

N. Notaro Homes Limited

La Fontana

Inspection report

Fold Hill Lane
Martock
Somerset
TA12 6PQ

Tel: 01935829900

Website: www.notarohomes.co.uk

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11 October 2022

17 October 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

La Fontana is a nursing home providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 68 people using the service. It accommodates people in three separate units, each of which has separate adapted facilities. Each unit specialises in providing care to people living with dementia.

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

Risks relating to infection prevention and control (IPC), including in relation to the COVID-19 pandemic, were assessed and managed. Staff followed recommended IPC practices and safe visiting was supported. Daily cleaning of the home was being improved and the importance of wearing facemasks at all times emphasised to staff.

People's medicines were generally well managed and administered safely. Minor improvement was needed in the management of topical creams to ensure people had them applied as prescribed. Staff needed to ensure there was always prompt action when changes were needed in medicine administration.

People said they felt well cared for, listened to and were happy living at La Fontana. People told us they felt safe. Systems, processes and practices safeguarded people from abuse. Staff knew how to identify and report safeguarding concerns.

Risks to people were assessed and reduced as much as possible. Risk assessments for people who expressed feelings or an emotional reaction were being improved. Equipment was safe for people and staff to use.

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.

Staff were recruited in a safe way. People said there were enough staff to support them.

Staff told us morale, teamwork, training and communication were good. Staff culture was positive and proactive. We observed many positive, kind and caring staff interactions with people.

There were thorough reviews of all accidents, incidents and near misses. Actions were taken to prevent reoccurrence to ensure people were safe.

The current management team (supported by the provider's quality and compliance manager and operations manager) had clearly worked hard to manage the home well since the last manager had left. There were effective systems in place to monitor and review the quality of the service and to make sure improvements were carried out.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 April 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for La Fontana on our website at 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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

La Fontana

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

The inspection was carried out by two inspectors and an 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.

La Fontana 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. La Fontana 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 October 2022 and ended on 17 October 2022. We visited the service on 11

October 2022 and 17 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We met people who lived at the home and spoke with nine of them about their experience of the care provided. We also spoke with two relatives visiting the home.

We spoke with 18 members of staff including the provider's quality and compliance manager, the deputy manager, the head of care, registered nurses, care workers, activity staff, the chef, the administrator and housekeeping staff.

We reviewed a range of records. This included nine people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including fire safety, maintenance records and a wide range of monthly audits were also viewed.

An Expert by Experience contacted people's relatives by phone to gain their views on the quality of the service. They spoke with eight relatives.

Following our inspection visits, we continued to seek clarification from the provider to validate evidence found. We looked at the information sent by the provider. This included quality assurance audits, the fire risk assessment, minutes of staff meetings, staff training records, staff rotas, compliment and complaint records and the infection prevention and control policy.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last comprehensive inspection we found improvements had been made in the assessment of risks. However, risk assessments needed further development to ensure they were more focused on outcomes and then kept up to date.
- Systems were in place to assess and monitor risks to people. Care records showed individual risks had been regularly assessed and measures had been put in place to reduce those risks. For example, people who were at risk of falls had equipment in place to reduce the risk of falls and potential injuries.
- Risk assessments guided staff in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls. Risk assessments for weight management and nutrition and dependency levels had been undertaken. Risk assessments for people who expressed feelings or an emotional reaction were being improved during our visits. This was to ensure people were cared for safely and consistently by staff at these times.
- There were individual personal emergency evacuation plans for people in place to keep people safe in an emergency and staff understood these and knew where to access the information.
- Staff recorded maintenance issues in a folder on each unit which was reviewed each day by the maintenance person and repairs undertaken.
- Legionella precautions were in place and regular checks of water temperatures carried out to ensure people were not at risk of scalds. Regular call bell checks and wheelchair checks were undertaken. Fire checks and drills were carried out and regular testing of fire and electrical equipment. External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment to ensure people and staff member's safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe. Any conditions applied had been complied with.

