

Venn Care Ltd

Venn House

Inspection report

Lamerton
Tavistock
Devon
PL19 8RX

Tel: 01822612322
Website: www.venn.org.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 3 and 10 May 2018.

Venn House is a care home registered to provide accommodation with personal care for a maximum of 25 people. It comprises of two buildings, the main house, and the Coach House, which is primarily for people living with dementia. 14 people lived at the service when we visited.

When we completed our previous inspection on 29 November 2017 we found concerns relating to staffing levels; risk management; medicine management; safeguarding; management of odours; adherence with the Mental Capacity Act; personalisation of care; complaints management; inadequate governance arrangements; inaccurate statement of purpose and a lack of incident reporting. At this time these topic areas were included under the key questions of safe, effective, caring, responsive and well-led. The service was rated as inadequate overall. Safe and well-led were rated as inadequate and effective, caring and responsive were rated as requires improvement. In light of our concerns, we also raised a safeguarding alert with the local authority. As a result, the service was placed in a whole home safeguarding process. A number of health and social care professionals became actively involved in the service. This included reviews of people's care and support from the local authority Quality Assurance Improvement Team (QAiT). The provider was engaged in the process and as a result, the whole home safeguarding process was closed in April 2018. We also met with the provider to discuss the concerns and what action they were going to take. This inspection found improvements had been made.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service did not have a registered manager. The previous registered manager left in January 2018. 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. However, a new manager had been appointed and was in the process of registering with the Care Quality Commission.

Staffing levels were under regular review. A dependency tool had been introduced which assessed people's specific needs in detail, such as mobility. The tool provides practice and management guidance for people delivering and planning care and support services. It is used to provide a summary of a person's functional needs and/or the degree of dependence/independence. As a result, it calculated the staffing levels required to meet people's needs safely and in a timely manner. The service continued to actively recruit new members of competent staff.

Risk management was much more robust to ensure people's safety. Risk assessments and care plans had been updated and contained more detail for staff to follow to mitigate risks.

We also had serious concerns about environmental risks relating to the security of the Coach House. As a result the patio had been made safer, including the heightening of the fence and doors leading to this area had been fitted with a better locking system. In addition, an environmental audit had been conducted in March 2018. This identified areas for improvement, such as a redecoration programme being implemented.

Medicines management had improved. Incidents and accidents were much more scrutinised and appropriate referrals made to other agencies. People felt safe and staff knew their safeguarding responsibilities. Infection control was taken seriously and no odours were evident.

We found action had been taken to improve the application of the Mental Capacity Act and staff training and support. 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.

A new training programme had been implemented and staff were receiving better support.

People's health needs were managed well through regular contact with community health professionals.

People's individual needs were met by the adaptation, design and decoration of the premises. A maintenance plan was in place to address identified areas of redecoration and improvement.

Action had been taken to improve the care people received. People and relatives gave mixed views about the care provided at our previous inspection. This inspection we received only positive views of the care and support provided. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff treated people with dignity and respect.

Action had been taken to improve people's care. Staff were engaging with people meaningfully because the atmosphere was calmer which allowed for more positive interactions. The service was actively trying to recruit an activities worker to enable more activities to take place.

Although most care plans were rewritten, others were still complete but needed transferring to the new format. A further three were in the process of being updated to ensure they were accurate and personalised to people's needs.

We found action had been taken to improve the governance, quality assurance and leadership. The management team had started to review the policies and procedures to ensure they were effective and reflected the practice at the service.

The provider had implemented quality monitoring arrangements which were ensuring the safe running of the service. Residents and family meetings had taken place to give opportunities for people and their relatives to share their views about how the service was run. The service statement of purpose had been updated. Complaints were being managed appropriately.

Notifications had been reported to CQC in accordance with the regulations.

There had been improvements at the service, although the provider and management team recognised further work was needed to embed the new quality assurance systems they had put in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had been taken to improve safety. This domain still required improvement.

Staffing levels were under regular review with the aid of a comprehensive dependency tool. The service continued to actively recruit new members of competent staff. Risk management was much more robust to ensure people's safety.

Medicines management had improved.

Incidents and accidents were thoroughly scrutinised and appropriate referrals made to other agencies.

People felt safe and staff knew their safeguarding responsibilities.

Infection control was taken seriously and no odours were evident.

Requires Improvement 

Is the service effective?

Action had been taken to improve the application of the Mental Capacity Act and staff training and support.

Staff were adhering to the principles of the Mental Capacity Act.

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.

A new training programme had been implemented and staff were receiving better support.

People's health needs were managed well through regular contact with community health professionals.

