

Care UK Community Partnerships Ltd

Ventress Hall Care Home

Inspection report

22-28 Trinity Road
Darlington
County Durham
DL3 7AZ

Tel: 01325488399

Website: www.careuk.com/care-homes/ventress-hall-darlington

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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

Ventress Hall Care Home provides personal and nursing care for up to 106 people, some of whom are living with dementia. The home is set over three floors, situated in its own grounds, with a range of communal areas for people to use. At the time of the inspection there were 68 people living in the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People felt safe living in the home and spoke fondly of the staff. Comments included, "The staff are wonderful, very helpful and they remember things. I have trust in the staff here, they know their job. I'm very comfortable and happy" and, "They [staff] really push the boat out to give the residents a nice time with such personal care and attention."

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; the policies and systems in the service supported this practice.

Risks to individuals and the environment were managed. People were safeguarded from abuse. Staff administered and managed people's medicines safely. The provider learned from accidents and incidents to mitigate future risks. There were enough staff to meet people's needs. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

The home was well managed. People and relatives were complimentary about the home and the care people received. The provider had an effective quality assurance process in place which included regular audits. People, relatives, staff and health professionals were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews.

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 requires improvement (published 26 August 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 from requires improvement to good. This is based on the findings 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.

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.

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.

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 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 team was made up of 1 inspector and 2 Experts 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 single package under one contractual agreement dependent on their registration with us. Ventress Hall is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with 6 people and 18 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, 2 nurses, the clinical lead, a maintenance person and a care assistant.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 4 people's care records, medicines records and quality audits. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks were 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff assessed and managed risks to people's health, safety and wellbeing.
- Risks were identified in areas such as skin integrity and choking. These were fully assessed, and safety measures were detailed in care plans, including recommendations from health professionals, and were followed by staff. One person said, "The staff got the district nurse to look at my skin and the doctor has been this morning. He'll keep coming to see how it goes."
- An effective system was in place for skin care management. Skin care checks, evaluations and audits were carried out to monitor and treat people's skin integrity and minimise the risk of pressure damage. People had appropriate pressure relieving equipment in place to support their needs, such as airflow mattresses and cushions.
- The premises were safe. There were environmental risk assessments in place and regular checks and testing of the premises and equipment were carried out.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to learn from a past safeguarding incident which was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff supported people to keep them safe and protect them from harm. Comments from people and relatives included, "Yes I'm safe, you get anything you ask for. They [staff] keep checking me. They go up and down here, four or five, maybe more, times a day and during the night they see that I'm alright" and, "My [family member] is bed bound and has a pressure relieving mattress. Staff care for her really well."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had

completed safeguarding training.

- The registered manager reviewed and monitored all safeguarding concerns, accidents and incidents and learned lessons, where required. For example, carrying out reflective practices and implementing additional safety measures to mitigate the risk of a reoccurrence.
- People and relatives felt staff took appropriate action following any accidents or incidents. Comments included, "They ring me quickly if anything happens, they are on the ball" and, "[Family member] has had one fall, but she is very unsteady [on her feet]. They called me straight away and sent her to hospital for x-rays."

Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to support medicine management. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff administered and managed people's medicines effectively. Records demonstrated that medicines had been administered as prescribed and stocks were effectively monitored with new medicines ordered in a timely way. Comments from people and relatives included, "I get my medicines on time" and, "[Family member] has different tablets at different times. They bring his medicines in a little container and they are regular."
- Staff used an electronic medicines management system which alerted them when time specific medicines were required or when more time was needed prior to administering.
- Topical medicines records were clear and indicated which medicines had been administered, at what time and by which member of staff.
- Protocols for 'when required' medicines were in place and clearly indicated when staff should administer each medicine.
- Staff training was up to date and their competence to administer medicines was assessed.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Staffing and recruitment

- There were enough staff on duty to safely meet people's needs. People and relatives told us, "We can ring any time with the buzzer and they come quickly," and, "They never seem to have a problem [with staffing] on the nursing side, there's enough up there. [Family member] is never waiting."
- The registered manager determined staffing levels in line with each person's dependency needs. On the day of inspection, call bells were answered quickly, and staff were visible on all units, supporting people.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

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 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 using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- 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.
- Staff supported people to receive visits from their relatives in line with government guidance. Relatives visited people regularly and some were also essential care givers. Relatives visited people in their rooms or via the visiting pod.

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 supported people in line with MCA and best practice guidance.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.
- Staff had received MCA training and sought consent from people prior to providing support.

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 inspection this key question was rated as requires improvement. At this inspection this key question has improved 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 our last inspection the provider had failed to ensure there were robust systems in place to support good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to manage and monitor people's skin integrity effectively. The registered manager had implemented a wound care tracker system which they reviewed regularly with the clinical lead. This was used to keep track of checks, evaluations and treatments of people's skin care to ensure they were timely and effective.
- Clinical staff regularly reviewed and updated people's care plans and risk assessments and changed their approach accordingly, in line with their changing needs. For example, when they experienced a breakdown in their skin integrity.
- The provider and registered manager carried out regular audits and performance reviews to monitor the quality of the service to make sure they delivered a high standard of care and to drive improvement.
- All records we reviewed during the inspection were clear and completed correctly by staff.
- People and relatives felt the registered manager was friendly, open and kept them informed. A relative said, "The manager is very communicative and helpful. She keeps us well informed about everything."

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

- Feedback from key stakeholders was used to improve the service. People, staff, relatives and professionals were asked to share their views of the service via meetings, surveys and reviews. Recently comments from health professional included, "Excellent staff - first class manager. Excellent, always a pleasure to visit Ventress" and, "Very knowledgeable staff and always willing to help. I really enjoy my visits to the home, residents always appear very well looked after."
- The registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, speech and language therapists and tissue viability nurses.

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

- The registered manager and staff promoted a positive culture in the home. Comments from people and relatives included, "The good thing is everyone is very helpful. It's a lovely place" and, "There is a good team spirit, very friendly, relaxed and comfortable. There's nothing to improve."
- Staff told us management were approachable and supportive. One staff member said, "I love my job and looking after the residents, they are all so lovely. [Registered manager] and [deputy manager] are approachable and supportive. I would go straight to them if I had any queries or concerns."

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 provider and management acted on the duty of candour. They conducted themselves in an open and honest way.
- Statutory notifications were submitted in a timely way for significant events that occurred in the home, such as safeguarding concerns and serious injuries.