

Mrs L Huntley

Venville House

Inspection report

Tavistock Road

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Date of inspection visit:

19 April 2017

20 April 2017

Date of publication:

17 May 2017

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

Venville House provides accommodation and personal care for up to eight older people. It is not a nursing home. At the time of our inspection there were seven people living at the home.

At the last inspection in October 2014 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "The staff keep me safe." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service was caring and people had built strong relationships with each other and staff. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their 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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Venville 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 was a comprehensive inspection: It took place on 19 and 20 April 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with three people receiving a service and five members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting friend of one of the people living at the home.

Some people who used the service at Venville House had a diagnosis of dementia and were unable to tell us about their experiences. To help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from three relatives and two professionals.

Is the service safe?

Our findings

The service continued to provide safe care to people. One person commented: "I feel safe and secure here." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out in a timely way to keep people safe. For example, risk assessments for falls, moving and handling, skin care and nutrition. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, encouraging people to remain as independent as possible with the use of moving and handling equipment. A relative commented: "They (staff) always have (relative's) safety in mind."

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and in the local community.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example audits were carried out on a monthly basis at the time when medicines were ordered from the pharmacy.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when

protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, first aid, dementia awareness, nutrition and diabetes. Staff had also completed nationally recognised qualifications in health and social care. One staff member commented: "I had lots of training when I started working here."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, staff had and continued to work closely with other health and social care professionals with regards to a person's need to remain at the service to keep them safe. This demonstrated that staff worked in accordance with the 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was in the process of liaising with appropriate professionals in order to inform the submission of DoLS applications for individuals.

People were supported to maintain a nutritious and balanced diet. People were involved in choosing what they wanted to eat with staff support to meet their individual preferences. One person commented: "The food is very nice, tasty." Meals were cooked freshly by staff and were warming and nutritious. For example, on the first day of our inspection, people were enjoying beef stew and dumplings. The mealtime experience was a social occasion for people. The home smelt lovely with the smell of home cooking.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs and district nurses. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Is the service caring?

Our findings

Venville House continued to provide a caring service to people and was very much people's home. People had built strong relationships with each other and the staff who worked with them. There was a happy atmosphere. People commented: "The staff are very nice"; "They (staff) are very friendly, you can talk to them"; "They (staff) look after us very well" and "Staff are kind and caring. Couldn't wish for better." Relatives commented: "I find that the care from Venville House for my mother is first class"; "I would whole heartedly recommend Venville to anyone who has a dear relative in need of their expert and attentive care. Absolutely a top class service from (registered manager) and her team at Venville"; "Thank goodness for a place like Venville. I didn't think they existed and was seriously anxious when it became apparent that my mum wasn't able to continue living alone" and "Wonderful. (Relative) is very happy. The staff are all lovely, welcoming. It's a home. (Relative) is fond of all the staff."

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. Staff took time for people to communicate their wishes through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference.

Staff showed patience and supported people in a way that promoted their dignity. For example a person needed support with personal care and a member of staff quietly took them to a bathroom where they could assist them in private. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. A professional commented: "(Registered manager) is very person centred, she has very strong values about giving people in her care dignity."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff demonstrated empathy in their discussions with us about people. Staff commented: "We have a laugh and a joke. We are a family"; "It's just lovely. Getting to know the residents. It's unique due to its size" and "I want people to feel at home. Treat them how I would want my mum looked after."

Staff gave information to people, such as when activities were due to take place and when lunch was ready. Staff communicated with people in a respectful way. Their relationships with people were caring and supportive and they spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, we saw staff working closely with people, engaging with them in a way they responded positively to. Staff were interacting with people in a kind and gentle way throughout our inspection. It was evident how kind and compassionate staff were. Staff explained it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

The service had received several compliments about the care provided to people. For example, 'Thank you and your staff for looking after me' and 'Thank you for everything you have done to help mum get back home. Your kindness, professionalism and nothing is too much trouble attitude is greatly appreciated.'

Is the service responsive?

Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health, nutrition, continence, skin care, mobility and personal care. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, baking, music and movement, memory café, pub, picnics and movie nights. A person commented: "I go to social occasions in Yelverton." Relatives also spoke positively about how people were encouraged to engage in activities to aid their mental and physical stimulation. A staff member said, "People go out for trips. They love making cakes." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. The service was also a member of the Cinnamon Trust. The Cinnamon Trust is the only specialist national charity which seeks to relieve the anxieties, problems, and sometimes injustices, faced by elderly and terminally ill people and their pets, thereby saving a great deal of human sadness and animal suffering. As a result, the service encouraged people to bring their pets to live at Venville House. For example, one person had a dog living with them. Their relative told us, "Not only does mum live there but her dog is also cared for. He is walked every day as mum is no longer able to do this herself. Even he is taken to the vets when needed. He also looks happy and contented with a lot of people interacting with him." The service had recently come out in the top five care home's which encouraged people to have their pets with them.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the

Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager, who was also the owner 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.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Comments included: "(Registered manager) always gives me support"; "I can always go to (registered manager)" and "(Registered manager) leads by example. Venville House is a truly lovely environment to work in."

Due to the size of the service and how the owner worked alongside the staff team informal staff meetings occurred on an on-going basis. Staff confirmed they were kept up to date with things affecting the overall service via meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service and relatives in 2016. The surveys asked specific questions about the standard of the service and the support it gave people. All responses were positive. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Venville House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurse. Medical reviews took place to ensure people's current and changing needs were being met. Professionals confirmed that the service was prompt to liaise with them and took on board advice and guidance to aid people's general well-being.

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested

to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed. These checks assured the provider about the quality of care delivered at the home.