

Venn Care Ltd

# Venn House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on the 9 and 23 May, 2017. The first day of inspection was unannounced.

Venn House is registered to provide accommodation and personal care to a maximum of 25 people. It is not a nursing home. The accommodation consists of two buildings: the main house, which is an old building and a new purpose-built Coach House. This had been designed for people living with dementia and incorporated several aspects which research has shown created a dementia friendly environment, such as large and tactile signage. When the inspection began there were nine people living in the main house and six people in the Coach House.

The service was last inspected on 5, 8, and 20 January 2016 when it was rated as Requires Improvement overall. At that inspection, we found four breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to monitoring the quality and safety of the service, staffing arrangements and the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The provider had developed an action plan to ensure improvements were made and sustained. We found that improvements had been made at this inspection to most of those areas, but some concerns remained about risk assessment of staffing levels and of the premises.

A registered manager was in place. 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.

Previously, we identified concerns about levels of staffing at night. Although staffing levels had been improved for the night shift by increasing the numbers of staff on duty from two to three, levels on the day shift were a source of concern. This applied particularly to the afternoons and early evenings when there was just one person on duty in The Coach House with no other support in the building.

Risk assessments and audits of premises and equipment were in place, but those relating to premises were not always fully implemented or reviewed in a timely way. A full premises and equipment review took place after the inspection.

People living at the service and people visiting, including healthcare professionals, all made positive comments about the staff and the buildings. For example, one said, "I like it. It's cosy, homely and clean. The atmosphere is very nice, it feels very relaxed. Staff are always very helpful and friendly." People said they felt safe living at the home.

Staff were able to describe signs of potential abuse and knew how to report concerns. A robust recruitment process ensured that only appropriate staff were employed. Medicines were administered safely.

People were cared for by experienced, trained staff who treated them with kindness, compassion and care. Regular training and supervision was provided to ensure staff remained competent. People their relatives and health care professionals spoke highly about the care provided by staff. One person said, "I have experienced the highest quality care here... I couldn't speak too highly of their thoughtfulness and care". Healthcare professionals confirmed that referrals were made to them in a timely and effective manner.

People's legal rights were being upheld. Decision-making was in line with the principles of the Mental Capacity Act and the least restrictive option was used when someone was being deprived of their liberty.

The standard of food at the service was high with a wide variety of healthy choices. There was a brand-new purpose built kitchen within the new dementia wing, which provided food to both sites. People confirmed that they enjoyed the food.

Assessment and care planning was person centred. People confirmed that they were always offered choices regarding their care and treatment. There was a new activities coordinator with a programme in place five days a week. People participated in a range of different activities according to the individual preferences. Family and friends were able to visit at any time and said they felt very welcome.

There was a complaints procedure available to people which was well publicised.

An effective culture change had been implemented by the new registered manager. The service now aspired to a set of values which included openness, accountability and improvement of the quality of care. Quality assurance systems were now integrated and embedded to monitor quality and safety at the service. However, the quality assurance system had not identified some issues of concern which we found.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 is not always safe.  
There were not always enough staff on duty to keep people safe.

People were protected from the risk of abuse because staff knew how to identify and report this.

Risks to people were assessed and action taken to reduce them where possible.

There were some gaps in audits of premises which meant that people were not always safe.

Medicines management was safe.

### Is the service effective?

**Good** ●

The service was effective.

People were cared for by skilled, knowledgeable and experienced staff. Staff received regular training and support through supervision.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 And Deprivation of Liberty Safeguards (DoLS)

People enjoyed a variety of healthy food and had access to healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and sensitive in supporting people and had developed warm and caring relationships with them.

Staff supported people as individuals and enabled them to have choice and control over their lives wherever possible.  
People were treated with dignity and their privacy was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People received personalised care from staff who knew their individual needs and were responsive to changes in them.

People were offered a variety of activities and were encouraged to participate.

People and their relatives felt confident that they could raise concerns and knew how to make a complaint if they needed to.

### Is the service well-led?

Some aspects of the service were not well led.

There was a registered manager who had developed a new culture of openness and quality improvement being a shared responsibility.

People, their visitors and staff expressed confidence in the registered manager and felt that the home was well organised.

