon joining the service. This meant that people received their care and support from staff who were skilled and knowledgeable in their roles.
- The provider planned to increase staff responsibilities by creating a number of 'champions. These will be



staff with specific responsibility for areas such as people's dignity, safeguarding, health and safety and nutrition. Champions will report back to the registered manager and explain improvements to colleagues in team meetings.

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

- The provider gathered the views of people, relatives, staff and healthcare professionals via surveys. The registered manager used the feedback from these surveys to improve people's care and support.
- The registered manager arranged meetings for people to discuss matters of interest to them. One person told us, "They hold the meetings in here so we can talk if we want." The minutes of residents' meetings were retained for people to review later.
- People were positive in their comments about the staff providing their care and support. One person told us, "The staff are wonderful, they can't do too much for me." Another said, "I need a lot of help and I always get it. I am very grateful to them."

Working in partnership with others

- The registered manager and staff worked in partnership with others to achieve positive outcomes for people. For example, to meet people's health needs the service worked collaboratively with healthcare professionals including nutritionists, physiotherapists, speech and language therapists and mental health specialists.