N. Notaro Homes Limited

Immacolata House

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

Summary of findings

Overall summary

This inspection took place on 20 and 21 November 2018 and was unannounced.

Immacolata House provides accommodation for up to 49 people who require nursing and personal care. The home provides most of its care to people living with dementia. At the time of the inspection there were 49 people living in the home.

Immacolata House 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Why the service is rated Good.

There were processes and practices in place to keep people safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people. All staff spoken to were able to tell us what they would look for and how they would report anything they thought put people at risk of harm or abuse.

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff attended regular updates of the organisations mandatory training.

People who were able told us, and we saw, they were cared for by kind and caring staff. Staff respected people's privacy and dignity at all times. Relatives told us they were involved in developing and agreeing care plans. They confirmed they were kept informed of any changes and that the staff in the home communicated well with them.

People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to support people and how to know when a person was not happy or distressed. This was important because not all people were able to verbally communicate. People

were supported to access health care services and see healthcare professionals when necessary.

People took part in a range of meaningful activities which included in-house entertainment, trips out and walks in the grounds which had a small holding where people could help care for the animals. A local preschool nursery visited each week and people were engaged in watching or taking part in the children's activities.

People were supported by a team that was well led. Everybody spoken to said they thought the service was well led.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Immacolata House

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 checked whether the provider is meeting 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.

This inspection took place on 20 and 21 November 2018. The first day of the inspection was carried out by two adult social care inspectors, and an expert by experience and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by two adult social care inspectors and was announced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with nine people living at the home, eight members of staff, eight visiting relatives and one visiting health care professional. We also spoke with the registered manager and the deputy manager. We spent time observing care practices in communal areas of the home for this 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 looked at a number of records relating to individual care and the running of the home. These included five care and support plans, three staff personnel files, training and supervision records and minutes of meetings held at the home and the organisations policies and procedures.

Good

Is the service safe?

Our findings

People continued to receive care that was safe.

People told us they felt safe using the service and with the staff supporting them. One person said, "I am never afraid. There's no need to be. This is one of the pleasantest homes I have seen. I would not have stayed here if it was a nasty place." A relative said, "The room was changed around for safety. There's a pressure mat by the bed. (This is a piece of equipment which alerts staff when a person stands. It is not used as a restraint it alerts staff so they can prevent the person falling.) The staff are fantastic towards my mother. Mum gives everyone a beaming smile."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were acted on to make sure people were protected. Records showed staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. One staff member told us how they would report any issue to senior staff, they said, "I know that any issues would be looked into a dealt with properly."

People were supported by enough staff to meet their needs. People and their families were happy with the way staff responded to call bells. Although some said there were occasional waits. During the inspection all call bells were promptly answered. One person said, "You ring it if you want anything and they come and give you whatever you want."

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included risk assessments around the prevention of pressure ulcers and the risk of falls. Some people had been allocated one to one care time during the day either to prevent falls or observe for behaviours that might challenge themselves or others. Staff had contacted appropriate professionals to make sure people at risk of developing pressure ulcers had suitable pressure relieving equipment in place.

Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. We saw evidence of other risk assessments relating to, nutrition and hydration. When people needed transferring, there were clear guidelines about which type of sling and hoist should be used. We observed staff using equipment to transfer a person during the inspection they worked safely and reassured the person throughout the procedure.

Systems were in place to manage medicines safely. Medicines were stored securely and access was restricted to appropriate individuals. Room and fridge temperatures were recorded daily to ensure medicines were kept at suitable temperatures. There were suitable arrangements for storing and recording medicines that required extra security. The service used an electronic system for recording and

administering medicines. This system ensured people received their medicines in a safe and timely manner. The electronic system also enabled senior staff and the registered manager to carry out audits to identify any shortfalls and drive improvement.

Staff administering medicines undertook regular training and competency assessments. When medicines were given they were recorded on Medication Administration Records (MARs). Specific arrangements were made for medicines which had to be administered at a certain time, so these were given correctly.

Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Good

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "I think they [meaning the staff] know all there is too know about me."