The provider had developed new systems to monitor the quality of care provided. They made continuous changes and improvements in response to findings. However, some issues of concern we identified had not been identified through quality assurance systems.

**Requires Improvement** 

# Venn 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 comprehensive inspection took place on 9 and 23 May 2017. The first day was unannounced and we made arrangements to return on a second day to complete the inspection. It was carried out by one adult social care inspector.

Before the inspection, we reviewed the 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 also reviewed other information we held about the home, including the previous inspection report and notifications they had sent us since the last inspection. A notification is information about important events which the service is required to tell us about by law, such as deaths, accidents and incidents.

We talked to five people using the service, three relatives, and two healthcare professionals. We spoke with eight staff, including care staff, kitchen, administration and activities staff and the registered manager. We undertook informal observation to enable us to see how staff interacted with people and how care was being provided. We reviewed the care records of five people, three in some detail and two in less detail, to look at specific aspects of care. We looked at a range of other documents including medicines records, three staff recruitment files, staff training records and records relating to the quality assurance and management of the service.

# Is the service safe?

## Our findings

At the last inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing levels and effective identification and management of risks assessments. We also made a recommendation in relation to the management of medicines. The provider sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection, we found some improvements had been made to risk assessments and the management of medicines, but concerns remained about staffing levels and environmental risk assessments.

Rotas showed that the number of staff on night duty had been increased since the time of the last inspection from two to three staff on every night, that is from 8 p.m. to 8 a.m. The same number of staff were on duty during the day, from 8 a.m. to 8 p.m. There was one care worker allocated to each building, with the third required to work between the two houses. This meant that they were on call to go wherever assistance was needed. At the time of the inspection there were nine people living in the main house, none of whom required double-handed care. There were seven people living with dementia in the Coach House, two of whom required double handed care. Two other people in the Coach House required hourly assistance to use the toilet as a preventative measure.

On the first day of the inspection, we saw one staff member trying to support people with dementia over the two floors of the Coach House. Whilst the staff member was working on the upper floor, one person was wandering on the ground floor appearing disorientated and in an agitated state. There was a strong smell of urine from that person's room. Staff said that if assistance was not given promptly the person urinated on the floor. This happened on the first day of inspection which indicated that staff had not been able to assist with toileting in a timely way. On the same day, we observed a member of staff being called to the Coach House to give assistance to another person who had been incontinent. The member of staff arrived looking stressed and rushed as this was during the lunchtime period. After assisting, they returned promptly to the main house, citing pressure of work. Following the inspection the provider told us they were puzzled as to why the general assistant was not asked to provide assistance with toileting as they purposely ensure that the general assistants are present on a daily basis and are trained in minor care tasks, including toileting.

Staff said they were concerned about working with these levels on the day shift, particularly in The Coach House where people were was living with dementia. The provider said two people in the Coach House were not living with dementia. One staff member said, "I just don't think the staff levels are enough... in my opinion they need another person down there. (The Coach House) I think there's an accident waiting to happen." Another member of staff said, "We've reached the level where we need more people down here. There's a higher level of need down here (The Coach House) ... (Name) is deteriorating week by week." A third member of staff said, "although we haven't got many service users, it shouldn't be on the numbers, but on the resident's care needs... We've got two with quite challenging behaviour here. Although the numbers aren't high, the needs are." They also explained that a person's mood changed with little or no warning from calm to "quite aggressive and agitated... It'll happen like a light switch going on."

Staff identified several different pressure points during the 12-hour day shift. For example, weekends,

lunchtime period, early morning when people are getting up and when ancillary staff leave in the afternoon. Following the inspection the provider told us, "A general assistant is on duty 09:00 - 14:00 seven days a week, providing assistance with morning drinks; laying tables, collecting used dishes and assisting throughout lunch time. We have four staff actively involved at lunch, as well as a cook; the manager and an administrator to supervise lunch times. We also have a housekeeper on duty between the hours of 08:00 – 14:00 and activities coordinator between 10:00 -15:00. The activities coordinator is not undertaking activities with the residents during lunch time and is also available to provide assistance, if required. Most ancillary staff have received manual handling training and are able to assist, when the need arises"

Staff expressed concern about the staffing arrangements in the Coach House. One commented, "There's a lot of running around and it's very time-consuming. . . Staff levels are just below par." A second said, "I've been here when I have not been able to get assistance." A third staff member said, "It would be advantageous to have a second pair of hands after 4pm." And a fourth said "You're very vulnerable down here."