Staffing and recruitment

- New staff were recruited safely. The records we looked at showed all required pre-employment checks had been carried out including criminal record checks and obtaining satisfactory references from previous employers. Nurses' registration with the NMC (Nursing and Midwifery Council) were also confirmed before they worked in a nursing role.
- People and staff told us there were enough staff to care for people; people spoke highly of the nurses, care staff and housekeeping staff. One person said, "The staff are very nice. You only have to ask and they do what you want." Another person told us, "You don't have to wait for care. Sometimes there's a little delay, depends on the time of day. All of the permanent staff are excellent."
- Overall, relatives told us they thought there were enough staff; they understood staffing was an issue in social care and therefore agency staff were used regularly. Comments included: "Always seem to have enough [staff]", "They [staff] do their best, always talkative, make sure that mum is happy" and "the majority of the time [there were enough staff]."
- The home had staffing vacancies for nurses, carers and housekeepers. Agency staff were used to provide cover. The same agency staff were used wherever possible so they got to know people and the routines of the home well. People told us they preferred permanent staff, but understood staffing was an issue across health and social care. One person said, "There are lots of agency staff here. They are good but don't know you as well as the permanent staff." Recruitment was ongoing.
- There was a good staff presence throughout our visits. People received care when they needed it and did not have to wait. Staff had time to talk with and interact with people as well as providing care. One staff member said, "We do have enough staff. It can be very busy, but I think people have the care they need."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely; the importance of wearing facemasks at all times was being emphasised to staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Daily cleaning of the home was being improved when we visited.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- People and their relatives told us the right medicines were given to each person at the right time. One person said, "The staff bring my tablets in four times a day. They're always on time."
- We observed that people were supported sensitively with their medicines. Staff ensured people had a drink and stayed with the person to support them to take their medicines safely. Staff had received appropriate training and had their competency assessed annually.
- Medicines were managed safely. Staff administering medicines wore a red tabard reminding people not to disturb them, to minimise the risk of making a medicine error. Staff used a computerised system for medicine management which guided staff about medicines which were scheduled to be administered and flagged up any errors. Where errors had been flagged there was a clear explanation of why.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security and refrigeration. Staff monitored the temperature of the medicine fridge to ensure medicines requiring cold storage were stored correctly. People's medicines were dispensed from medicine trolleys. Staff ensured these trolleys were always locked when left unsupervised so people could not access medicines and cause themselves harm.
- Improvement was needed in the management of topical creams to ensure people had them applied as prescribed. The deputy manager had already identified the need to ensure prescribed creams were recorded on both of the computerised systems they had in use and was in the process of completing this. This was so care staff were aware of creams they were required to apply.
- Regular medicine audits were completed; where errors or concerns were identified, action was taken. A pharmacist who provided medicines to the home had undertaken a review in April 2022 of medicine management at La Fontana. They had not identified any significant concerns.
- We found one example where changes had not been made promptly to medicine administration practice following an error being made for one person. This was discussed with the deputy manager and the head of care who acknowledged this and made the necessary changes between our first and second visits.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff treated them with kindness and compassion. Comments included; "I do feel safe. I'm happy here", "I feel safe. They [staff] look after us very well here" and "Yes, I feel safe here. It's all locked for security." People were comfortable and relaxed with the staff who supported them.
- Relatives told us their family members were safe living at La Fontana. Comments included: "Excellent. mum is safe, [staff were] very caring", "Mum is safe, never been a concern" and "Mum is safe, I have no worries; [staff] all seem to be friendly and kind."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm. There was information for people, visitors and staff about raising concerns on display throughout the home.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns and were confident that action would be taken if they reported any concerns.

Learning lessons when things go wrong

- Accidents, incidents and 'near misses' were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learned were shared with staff.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- At the last comprehensive inspection it was evident the service had made improvements but there were still areas that needed to be improved further. This included ongoing monitoring of people's risks in regard to falls and safe eating plans. We also found despite the provider's governance systems identifying areas for improvements, further improvements could have been made to ensure identified actions were completed by the management team. We were not confident the improvements in quality monitoring were embedded or would be sustained over time.
- At this inspection we found improvements had been made in the monitoring of risks to people and the improvements in quality monitoring had been embedded and sustained. There were a wide range of audits being carried out to monitor the quality of the service. These included medicines, nutrition, weight monitoring, catheter care, oral hygiene, care plans, infection control, accidents and premises. If improvements were needed following an audit, an action plan was put in place and improvements carried out.
- The last registered manager left their post in September 2022. The home was being managed in the interim by the deputy manager and the head of care (both registered nurses). They were supported by the provider's quality and compliance manager and operations manager. The recruitment of a new permanent, full-time manager was in progress when we visited.
- Staff told us they thought the home was being well run; they liked and trusted the deputy manager and head of care. One staff member said about them, "They are brilliant."
- Overall, relatives said the home was well managed. Most relatives did not know the last registered manager had left and felt their departure was disappointing as they were a good manager. One relative told us, "We are happy with how things are run. [The management team are] very accessible." Another relative said, "I think the home is well managed, but I was not told about the manager leaving recently."

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

- People told us they were well cared for and were comfortable at the home. Comments included: "I want to stay here. I think of this as my home. That should tell you all you need to know", "I'm happy here. I have lived in two other care homes. This is the best one."
- Relatives spoken with said they were generally happy with the care their family member received. Comments included: "I am happy with the service and wouldn't change anything", "Staff are very helpful and kind. I am happy with the service that [their relative] receives" and "I am happy with the service that mum

gets; [staff were] extremely helpful and always very welcoming."

- Staff told us morale and teamwork were good. It was sometimes difficult using agency staff, but staff still felt the care they provided was good. One staff member said, "The care here would be good enough for a member of my family. That's what we should be aiming for."

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

- The current management team and the provider understood their responsibilities to be open, honest and apologise if things went wrong.
- The provider had made sure we received notifications about all important events so we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People spoken with told us care staff asked if they were happy. People said they were happy with their care and with the home in general. One person said, "It's fine here. We all get on. It's a happy place really." Another person told us, "They [staff] look after us very well here."

- People living at the home had a mixture of communication abilities. Some people were able to talk with staff about their care and say if they were happy or not. Other people, such as those living with dementia, often used their response to things or communicated through their behaviour so this was monitored by staff.

- Relatives told us communication about their family member's care was good. They felt involved, listened to and were kept up to date. One relative said, "They [staff] are good at communicating. I get regular emails about what is going on in the home and they ring [as well]."

- Relatives had slightly mixed views about being able to share their views on the home more generally. They were happy to share their views, and all had done over time, but most did not know of any formal way of doing this. One relative told us they had completed a questionnaire, but others had not. Comments included: "I have never completed a questionnaire but feel I could express my views and they would be acted upon", "I would like more general communication from the home such as a newsletter. I can express my views and wouldn't hesitate if I had to say anything" and "I have never been asked to give my views on the service but feel I could express them and that they would be listened to. I feel that the service is okay and I have never had need to complain."

- Regular staff meetings and one to one supervision meetings with staff were held to share information and ensure staff had opportunities to discuss their work and share their ideas.

- The staff worked in partnership with other professionals, such as nurse practitioners and GPs to help ensure people's individual needs were met.