People's individual needs were met by the adaptation, design and decoration of the premises. A maintenance plan was in place to address identified areas of redecoration and improvement.

Good 

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good 

Action had been taken to improve the care people received.

People and relatives gave mixed views about the care provided at our previous inspection. This inspection we received only positive views of the care and support provided.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff treated people with dignity and respect.

Is the service responsive?

Good 

Action had been taken to improve people's care and complaints handling.

Staff were engaging with people meaningfully because the atmosphere was calmer which allowed for more positive interactions.

Complaints were being managed appropriately.

Although most care plans were rewritten, others were still complete but needed transferring to the new format. A further three were in the process of being updated to ensure they were accurate and personalised to people's needs.

Care files included personal information and identified the relevant people involved in people's care.

The service was actively trying to recruit an activities worker to enable more activities to take place.

Is the service well-led?

Requires Improvement 

Action had been taken to improve the governance, quality assurance and leadership, but this needed to be embedded and sustained.

The management team had started to review the policies and procedures to ensure they were effective and reflected the practice at the service.

The provider had implemented quality monitoring arrangements which were ensuring the safe running of the service.

Residents and family meetings had taken place to give opportunities for people and their relatives to share their views about how the service was run.

Accidents and incidents were monitored to identify risks and look for patterns and trends.

Notifications had been reported to CQC in accordance with the regulations.

The service' statement of purpose had been updated

Staff views were sought and taken into account to influence how the service was run.

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 was planned to check 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 unannounced comprehensive inspection took place on 3 and 10 May 2018.

The inspection team on 3 May 2018 consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses older people care services. One adult social care inspector visited on 10 May 2018.

We 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 to nine people living at the home, one relative and 12 members of staff, which included the provider and unregistered manager.

We reviewed five 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 health and social care professionals to obtain their views of the service provided to people. We received feedback from four professionals.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

Is the service safe?

Our findings

At the previous inspection in November 2017 the safe question was rated as Inadequate. People were at risk because there were not enough staff on duty at all times with the right skills to safely meet people's care and supervision needs. At this time, the service had admitted people with very complex needs to the Coach House and a person at high risk of falls in the Main House. This was compounded with eight experienced staff leaving and staff sickness. As a result, newly recruited and agency staff were covering. This meant a number of staff working at the service did not know people's needs well or how to safely care for them. This inspection found improvements had been made. One person with very complex needs had been reassessed by commissioners and had subsequently moved from the service to more appropriate placements. More experienced and appropriate staff had been recruited who were competent and confident to meet people's complex needs.

We found at this inspection the provider was no longer in breach of Regulation 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate that the improvements can be sustained.

There were enough staff to meet people's needs. A dependency tool had been introduced which assessed people's specific needs in detail, such as mobility. The tool provided practice and management guidance for people delivering and planning care and support services. It was used to provide a summary of a person's functional needs and/or the degree of dependence/independence. As a result, it calculated the staffing levels required to meet people's needs safely and in a timely manner. The staffing levels were two staff members in both the Coach House and Main House from 8am until 8pm. In addition to care staff support was provided by the management team, administrator, cook, housekeeping staff, maintenance worker and the providers.

There had been concerns at the last inspection if there were enough staff at night. Three members of staff were on duty at night with one deployed in both the Coach House and Main House and a further member floating between the two but generally based in the Coach House. There was always a senior care worker on each shift. The service had introduced a night time log to establish how much time the third member of staff needed to be in the Main House. It established they were needed on average 25 per cent of the time. It also established that on the whole the third member was not needed in either of the houses on average half of the time, which enabled other tasks to be undertaken, such as the laundry. This demonstrated that staffing levels enabled people's needs to be met in a timely way.

The service was continuing to actively recruit staff. They still required five care staff. In the interim they were using agency staff. They were very mindful to have the same agency members of staff as much as practicable to ensure continuity of care. People commented: "I used my call bell once and they came very quickly"; "Good heavens enough staff and they're here for you"; "I have only got to ask and they do it"; "I just feel there are enough staff on and they are there if I need them"; "I know there is enough staff and I am not kept waiting" and "When I want someone they come quickly." Staff commented: "Things have definitely

improved; nice staff team and always enough staff" and "We have time for people now which is lovely."

Throughout our inspection people were receiving care and support in a timely manner. The atmosphere was calm and peaceful for people. The call bell was not constantly ringing. This lent itself to a home where people were able to relax when they wanted to.