We received concerns after our first day of inspection about the staffing arrangements, which we shared with the provider and registered manager. On the second day of inspection the registered manager had moved her office to the Coach House. The provider told us the office move was intended. A second office remained in the main house, so that people's care records were kept in the respective houses This was in order to be available to provide additional support if required. On the first day of inspection, we observed her assisting staff to calm a person by taking them for a walk and talking to them gently and calmly. The registered manager said, "I like to be flexible. . . If I'm needed I'll help out." It was clear that she had a rapport with the person concerned who responded by calming down.

Rotas showed that the registered manager was on site from 9 a.m. to 5 p.m. Monday to Thursday and 9 a.m. to 2.30 p.m. on Fridays and that other ancillary staff, such as kitchen assistants, left between 2pm and 4pm. This meant that the care staff were on duty alone when the registered manager and ancillary staff were not working meaning they had only the support of the care staff based in the main house available. Staff had walkie-talkies with which to call for assistance as required.

After the inspection, we were informed of an incident which had occurred one evening in the Coach House. A member of staff who required assistance, due to a person becoming very distressed and physically challenging, was unable to call for help as their walkie-talkie battery was flat. They could not raise the alarm for some minutes and were at risk of harm from the person. We discussed the incident with the provider as the registered manager was on leave. The registered manager responded to this by instigating a new policy, giving responsibility to the staff for ensuring their own safety by always having a working device on their person. They also had to ensure that there were other devices on charge. We were told this would be checked using a new daily log for each site.

After we gave our feedback to the provider and registered manager about our concerns with the deployment of staff, they told us they agreed they needed to increase the staffing numbers at the Coach House. They were recruiting a member of staff to work from 16.00 hours to 20.00 hours seven days a week. Whilst this would be an improvement, this still left just one member of care staff based at the Coach House on a Saturday and Sunday until 16.00 hrs. We were further advised that an additional telephone has been added in The Coach House on the upper landing, but staffing levels will remain the same at that time. This meant that people remained at risk of not having their care and treatment needs met.

This is a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



Following the inspection the provider told us they "now consider the staff to service user ratio appropriate, based on our global audits. The change in requirements determines when additional help is required and we have responded accordingly and consider that our staffing levels are correct."

People were not always being fully protected against risks, as action had not been taken to prevent the potential of harm in some instances. For example, on the first day of inspection, we noted that there was a window lock in one room upstairs room in the main house which was broken. This meant that a person could be put at risk of falling out of that window. In the communal dining room in the main house, there was an Aga which was hot to touch, but had no risk assessment nor any measures taken to protect people. The laundry room door was open and we found a bottle on the floor with a sign denoting hazardous liquid. One person had been assessed as at risk of falling downstairs. The provider had put in place a freestanding barrier. However, as the barrier was not fixed to anything but could be moved aside, this was not an effective safety measure to prevent a fall. These items presented a risk to people using the service.

We discussed this with the registered manager and by the by the second day of inspection, the window lock had been repaired, a warning notice put in place next to the Aga to advise that it was hot to the touch and hazardous liquids had been removed from the laundry room and stored in a locked cupboard with warning notice on the door.

On the second day of inspection, we arrived at the front door of the main house to find the door had been locked from the inside and that staff were unable to locate the key in order to open the door. This meant that people living at the service were at risk of being trapped in the building in the case of a fire. Advice was sought the same day from the local fire officer that the door should remain unlocked from the inside so that people could get out safely. This advice was immediately implemented.

Since the last inspection the registered manager had introduced a comprehensive new system of risk assessments using a variety of relevant tools, for each person living at the service. Risks assessments were updated promptly in response to incident and accidents. In addition to a general risk management form, people had a specific risk assessment for behaviour if required. Records were made of changes and escalation in behaviour and care plans for behaviour were then updated. This form was designed to raise awareness to triggers that could cause challenging behaviour and to direct staff to act, rather than just document. This was good practice, as it aimed to ensure that action was taken in response to identified risks as soon as possible.