All new staff worked a probationary period and carried out a full induction including the providers mandatory training. The induction included information relating to the Care Certificate and gave new staff the chance to shadow more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

Staff received the training they required to safely fulfil their roles and effectively support people. Records showed that staff had attended and received updates in the areas the provider considered mandatory training. Staff confirmed they had attended training specific to people's needs, for example dementia awareness and management of diabetes. One staff member told us they had especially liked the dementia awareness training. The provider had a training matrix which showed when staff had completed training and when updates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs.

The registered manager told us how they supported staff to attain professional qualifications. Staff were able to obtain, specialist qualifications in Health and Social Care to level 5. They also encouraged staff to take lead roles such as dementia and wound champions.

The provider also supported registered nurses to maintain their registration through continued personal development. Trained staff confirmed the provider supported them to keep up to date with their skills and personal development. Registered nurses supported student nurses to maintain their knowledge whilst providing support and mentorship. Feedback from students was positive about the support they had received whilst at the home.

Staff attended regular one to one supervision with senior staff and an annual appraisal. They also attended team meetings when wider issues could be discussed. For example, the records for one team meeting showed they had discussed the implementation of a hydration plan to ensure all people living in the home received sufficient fluids.

A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People told us they had good access to healthcare professionals according to their individual needs. One person told us, "They get the doctor for you if you need them. I spent some time in bed then the doctor came to see me. I didn't wait that long."

People were supported with dignity and respect at mealtimes. The lunchtime experience was relaxed and a social occasion with background music and some people's relatives joining them. Staff members sat with people and ate their meal whilst supporting them making it a more social experience. Menus were on the

tables to remind people of the options. Staff showed people the meal options earlier so they could serve the meals in a timely manner. People were asked if they would like salt, pepper or gravy and everybody was offered a choice of drink with the meal.

Some people chose not to go to the dining room for lunch. They were supported in a timely manner to receive their food whilst still hot. One staff member explained one person did not like the busy atmosphere in the dining room and preferred to sit in the conservatory. They were supported with their meal and said they were happy. Another person who had not eaten at lunchtime was offered the meal later and supported to eat at the time they preferred.

People only received care and support with their consent or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions. Care plans showed people's ability to make specific decisions had been assessed. Records showed how the staff had tried to involve people as far as possible in decision making.

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. When appropriate, they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

Areas of the home had been suitably adapted to help people maintain their independence. Each person's room had a memory box outside the door as a prompt to remind them it was their room. The boxes were personalised with specific items that had a personal meaning for each person. In the entrance hall there was a reminiscence room which people could use. Some areas of the home contained soft toys and in one area a pram which the registered manager said one person liked to push around.

Good

Is the service caring?

Our findings

People continued to be cared for by kind and caring staff. People told us they found all the staff who supported them were kind and cared about their needs. One person said, "They are always kind to us. Nobody is horrid to us. I feel very comfortable. If I can't be at home, I would rather be here." A relative said, "They [staff] are all very kind to [the person]. I have never heard a cross word."

Throughout the inspection we observed staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

During both days of the inspection we saw excellent interactions between staff and people who lived in the home. People were happy to see staff and there was a friendly cheerful atmosphere.

People's privacy and dignity were respected and their independence was promoted where possible. One person said, "They are very good at that they cover me up when I am having a wash and they knock on the door. All very kind and polite." Another person said, "I like to stay here in my room, I do join in with the others sometimes but they [the staff] respect my choice."

We observed doors remained closed during care giving and witnessed staff knocking on doors before entering. People could choose who supported them with personal care. This was clearly recorded in people's care plans. Staff told us of people who preferred female care workers and they all knew to ensure this was respected.

People could make choices and these were respected. Relatives confirmed they were involved in decisions and how their loved one was supported and cared for. One relative said, "They [the staff] are very good at keeping us informed. We discussed the care they needed and [the person's] likes and dislikes. It was good that we could talk about [the person's] wishes." Some people were unable to make choices themselves due to their dementia. The registered manager checked that relatives making care decisions on people's behalf had the relevant permissions to do so.

People's confidentiality was supported. Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

Good

Is the service responsive?

Our findings

People continued to receive responsive care and support which was personalised to their individual needs and wishes. Staff had a very clear understanding of people's needs and how to meet them. People told us they were happy with the care and support they received. One relative said, "They [the staff] have been wonderful. [The person] has come on so well since we came here. When [the person] first came here he couldn't walk and was very low. Then they got him up and walking and looking so well again. They are absolutely wonderful." A visiting healthcare professional said, "They [the staff] are knowledgeable both on health needs and dementia care. Understand how to manage behaviours and will discuss triggers and effective management." They also said they found the care plans were up to date with plenty of information.