At the previous inspection in November 2017, people's risk assessments and care plans did not include sufficient detail for staff about how to manage risks related to behaviours that challenged the service, falls management and choking. This inspection found improvements had been made. Risk assessments and care plans had been updated and contained more detail for staff to follow to mitigate risks. For example, one person now had a behaviour support plan in place which identified triggers for staff to be aware of to help calm the person before their behaviour escalated. This followed a 'traffic light' system which guided staff on how to de-escalate and/or diffuse situations. Another person had a comprehensive risk assessment and corresponding care plan in place regards to their risk of falls. This included regular observations by staff to ensure they were safe and the increase of these checks when their symptoms were a greater degree. In addition, a falls protocol had been put in place to guide staff if someone fell; this included a post-fall monitoring form to ensure no adverse effects were evident.

Staff spoke confidently about people's specific risks and knew how to manage them should they arise. One staff member commented: "The risk assessments and care plans are so much better. They really help you to look after people as safely as possible." A professional commented: "The management and staff at Venn House have been extremely co-operative with the community nurse team. When I have visited over the last couple of weeks it has felt a lot better in there. We have worked closely with Venn House to ensure that they were completing (person's) behaviour management plan...."

We also had serious concerns about environmental risks relating to the security of the Coach House. As a result the patio had been made safer, including the heightening of the fence. Doors leading to this area had been fitted with a better locking system. In addition, an environmental audit had been conducted in March 2018. This identified areas for improvement, such as a redecoration programme being implemented.

At the previous inspection in November 2018, medicines were not being managed appropriately. For example, there were no guidelines for staff on managing 'as required' medicines; skin creams were not dated when opened in line with good practice guidelines; temperature checks of both medicine fridge and medicine cupboards were not always carried out on a daily basis and staff administering medicines were not having protected time to carry out their role without interruptions. This inspection found improvements had been made and medicine management was now robust.

Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines they were checked and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. These were offered in line with medicine protocols which had been put in place to guide staff. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

At the previous inspection in November 2017, people were at increased risk of neglect, physical and verbal abuse particularly in the Coach House because the systems and processes in place were not always effective in recognising, reporting and taking swift action to protect people. This inspection found improvements had been made.

People felt safe and supported by staff. Comments included: "Yes, I do feel safe, the staff know what they are doing"; "They (staff) make me feel safe"; "They (staff) care and keep me safe"; "The staff just make me feel safe, they make me feel like they care"; "I just know I'm safe" and "I feel safe, they (staff) make me feel they want to keep me safe."

Staff demonstrated an understanding of what might constitute abuse. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff records confirmed staff had received up to date safeguarding training to ensure they had up to date information about the protection of vulnerable people. The safeguarding policy had also been reviewed and updated. Staff confirmed they had read and understood the policy.

There was evidence that learning from incidents 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.

At the previous inspection in November 2017, the standard of cleanliness in one person's room was a concern and odours were not being managed effectively. As a result, new flooring had been laid so staff could mop it each day and as and when needed. The room smelt clean and ensured a better environment for the person. In addition, a cleaning schedule had been implemented for housekeeping staff to follow to ensure every area of the home was cleaned regularly. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People were protected because the organisation took safety seriously and had appropriate procedures in place. The premises were adequately maintained through a maintenance programme. Fire safety checks were completed regularly 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.

Is the service effective?

Our findings

At the inspection in November 2017, people's consent to care and treatment was not always sought in line with the legislation and guidance. This inspection found improvements had been made. We found at this inspection the provider was no longer in breach of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

People's legal rights were protected because staff knew how to support them 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). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for the suitability of the placement, personal care and medicines. The service had also formulated a comprehensive MCA policy for staff to follow and adhere to in their everyday work. 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 service had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. Four people had authorised DoLS in place and their conditions were being met. Nine people were awaiting assessment at the time of our inspection.

At the inspection in November 2017, people were at risk because staff did not have skills to meet their specific needs. As a result, a new training plan was put in place to ensure staff were competent and confident to carry out their roles safely. Staff were now receiving face to face training on subjects including, safeguarding vulnerable adults, challenging behaviour, dementia awareness, moving and handling, first aid, the Mental Capacity Act and medicines management. Further training courses were planned in the future, such as equality and diversity. People commented: "Staff are trained to meet my needs. They get it right, they just know what to do" and "I know they (staff) are trained, they know what they are doing. I'm safe." A relative commented: "I am aware of the training staff get. I cannot speak highly enough of the service offered."

Staff had completed an induction in line with the Care Certificate when they started work at the service. The

Care Certificate sets a minimum standard that should be covered as part of induction training of new care workers. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working with people alone. This enabled the organisation to assess staff competency and suitability to work for the service.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff supervisions had been reinstated in order for staff to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported to carry out their roles. Staff files and staff confirmed supervision sessions took place on both a formal and informal basis.