The service followed safe recruitment practices. Staff files included application forms with evidence to show that the registered manager had explored any gaps in employment dates. Records included appropriate references, photographic identification and that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff were entitled to work in the UK.

Staff had a good understanding of how to keep people safe from harm and abuse and their responsibilities in relation to safeguarding. They confirmed they had received training in safeguarding and whistleblowing and were able to explain what they would do if they uncovered any evidence of abuse. People living at the service said that they felt safe from harm. One person said, "Do I feel safe? Oh yes, absolutely."

There were arrangements in place to keep people safe in an emergency, including a new winter weather contingency plan. Staff understood the arrangements and knew where to access the relevant information. Each person had a personal emergency evacuation plan (PEEP) completed with a photograph. Those requiring two people to evacuate them from the building had a red dot placed on the form and on their

bedroom door. This meant that people could be identified rapidly in an emergency and get the appropriate assistance without delay.

Peoples' medicines were managed, administered, and stored safely. For example, medicines were refrigerated or housed in additional secure storage as required. The registered manager had acted on the recommendation given at the previous inspection by attending training from the medicines optimisation team which was in line with NICE guidelines published March 2014. All care workers were trained in safe administration of medicines. The pharmacy providing medicines to the service had recently been changed. Changes had been made to the temperature recording form for fridge temperatures to make it clearer. Medicine administration records (MAR) were completed correctly and audited regularly. A comprehensive new medications audit form had been introduced. Staff confirmed that audits were undertaken twice a year. One staff member had been appointed "medicines champion". Part of their role was to assist in ensuring the safe administration of medicines by supporting other staff. Staff were able to explain what is meant by "as required" medicines and how they would decide whether they were required, giving relevant examples of people's behaviour.

The registered manager was a member of the local Dignity Forum. A new "grab bag" had been created and stored in an outbuilding at the service. It contained foil blankets, a windup torch and the MAR sheets for all people living at the service. The aim of this bag was to help ensure that people were safe and kept their dignity, should they have to evacuate the building in case of an emergency at night. For example, the foil blankets were intended to prevent hypothermia and maintain the peoples' safety.

# Is the service effective?

## Our findings

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The registered manager said all new staff who were new to care now undertook the Care Certificate, a nationally recognised induction for staff. This was organised over 15 weeks to cover the 15 outcomes. Staff were able to describe their induction process which included a period of shadowing to get to know the people with whom they would be working.

Staff had received training on a range of subjects. The registered manager had created the training matrix using a traffic lights system method to identify where training. Where staff had fully completed all of the required training (green), required updating (amber) or needed to be undertaken (red). This meant the registered manager had a clear system to ensure staff remained competent in their role by undertaking and updating their training regularly. Staff either already held relevant qualifications or had undertaken suitable training for their role. For example, those working in the kitchen held food hygiene qualifications. General assistants, whose role was to cover both kitchen and assist with care, had undertaken moving and handling training.

Staff were able to describe what training they had completed, as well as the impact which training had on them. For example, one described the insights which they had gained into the life of people living with dementia from experiential dementia training, saying, "It was very useful... quite a refreshing way to look at it... it makes you open your mind to try and think how it could be for them." They said they now felt able to deal with challenging behaviour with more patience and understanding, so this was evidence of effective training.

Staff confirmed that they received regular supervision either from the registered manager if they were senior, or from the team of six trained leaders and seniors, each of whom supervised four to five staff. They said frequency of formal supervision varied from every eight weeks to every three months, but that they were always able to approach the registered manager for ad hoc support: "(The registered manager's) door is always open." People living at the service and their families expressed confidence in the skills and competence of the staff. One relative said, "the staff are knowledgeable."

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People were supported in making informed decisions about their care. For example, one person had been offered a change of room due to a potential problem from a person living in the next room. However, they said they had weighed up the decision and on balance preferred to stay where they were. Similarly, the relative of someone else who lacked the capacity to make such a decision themselves had been consulted over an appropriate choice of room.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the previous inspection, two people had been under constant supervision and subject to restraint because they were living behind coded doors, but the relevant DoLS applications had not been made. At the time of this inspection, relevant applications had been made to the local authority DoLS team, although authorisations had not been received. The registered manager told us that an additional eight DoLS applications had been made which were also awaiting authorisation.

