Care UK Community Partnerships Ltd

Ventress Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ventress Hall Care Home is a residential care home for up to 106 people who require nursing or personal care. Some people who used the service were living with a dementia type illness. The home is set over three floors, situated in its own grounds, with a range of communal areas for people to use. There were 75 people using the service at the time of our inspection.

People's experience of using this service and what we found
Risks around skin integrity and wound management were not always safely managed. Systems were not in place to monitor the progression of wounds, and procedures were not always robust enough to record if people had received appropriate care. This placed people at risk of harm. Medicines were not always administered as prescribed, and systems to manage medicines were not always robust.

Quality assurance measures were not always effective and did not pick up the issues we identified on inspection. Leaders did not always demonstrate the necessary knowledge, experience and oversight to ensure the safety and wellbeing of people who used the service. Relatives and professionals told us communication could be improved.

People told us they felt safe and well cared for. One person told us, "I love it here, the staff are all fantastic. It feels like home and staff treat me well." Staff were recruited safely. The service was appropriately preventing and controlling infection. There was a positive atmosphere in the service and we were told how the team had pulled together throughout the pandemic. Staff, people and relatives had opportunities to provide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 3 November 2017).

We carried out an infection prevention and control (IPC) inspection on 29 January 2021 and were assured with the service's IPC policies, procedures and practice.

Why we inspected
The inspection was prompted in part by concerns received about medicines and in part by notification of a specific incident, following which a person using the service sustained a serious injury.

The information CQC received about the specific incident indicated concerns about the management of skin care and wounds. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

This was a focused inspection looking at the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from good to requires improvement. 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 Ventress Hall Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, and governance, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Ventress Hall Care 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 Care Act 2014.

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 team consisted of two inspectors, a pharmacy inspector, a specialist advisor who was a tissue viability nurse, 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.

Service and service type
Ventress Hall Care Home 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
Two inspectors and a specialist advisor attended the service on 29 June 2021 and this was unannounced. A pharmacy inspector attended the service on 1 July 2021 and we gave the service 24 hours' notice of this visit.

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, professionals who work with the service, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service about their experience of the care provided. We spoke with 16 relatives. We spoke with ten members of staff including the governance manager, registered manager, deputy manager, clinical lead, two nurses, one senior care worker, two care workers and a domestic assistant. We spoke with three visiting professionals including the community matron and two community nurses.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at a selection of repositioning charts and wound assessment documentation. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance documentation and audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We requested additional documents, including policies and procedures, to be sent to us electronically.

The provider submitted challenges to the judgements made in this report. We carefully considered the challenges made, but they did not alter our findings. The provider submitted that wounds were correctly categorised following European Guidelines, and each service user had a wound evaluation record in place. The provider submitted there had been no further safeguarding concerns relating to pressure ulcers acquired in the service, so lessons had been learnt following the previous safeguarding. The provider submitted they sought advice from a tissue viability nurse where appropriate. Following the inspection, the provider arranged for staff to complete pressure damage training.

Requires Improvement

Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
● Skin care was not always safely managed. We were informed that staff checked people's skin each time personal care was provided to ensure it remained healthy. However, these checks were not documented, and so we could not be assured that the condition of people's skin was appropriately and regularly assessed.
● Risks were not always appropriately identified. Wounds were not always correctly recorded in people's care plans. Different wounds may require different treatment plans and therefore these incorrect diagnoses placed people at risk of harm.
● Systems were not in place to monitor the progression of wounds. Wound assessment documentation was either not completed, or not completed appropriately. Photographs and measurements were not routinely taken of wounds so it was unclear if wounds were improving or deteriorating.
● Procedures were not always robust enough to record if people had received appropriate care. Repositioning charts were not always completed appropriately or at the time the repositioning took place.

Risks were not always appropriately assessed, recorded or managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Care plans were up to date and person centred. Care plans contained good detail around other areas of risk such diabetes, nutrition and behaviours which may challenge others.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong
● Lessons were not always learnt following incidents. Records around skin integrity and wound management still contained important omissions, despite lessons being identified following a previous safeguarding.

