

# Kismet House Care Home Limited

# Ventura

## Inspection report

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Date of inspection visit:  
02 October 2017

Date of publication:  
25 October 2017

## Ratings

### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ventura Care Home is registered to provide care and accommodation to a maximum of seven adults who have long term mental health needs. The ages of the five people using the service ranged from 49 to mid 60's.

At the last inspection in August 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

The service continued to provide safe care to people. People said they felt safe. Staff understood people well and supported them to lead the lives they wanted as safely as possible. People's rights were protected because the service followed the appropriate legal processes.

People were protected through staff knowledge and good practice in medicines and protecting people from abuse. Staff were in sufficient numbers, adequately trained and supported.

People said they liked the food and that they were helped to maintain a healthy weight. Appropriate health care professionals, such as the mental health services, were involved in planning and meeting people's health care needs. Each person had a regularly reviewed plan of their care to which they had agreed.

People were encouraged to engage in household tasks and internal and community activities. Some chose to get involved and others said they did not wish to adding that they were able to engage in the activities they wished.

People knew who to take any concern or complaint to. The home was well managed with measures in place to assess the quality of the service. There was a culture of providing safe care in a respectful and dignified manner through listening and responding to people's individual needs and wishes.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Ventura

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. It took place on 2 October 2017 and was unannounced.

The inspection team included one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and the previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met and spoke with each of the five people currently using the service. We also observed how staff interacted with people. We spoke with one family member and two staff members and the registered manager, who is the owner. We reviewed four people's care records, three staff files and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from one health and social care professional about the service.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. Two people commented that they felt safe at Ventura and people knew how to maintain safety at the service. For example, they knew how to respond if the fire alarm activated.

Staffing arrangements met people's needs. There was a minimum of two staff on duty in the day time hours and one staff slept in each night. This ensured people received the care and support they needed. Staffing was adjusted as necessary, for example, to take a person to a medical appointment.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, there were risks of self-neglect, not taking medicines and fire safety. Where risk had increased this was discussed with the person and changes made to reduce the risk. The registered manager recorded any accident and undertook reviews to look for concerns or trends.

There were effective recruitment processes in place. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks were completed. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. No new staff had been employed since our previous inspection.

To minimise the risk of abuse to people, all staff received training in how to recognise and report abuse. Staff were knowledgeable and experienced in how to safeguard people. They described a change in one person's behaviour and how they spent time identifying the problem. A different person said they would talk to (a care worker) or their care coordinator if they were worried. One person told us how they were worried following a time away from the home. A staff member explained how they had sought a full picture of what had happened and had established that no further action was needed other than supporting the person who was concerned.

People had chosen for staff to look after their medicines for them. One person said that they worried they would not take the medicines they needed because if so this made them ill. They liked staff to help them with this. Medicines were stored, administered, recorded and disposed of in a safe way. For example, given individually in the way the person wanted although this was not always recorded. There were regular audits of medicines to ensure, for example, that the stock and records were correct.

Some people chose staff to help them manage their money. To this end money was recorded into the service and out when used. Checks were made to the accuracy of the records to protect people's money.

The premises were adequately maintained through a programme of maintenance. Fire safety checks were completed. Each person had a personal emergency evacuation plan (PEEP) in situ. External contractors ensured services, such as fire equipment, gas safety and electrical checks, were completed in accordance with the level of assessed risk. All staff received training in health and safety. People were protected because

the provider worked to mitigate risk.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support. Staff were experienced and competent in their roles. Staff understood people's vulnerabilities and how to provide people with support. This meant they could effectively meet their needs. One person said, "(The staff) help me a lot". Another said, "I think highly of the staff".

Staff received regular training in all subjects relating to providing safe and effective care. Training included emergency first aid, equality and diversity, health and safety, infection control and food hygiene. Staff had achieved qualifications in care. There was an induction programme but the current staff had worked at the service for several years. The registered manager assessed possible future training needs and used a matrix to monitor staff training.

The registered manager ensured staff received regular one to one supervision of their work and a yearly appraisal ensured any previously agreed targets were reviewed.

Staff received training in how to protect people's rights under the Mental Capacity Act 2005 (MCA). Each person using the service had the capacity to make decisions relating to their care and staff ensured people consented to any arrangements. This included managing their medicines or finances for them. This showed 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). People using the service were not deprived of their liberty. For example, they could walk out of Ventura as and when they wanted.

People were offered choice, asked their opinion and their views were listened to, in particular about the support they needed, food choices and how they wanted to spend their time.