Individual records showed that "best interests" meetings had been held involving family and other professionals relating to specific decisions for people who lacked capacity to make that decision themselves. For example, there was discussion about a decision whether to use an alert mat or not. One family member said "We've been involved in pretty well everything that's been discussed. We've discussed the best way of restricting (name)." Evidence that the least restrictive option had been chosen was given by the same relative. They described how the person still had a degree of choice of other decisions such as food and clothing, saying, "There's that sense of control which is so important for (name). (Name) is responding to that very well."

Staff demonstrated a good understanding of the principles of the MCA and how it applied to their practice. A file was kept in each of the two buildings for those people for whom DoLS was in place. This meant that staff were able to access information about any specific restrictions on individuals.

People and visitors were all complimentary about the food and drink available. Comments included: "(The staff) usually want to know what we want to eat." and "(Name) always has a choice of food every day. The registered manager asked us and (name) what sort of food they liked." "It always smells of home cooking here, which is nice."

On the first day of inspection, work was underway to move all food preparation from the kitchen in the main house to a new purpose built kitchen in The Coach House. By the second day of inspection, the new kitchen was fully operational, with the exception of a new steam oven which was yet to be connected and some additional storage areas.

A new cook had been in place at the service for approximately one month. New menus had been devised which incorporated a choice of three options for the main meal; two cooked dishes or a jacket potato and salad. The emphasis was on a variety of healthy options and meeting people's individual choice. For example, every day there was a choice between a traditional sweet pudding and a fresh fruit salad. In addition, the cook said, "If they don't like any of those options, it's not a problem for me." This meant that there was little risk of people not eating properly due to lack of sufficient choice.

The cook had talked to people and to their family members to find out likes and dislikes. These were noted on a board kept in the kitchen, along with information about allergies and who required other forms of support, such as thickener, or help in cutting up food. Soup was prepared from fresh ingredients and frozen the same day in individual sized portions so there was always another option for anyone requiring only a light meal.

Staff made prompt referrals to healthcare professionals over a range of issues so that people received timely intervention to maintain good health. Professionals who visited the home confirmed this. One said, "(Staff) are very good at informing us if anything needs to be done."

## Is the service caring?

### Our findings

People using the service, their relatives and professionals were all very positive about the care and support provided by the staff team. Comments included; "I've never received anything but politeness and care from any staff, including the cleaners.", "The carers are brilliant...they really do care." and "The staff are always very friendly and helpful here. They respond very positively to any queries."

One person said of the staff, "I think everything that could be done is being done here. I don't think they could work much harder." Someone who had lost a family member who had lived at the service said, "The care was fantastic... they (staff) were so kind." Another person said, "I have a very good relationship with all the staff. (Name) had her coffee with me this morning."

People looked happy and relaxed with staff. It was evident from conversations and observation that staff had developed good relationships with people. Staff took time to engage with people and were kind, friendly and responsive to their needs. Staff showed concern for people's wellbeing in a caring and meaningful way. For example, one person living with dementia was restless, showing signs of distress, and wandering aimlessly. A member of staff was kind and gentle in their approach and spent time reassuring the person and engaging them in conversation about their family until signs of distress had passed.

People who had capacity described being fully involved in their care and treatment and being given choices. We saw people being consulted in relation to daily activities as well as future plans. When showing us their room, one person said, "I had a choice, yes I did." Relatives confirmed that they had been consulted about the care of people who lacked capacity to make decisions on their behalf.

People's personal privacy and dignity was maintained. For example, when people were being assisted to use the toilet, this was done discreetly. Staff knocked on doors before gaining permission to enter. People's rooms were decorated with personal family photographs and showed signs of their interests and hobbies, for example with books about specific topics. One family member said, "It's the respect they have for (name) which is just great."

## Is the service responsive?

### Our findings

At the time of the last inspection, a recommendation had been made to find out more about current best practice in relation to specialist needs of people living with dementia. The provider had appointed a dedicated Activities Coordinator who worked five days per week from 10 a.m. to 3 p.m. We saw people enjoying activities such as indoor gardening, one-to-one conversation, and making cards. The coordinator said, "I've made a point of talking to each person and reading their care plan to find out their interests. I want to give them truly personalised care." They gave one example of using a magazine related to one person's previous life as a way of stimulating conversation. "It triggered lots of lovely memories."