Staff knew how to respond to specific health and social care needs. They spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and social worker. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

People were supported to maintain a balanced diet. People were very happy or extremely happy with the quality of the food provided. They said it was plentiful and appetising and the menu choices suited their needs and preferences. Snacks and cold drinks were available between meals, or hot snacks and drinks on request. People commented: "I like the food, it's a good variety"; "I choose my lunch and it's good" and "I had sausages for lunch and enjoyed it." People's weights were monitored. Staff recognised changes in people's nutrition and, if necessary, consulted 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.

Venn House consists of two buildings, the Main house, which is an old building and a new purpose-built Coach House. This has been designed primarily for people living with dementia. People's individual needs were met by the adaptation, design and decoration of the premises. Both buildings are set over two floors, with the first floors accessible by either a lift or stair lifts. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. The Main House was in need of some maintenance due to the age of the building. A maintenance plan was in place to address identified areas of redecoration and improvement.

Is the service caring?

Our findings

At the inspection in November 2017, people and relatives gave us mixed views about the care provided in the service. This inspection gave only positive views of the care and support provided. We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. We observed how staff were attentive to people and were kind. People said there was a friendly atmosphere and a real sense of warmth and human kindness. People and their relatives commented: "Everyone is very pleasant"; "Good heavens, they (staff) are here for you"; "I don't feel like I'm in a home"; "I feel the staff listen and understand me"; "I am happy with the carers"; "They are good and kind" and "(Relative) has a much better quality of life here and is calmer and very much more relaxed."

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, through pictures and ornaments. 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. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice of staff gender when providing personal care was important to people to ensure their individuality. People commented: "Staff knock on my door before they enter, I like my privacy"; "If I have friends in they (staff) don't interrupt us"; "I know when I talk to staff that they respect me, I can tell"; "Its private when we use the bathroom and no one comes barging in. They (staff) make sure I am warm enough in the bathroom" and "Staff treat me with respect."

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make decisions about how they spent their day. People were offered sherry before lunch which they clearly enjoyed. Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about their past; this provided them with reassurance.

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. Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were caring, kind and compassionate. They spoke fondly about people and spoke proudly about the care they provided to ensure quality of life.

Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They were able to speak confidently about the people living at Venn House and each person's specific interests.

The service had received several written compliments. These included: 'We are very satisfied with the care my father receives'; 'We find all the staff excellent, friendly and caring'; 'My father has received excellent care

since being at Venn House' and 'I feel very happy that the care and understanding provided is genuine. I love the fact that they treat (relative) with so much respect and look at things from his perspective, even when he cannot voice it himself.'

Is the service responsive?

Our findings

At the inspection in November 2017, people did not always receive personalised care that met their needs. People spent long periods in their room. They did not have much interaction with staff, other than mealtimes and when staff were giving them their medicines or providing personal care. This inspection showed improvements had been made. Staff were engaging with people meaningfully because the atmosphere was calmer which allowed for more positive interactions. Staff spent time talking with people, reminiscing about their past lives. We heard staff talk with people about their families, holidays and careers. People were receptive to these interactions, with them smiling and evidently relaxing in staff presence.

At the inspection in November 2017, complaints had not always been dealt with appropriately. This inspection showed improvements had been made.

We found at this inspection the provider was no longer in breach of Regulation 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were now regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis. Relatives were also made aware of the complaints system and complaint forms were readily available in reception areas. 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. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure to the person's satisfaction. People commented: "I would speak to a carer or the manager"; "I would complain to one of the carers" and "I would speak to the head one in charge."

Although most care plans were rewritten, others were still complete but needed transferring to the new format. A further three were in the process of being updated to ensure they were accurate and personalised to people's needs. The updated care plans provided an overview of people's physical and mental health needs. People could not recall that they had a care plan. However, they trusted the staff to know what they needed. Care records evidenced a record of monthly reviews. We discussed people's involvement in care planning with the manager. They explained that people and/or their families were always encouraged to have input in planning care needs and stating their likes, dislikes and preferences.

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, 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.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated and the need to speak clearly to ensure they could communicate their wishes.

Activities formed an important part of people's lives. People engaged in activities if they wished. For example, arts and crafts, film afternoons, care games, one to one time and reminiscent therapy. Staff were actively approaching and conversing with people throughout our inspection. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family. Activities had been limited of late, due to the activities worker leaving. The service was in the process of actively trying to recruit an activities worker to expand people's opportunities.