People were supported to maintain a healthy diet. They were able to choose the food and drink they wanted and were provided with three meals a day. Some had chosen to keep additional food as was their choice. Some had tea and coffee making equipment in their room. During our visit people had a choice of breakfast and then egg on toast for lunch. One person said how they had succeeded in losing weight now they were being helped with their food choices. The food cupboards were well stocked with food options. People said they liked the food. Staff knew people's likes and dislikes, for example, one person liked salad. One person's family member said, "Excellent food".

People's health was promoted through staff knowledge of the individuals they supported, some who were resistant to medical care. A care worker described how they encouraged people with their health care. Staff always accompanied people to appointments with consent. People using the service were involved with a

community mental health team.



## Is the service caring?

### Our findings

Ventura continued to provide a caring service. Staff supported people with kindness and people trusted them. One person said, "(The staff) clean, make good food, do laundry and always ask me".

Staff treated people with respect by listening to them and supporting them with understanding. For example, to lead their lives as they chose. One staff member said, "We listen to people. Problems are discussed and people are asked". Some people preferred their own company and some preferred the company of others; this was demonstrated in the way the dining room was set out and people's rooms were decorated.

All interactions between staff and people using the service were friendly, helpful and in good humour.

The importance of maintaining family relationships which were important to people was understood and supported. Most people had regular contact with a close family member. One person's family said they felt (the person) could not be better looked after and confirmed their close involvement with the service.

People's dignity was promoted. For example, although people undertook their own personal care, they were encouraged to maintain cleanliness and hygiene. To this end a walk-in shower had recently been completed. Each person had a private room and could lock their door if they chose. Staff always knocked and did not enter unless invited to do so.

People were consulted about every aspect of their care. For example, they were always involved in reviewing their plan of care and had signed to say they agreed with the plan. Choice, and alternatives where necessary, were made clear. Where a potential danger or problem was identified, such as missing a health care check, the potential consequences were explained and a way round the problem was explored.

## Is the service responsive?

### Our findings

The service continued to be responsive. Staff had the knowledge about people, and the time, to provide care and support that was person centred and in line with needs and wishes. For example, a person wanted to talk about something which had worried them and the staff member was able to put them at ease. Another person was escorted to a medical visit.

People were encouraged to participate in household activities but most chose not to help with cooking, shopping and cleaning. Two people liked to take regular walks to the local shops and cafés. People had their own TV's and music systems and the home provided a large TV in a pleasant and comfortable lounge. The garden was attractive with flowers, shrubs and seating. Also a smoking area. One person said how they followed a particular entertainer; they had recently ordered a new CD of their music. People's rooms reflected their interests and personalities.

Staff understood that people were different and how their approach to each person needed to reflect this. One person's family member said, "They are so knowledgeable about (the person). They know them inside out". Some people liked to go into the community together, for example, to a helicopter museum. Others did not want to go out and needed more staff support in tasks of daily living. One said, "I have got what I need".

Each person had their needs assessed prior to admission. This included information from health care professionals. If admitted, those assessments then fed into a plan of how care was to be delivered. Care plans included behaviours and emotions, a life story, what care was needed to keep mobile and healthy and what activities people wanted to pursue. People's contributions had included, "I want to stay mentally well" and "I am not interested in activities away from the home"

Care plans had been reviewed and, where necessary, updated. For example, a person who had looked after their own medicines now chose to let staff help them.

There were regular opportunities for people to raise issues, complaints or compliments. A complaints procedure was included in a guide to the service given to each person, and displayed in the dining room. People said how they knew they could take any issue to the staff or registered manager. There was one complaint recorded by the service for the previous 12 months. The Care Quality Commission had received some negative feedback relating to that complaint. The registered manager was able to adequately explain the events pertaining to the complaint.

## Is the service well-led?

### Our findings

The service remained well-led. There was a registered manager in post. They were also the service owner. 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.

The culture of the home was one of supporting people to maintain their mental and physical health and provide the best opportunities for people according to their circumstance. There was a relaxed and comfortable atmosphere and the registered manager looked for ways to improve people's lives. This included ensuring they had enough money on a day to day basis to buy what was important to them. One person's family said, "I have high praise for the place".

People's views were sought, mostly through giving them information and asking them what they wanted. Also through surveys for people and their families, visiting professionals and staff. Staff had written, "There is a good bond between everyone" and "The manager is very approachable". People's views helped to identify ways in which the service might be improved.

The service was adequately resourced and maintained to be clean, fresh and attractive. People said they had all that they needed.

The service worked with other health and social care professionals in line with people specific needs. This helped staff keep up to date with best practice and provide the best care for people. Medical reviews took place to ensure people's current and changing needs were being met.

There were systems in place to monitor the quality of the service and find ways to improve. These included the registered manager working alongside staff at the home and audits, such as medicines, accidents and records.

The registered manager understood and met their regulatory responsibilities.