A full programme of activities was on display which included chair exercises, group bingo, individual visits and activities and group outings. There were also regular slots entitled "Residents Choice". This meant that the risk of isolation had been reduced for people living with dementia. We also saw people who were independent and mobile taking walks in the grounds and enjoying the garden and fresh air.

People and visitors confirmed that the activities on offer had improved since the previous inspection. One of them said "I've noticed people doing painting... they're always doing activities now."

The care planning process had been comprehensively overhauled since the last inspection. It was now integrated with other personal individual plans, such as plans for preventing falls and risk assessments. There were individual plans for a person's behavioural, psychological and physical needs. A specific form was used to document any escalating behaviour or risks to give an accurate picture of changes, using an hour-by-hour approach. This meant there was now a more responsive and better-integrated approach to caring for the whole person.

Care plans contained details about the person's history, their likes and dislikes, preferred routines and activities. There was a new 'Resident's Preference Sheet' which described people's preferences for mealtimes, bedtime, bathing, food and drink. For people living with dementia, the service now used the document "This Is Me" produced by the Alzheimer's society. This ensured that people who were not able to express their needs themselves had the necessary information documented. People living at the service confirmed they had been asked about their background. One said, "They wanted to know what my previous career had been."

Two key workers were allocated to each person to ensure that their care plan and monitoring forms, were completed with the involvement of the person using the service or their advocate or family member. Care plans were being regularly updated, either in response to incidents or changes or on a monthly basis.

People confirmed that they were fully involved in planning their care, or, where they lacked capacity, family members confirmed that they were fully consulted and involved. One person said, "I've chosen to stay here." One visitor said "we've been involved in pretty well everything that's been decided."

Information about an independent advocacy service and how to use the complaint system was on display in

the reception area, together with feedback forms to enable visitors and family members to give feedback about the service. The registered manager said that it was part of their policy to be accessible and open to receiving complaints. Regular residents/relatives meetings were held and a newsletter called the 'Venn Quorum' was available for all to show people's involvement in using and developing the service. One visitor confirmed they had been made aware of the complaints policy on arrival. "The manager was very thorough with everything she told us. I have absolutely no complaints at all".

We were given information about an historical complaint against a member of staff not following correct handling techniques. It had been dealt with immediately and disciplinary action taken. This showed the service listened to people's concerns and acted on them.

## Is the service well-led?

### Our findings

At the last inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to management of the service, including lack of effective monitoring and shared values. The provider sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection, we found some improvements had been made, but there were short falls in the premises risk assessment which had not been identified through the quality assurance system.

The provider was responsible for the quality assurance of the safety of the building, They had created a comprehensive checklist for auditing premises and equipment to ensure that they were maintained in a safe condition. For example, hoists and the lift were checked on a six monthly basis by an external contractor. An annual environmental assessment to identify risk areas was to be undertaken. The assessment we saw for The Coach House was dated 10 January, 2016, so had not been updated for over a year at the time of inspection. We were told after the inspection was completed that this annual assessment had been reviewed on June 19, 2017. A maintenance person was responsible for checking the safety of items such as bedrails and window locks. However, this was not always effective as we found one broken window restrictor on the first day of inspection which had not been picked up by the premises auditing process. The quality assurance processes had also not identified shortfalls in staffing identified at this inspection and had not taken account of the views of staff regarding staffing arrangements across the home.

This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

When describing the premises and equipment auditing process, the registered manager said "This is work in progress." Following the inspection the provider explained that this term meant the ground floor of the 'old' Coach House building was still under renovation and could not be assessed, inspected or audited. It was out of use and locked shut to the 'new build' Coach House.

However, many of the other overall quality assurance of the home had improved and systems were being embedded into the overall running of the home. There were systems in place to monitor the quality and safety of the service delivery. These included a mixture of daily, monthly and quarterly audits and checks across the key areas of service provision, including medications audit, safeguarding audit, accident and falls audit, admission and discharge audit, and a Deprivation of Liberty Safeguards (DoLS) audit. The registered manager aimed to create a more integrated system. For example, individual people living at the service had personal falls audits which then fed into a global falls audit for the whole home. We saw how the registered manager had used this to identify where an individual person required additional support, such as a review of eyesight, a check for presence of a urine infection and whether appropriate footwear was being worn. The handover book was used to communicate important messages about any changes to people's care throughout the team.