This failure to learn from a past safeguarding incident was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe. One person said, "I am safe and well cared for. I trust the staff and could speak to them. I have no concerns. If I did I could definitely raise them."
● The provider maintained safeguarding logs. When a safeguarding concern was raised, a meeting would be held to discuss the incident.

● Staff had received up to date safeguarding training and a clear safeguarding policy was in place for staff to refer to if needed.

Using medicines safely
● Medicines were not always managed safely. Records required improvement to promote safe administration.
● Medicines were not always administered as prescribed. We found occasions where people had not received their medicines because they were out of stock.
● Records for creams were unclear. Records were completed to confirm a medication had been applied, however, records did not always say which cream or lotion had been applied. We therefore could not be assured people were receiving creams as prescribed.
● Protocols for 'as and when required' medicines were not always in place. Where protocols were in place, they were not person-specific enough to guide staff in the safe administration of these medicines.

Systems to support medicine management were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were stored safely and at the correct temperature. Daily temperature checks were being completed. Controlled drugs were stored securely.

Staffing and recruitment
● There were enough staff to meet people's needs. People told us, "The staff come quickly when you need them" and "Staff have time to sit and talk to you and have a chat. They are always smiling."
● The service used a robust dependency tool to calculate people's needs on each separate area of the home, and during both the day and night. Staff rotas would then be implemented to ensure there were enough staff to meet people's needs at any given time.
● Staff were recruited safely. Appropriate pre-employment checks were carried out to ensure staff were suitable for their role.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

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 the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Leaders did not always demonstrate the necessary knowledge and experience required, to care safely for people and to lead other staff members accordingly. Appropriate systems had not been implemented to enable staff to manage skin care safely.
- Care plan audits were not always effective. Audits had not identified that wounds had been miscategorised or that the size of people's wounds was not regularly recorded.
- The provider carried out regular audits and quality performance reviews. However, these audits did not highlight some of the issues we found on inspection. Issues which were identified were not always addressed.
- General oversight of the environment was not always effective. For example, staff belongings were stored in a lounge for service users, and bottles of cordial were stored in direct sunlight. These issues had not been identified by the registered manager on daily walk arounds. These issues were addressed immediately during our inspection.
- Management and senior staff members did not always demonstrate the necessary skills and oversight needed to ensure records were clear and completed correctly. For example, bath water temperatures were not consistently recorded; this had not been identified until we informed senior staff whilst on inspection. Records for bed rail and water flushing checks were unclear and did not provide robust evidence that these checks were being completed.

Systems to support good governance were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Management engaged with staff through daily staff meetings and regular supervisions and appraisals. We received mixed feedback from staff about whether they were supported by management. One staff member told us, "Sometimes I feel supported and sometimes I don't."
- The care home involved people who used the service through resident meetings with the activities co-ordinator. People were encouraged to give feedback about their experiences.
- Relatives were able to give feedback through surveys. These surveys had highlighted areas for improvement and the service had implemented action plans in response.

Working in partnership with others

● Communication with relatives and professionals required improvement, however, management had identified this issue and was looking at how this could be enhanced. Relatives told us, "Communication could be better", "I always have to phone and ask for an update", and "It is always me who initiates the calls." One professional told us, "We have no concerns about the care here, but communications could be better."

● Referrals to healthcare professionals were made in an appropriate and timely manner. Records were kept confirming all involvement with other professionals.

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

● There was a positive atmosphere in the service. One relative told us, "The atmosphere is calm and relaxed, even when they are busy." Another relative told us, "There is a jolly atmosphere whilst also being very caring."

● The registered manager spoke positively about how the staff team had pulled together during the pandemic amidst all the challenges they faced. Staff had access to a wellbeing service which included a psychologist who visited the service to support staff.

● Management understood their regulatory responsibilities and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate and in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1) and (2)(a), (b) and (c) Systems to support safe care and treatment were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(1) and (2)(a), (b), (c) and (f) Systems to support good governance were not robust.