People were supported at the end of their life. However, at the time of the inspection there was no-one receiving this type of service. The manager said, in the event of this type of support, they worked closely with the community nursing team; GP's and family to ensure people's needs were met in a timely way. A written compliment stated: 'I wanted to thank you personally for the care and attention you gave to mum during her time at Venn House. In particular, I want to express my sincere thanks for allowing her to stay at Venn following her stroke. All I wished was for mum to have a very peaceful and comfortable passing and that's what you gave her. Please convey my thanks and appreciation to all members of staff at Venn House for their kindness to mum.'

Is the service well-led?

Our findings

At the inspection in November 2017, ten breaches of regulations were found which had not been identified or addressed by the provider. This included a breach of the good governance regulation, for the third successive inspection. Previous improvements made had not been sustained. At this time, we rated the well-led domain as inadequate and the service was placed in special measures. At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate that the improvements can be sustained.

The provider had taken the decision in January 2018 to employ a consultancy company to assist them to improve the service. They have worked alongside the provider and local authority Quality Assurance Improvement team (QAiT) to improve the service through their governance and quality assurance systems and processes. An action plan had been developed to address the breaches of regulations. The action plan showed the actions which had already been completed. These included, up to date staff training and supervisions; people's dependency assessed to ensure sufficient staffing across both buildings; environmental issues addressed; care plans and risk assessments updated, containing much more detail; audits across the service to ensure issues are followed up appropriately; improvements to medicines management and oversight and meetings held with people, their relatives and staff. The action plan was a 'live' document and further actions need to be addressed to fully embed quality monitoring systems. The management team had also started to review the service's policies and procedures to ensure they were effective and reflected the practice at the service.

Checks were now being completed on a regular basis as part of monitoring the service provided in line with the service's action plan. For example, the checks reviewed people's care plans and risk assessments, staffing levels, medicines, 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, involvement of health and social care professionals to review people's care and maintenance jobs completed.

The service did not have a registered manager. 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. However, a new manager had been appointed and was in the process of registering with the Care Quality Commission.

Staff felt the culture within the home was much more open and inclusive. Staff spoke positively about communication and how the provider, manager and consultancy company worked well with them and encouraged an open culture. Staff comments included: "Things are much better now. We have pulled together. The running of the service has definitely improved"; "The new manager is absolutely brilliant. We are having supervisions, meetings. The manager actually listens, takes note and sorts things out" and "Big improvements. The management are great. I was going to leave, I won't now. I love it here." Staff now felt able to raise concerns and would be listened to. Various staff meetings occurred on a regular basis. Staff

confirmed they were kept up to date with things affecting the overall service via team 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.

At the inspection in November 2017, the provider had failed to update their statement of purpose about of the change of use in the Coach House to a more specialist dementia service or notify the CQC about this change. In response their statement of purpose was updated to truly reflect the nature of the service. It clearly set out the care and support provided to people of varying needs in line with their registration of providing the regulated activity 'Accommodation for persons who require nursing or personal care.'

At the inspection in November 2017, we identified several safeguarding incidents which occurred at the home where people were at risk of abuse. These had not been notified to the Care Quality Commission (CQC) in accordance with the regulations. This meant opportunities for CQC to identify safeguarding risks, and take follow up actions may have been missed. People's risks were being assessed and managed more robustly now and where appropriate alerts were being made to the local authority and CQC were being notified in line with the regulations of the Health and Social Care Act.

We found at this inspection the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulations 12 and 18 of the Care Quality Commission (Registration) Regulations 2009. Although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate that the improvements can be sustained.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service in February 2018 and all responses were positive. Further surveys had just been sent out to relatives in January 2018. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up by the provider. For example, a redecoration programme being implemented.

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 with the staff. For example, GP and district nurse. Medical reviews took place to ensure people's current and changing needs were being met.

Professionals confirmed the service was very much engaged with them, prompt in referring to them and took on board advice and guidance. One professional commented: "I have been visiting Venn regularly during the whole home safeguarding process and have noticed a marked improvement. I feel that once the owners realised the seriousness of their situation they responded swiftly in appointing the consultants. They also began to talk regularly to myself and (other professional) and were open to our feedback. This has resulted in a much more open and positive working relationship with them. I have had regular contact with (consultant) who I know is working hard with the Venn management team to re-organise the systems and leadership and staffing structures in the home. I have found (consultant) to be very open, honest and professional. The (new manager) has proved to be similarly very committed to positive working relationships and my observations of her are that she is very person centred and has got to know her residents and their needs very well."