The registered manager had created a "Governance List" which was an overview of all of the above quality assurance systems to be used as a monitoring tool. Another new quality assurance mechanism was the



appointment of "champions" for key areas such as medicines and care planning. This was an effective way of delegating responsibility for quality improvement throughout the staff group.

The registered manager had a clear vision for how she wished to raise the quality of care in the service. She had created a detailed action plan running to 10 pages which mapped areas identified as requiring improvement against the Care Quality Commission (CQC) key lines of enquiry. Using a priority rating of red, amber or green, this plan was regularly updated as improvements were made. At the time of this inspection, all areas which had been marked as red (being top priority) and amber (2nd priority) had been completed over a period of 6 months. This was evidence of good management as the registered manager, rather than simply improving things that were easiest to implement, had remained focused on the priority tasks for improvement.

Specific action plans had been written for specific areas such as improvement of medicines administration. Staff were fully aware of the new ethos at the home and commented on the emphasis on improvements across all areas, for example, in record-keeping. One staff member said "when I first came here wasn't very good to be honest... On the whole there's been a vast improvement in documentation."

The registered manager took pride in having created effective monitoring systems saying "Nothing really gets past me." New policies were created in response to identified need, for example, following the inspection the registered manager produced a new policy and procedure on use of walkie-talkies in response to an incident of a flat battery rendering the walkie-talkie useless. This was done to ensure that a member of staff working alone could always call for assistance so was evidence of responsive management.

The registered manager had been in post since just after the last inspection in January 2016. She described the values and culture within the home under her leadership as being "professional, fair, open and honest." The provider was at the home most days. Their role related mostly to safety of the premises which are currently being renovated.

The registered manager explained how when they first arrived they had found a certain atmosphere of bullying and intimidation of staff. They managed this by open discussion with staff, both individually and in groups. Some staff resigned and the registered manager put a new staff structure in place which created two new team leader posts. This demonstrated that the registered manager had immediately put the values they considered important into practice. Creation of the two new leadership posts meant that the service was now supported by a strengthened management team structure.

There was a Statement Pledge displayed in the reception area which defined the ethos of Venn House. It promoted the following themes, known as "The Six C's". These were listed as: communication, courage, commitment, care, compassion and competence. The pledge continued "This pledge is the ethos of Venn Care Ltd, a benchmark to providing good honest, transparent care and a warm, safe home to live in." The effect of this was that the values of the service were being made open and transparent to people living there, their relatives, to staff and to visiting professionals.

People, their relatives, staff and professionals described the culture of the home in positive terms. One member of staff said, "it's teamwork – we all know what standard we are working to... There is a no blame culture." Another member of staff said "We aim to be welcoming and caring." One visitor confirmed, "They made (name) and us feel very, very welcome." This is evidence of the values of the service being embodied in practice. However, some staff had not felt listened to regarding their concerns regarding the numbers of staff in the Coach House.

The CQC poster "Tell Us Now" was on display in the reception area of both buildings. This showed that the management of the service was committed to encouraging honest feedback to an external organisation in order to improve.

People, their relatives, staff and professionals expressed confidence in the registered manager.

One member of staff said, "(name) seems to work hard. She is knowledgeable."

Another member of staff said "I've got to say credit where credit is due, she's worked hard to turn things around here... I can't fault her." One visitor said, "Everything they said they'd put into place for (name) they have done." Another person said "(name) always answers emails... we feel we can ask them anything at any time and get a response."

Accidents and incidents were monitored closely. Staff had been told not to file away accident reports but to ensure they were seen by the registered manager by leaving them on their desk.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider must ensure they operate an effective system to assess, monitor and improve the quality and safety of the service provided. The provider had failed to identify the shortfalls at the service through regular effective auditing.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider must ensure sufficient numbers of staff are deployed in order to make sure people's care needs are met.

**The enforcement action we took:**

We issued a warning notice