Care plans were person centred and included people's likes dislikes and a life history. This meant staff could talk to people about meaningful events in their past when assisting them through the day. We observed staff taking time to talk to people and help them take part in a meaningful activity.

Staff were aware of the needs of people and could explain how they provided the care and support they required. Records showed that care plans were regularly reviewed and changes recorded. Staff told us the communication about changes was good and that they discussed all care plan changes at shift handovers.?

Before moving into the home people's needs were assessed to ensure the service could provide the care and support they required. Following the assessment, a comprehensive care plan was written based on their assessed needs and personal wishes. Most people relied on family members to support them in developing the care plans.

Staff used a butterfly system to prompt them to talk about a specific subject during the day. For example, a butterfly on a person's door reminded them it was the person's birthday. This meant all staff going into their room would wish them happy birthday and talk about birthday memories.

The registered manager explained how they had responded to the need for people to remain well hydrated to prevent urinary tract infections [UTI's] and promote less confusion in people living with dementia. All staff were aware of the need to record at least seven drinks for each person by eleven o'clock in the morning. We observed staff were encouraging fluids throughout both days of the inspection. The registered manager said they had seen a marked reduction in the occurrence of UTI's.

The provider employed three activities co-ordinators who supported people to take part in meaningful activities through the day. Some people could go out and join in activities in the local community this included, Tea dances, walks and visits to local attractions with members of the public who live in the local community. Other people preferred to remain in the home. The home also had a working small holding which was run by two part-time staff members. People were observed walking in the garden and visiting the animal shelters and the field to see the animals. One person was assisting the small holding staff by making heated areas for the homes tortoises. One relative said they found their loved one enjoyed walking to the

animal shelters and that it often had a calming effect on them. The home also had a relationship with the local school, the registered manager said, "We take the residents to the school and the school works towards developing life histories."

During the inspection we observed staff took the time to engage people in an activity of their choice. People said they could join in or not if they decided to have some quiet time. One person told us about their knitting, and visit to the local shopping centre. Whilst another person said they liked to walk in the grounds. In the afternoon of the first day of the inspection children from a local preschool nursery visited and played with people in the lounge.

People with religious and cultural differences were respected by staff. One person explained how they could attend church services in the home. People could also attend a local church then go to lunch with the vicar after the service. The registered manager was also aware of how they could access community links for people with other religions or cultural needs.

The home had a complaints procedure which was prominently displayed and was routinely given to people when they moved in. We looked at the complaints procedure and found it was written in large print so people with a visual impairment would be able to access the policy.

People said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. Most people said they would speak to the manager or the deputy. One relative told us their recent questionnaire had mentioned the complaints procedure.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

Good

Is the service well-led?

Our findings

People continued to be supported by a team that was well led. People told us they felt the service was well led and they were happy with the care and support they received. One healthcare professional said, "All the staff are very approachable and the manager is always available."

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.

Systems in place were being used effectively to identify and drive improvements in the home. Issues raised had been managed through training for staff and team managers. For example, the introduction of a hydration plan to ensure all people living in the home had enough fluids had had a positive impact on the outcome for people with less infections and less confusion.

There were effective quality assurance systems operated by the registered manager, deputy manager and operational manager. These included regular audits of care plans, medicines, management of the property and staff personnel records. This meant they could ensure the care provided for people was consistent and met their needs. In addition, the registered manager completed weekly and daily checks, such as reviewing nutrition, hydration and re-positioning records, and ensured medical equipment was fully functioning.

We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, ancillary staff were trained to assist with serving meals. This meant staff could sit at tables with people and assist them in a more person-centred way, and that meals were served in a timely manner.

The management team and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was available for people, staff and visitors to read. This demonstrated the organisations approach to being open and transparent.

Staff confirmed that a system of one to one supervision meant they could discuss training needs and any issues regarding the care and support they provided or the running of the home. This also gave the registered manager the opportunity to share best practice training and guidelines with staff either on a personal basis or in group supervision.

The management team attended local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. The management team also kept their skills and knowledge up to date, through research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.