Care UK Community Partnerships Ltd

Ventress Hall Care Home

Inspection report

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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

Overall summary

At the last unannounced, comprehensive inspection on 4, 5, 6 and 12 February 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises. We asked the registered provider to take action to make improvements. We asked the registered provider to ensure they were preventing the risk of cross infection by having the appropriate equipment and policies in place and by taking action to the premises to ensure people were safe.

The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this comprehensive inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

Ventress Hall care home provides nursing and personal care to 106 people with medical and nursing care needs, including people living with a dementia. The home is

Summary of findings

located in a residential area close to Darlington town centre, with local amenities and public transport. At the time of our visit, 64 people were receiving care at the service.

The service had a registered manager 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.

At the last inspection we saw that there were risks to people's safety in the premises. On this visit we saw that storage had improved by converting a bedroom into a hoist storing area which meant hoists and slings were stored safely and cleanly. An area of the home previously referred to as Thornville where one person previously resided had been de-commissioned. We saw that access to areas of risk such as maintenance areas, sluices and other storage areas had now been secured with key code locks meaning that people using the service could not accidentally access them.

We found the premises to be clean and tidy. Areas had been re-decorated and some new furniture had been purchased. There was an ongoing plan for re-decoration. There were no obvious signs of dirt or odours in any areas of the service that we visited.

At our last inspection we saw that electronic records were not always completed and staffing deployment meant there were times when there was not always enough staff to meet the needs of the service. On this visit we saw that both electronic records, recording charts and care plans were well completed.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Staff told us that they felt supported and had regular and productive meetings with their line manager. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service

Staff and management had an understanding of the Mental Capacity Act (MCA) 2005. The senior management had a good knowledge of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's care plan.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We saw that medicines had been given as prescribed.

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, were encouraging and caring.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Assessments were undertaken to identify people's health and support needs. People's independence was encouraged and there was activities taking place in the service.

The provider had a system in place for responding to people's concerns and complaints. People and the

Summary of findings

relatives that we spoke with during the inspection told us they knew how to complain and felt confident that staff and manager would respond and take action to support them.

Records looked at during the inspection informed that audits were in place to monitor and improve the quality of the service provided. The service had responded to requirements and recommendations from the previous CQC visit in February 2015 and a clear record of actions was recorded and reviewed on a weekly basis by the manager and regional manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe and found that action had been taken to improve safety including environment changes, staffing levels and infection control.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staff were recruited safely to meet the needs of the people living at the service and there were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Is the service well-led?

Good

The service was well-led.

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Ventress Hall Care Home

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.

We last inspected Ventress Hall on 4, 5, 6 and 12 February 2015.

This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of an adult social care inspector, a specialist advisor who was a registered nurse and an Expert by Experience who had knowledge of care for the elderly. We returned to the service for a second day on 17 September 2015.

Before the inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR) which we received in December 2014. 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 spoke with a visiting reviewer from the Continuing Healthcare Team who was visiting the service and a Best Interest's assessor from the local authority who was also visiting. Both professionals said they visited the service regularly and were very positive in their views of the service and the staff and management. .

We spoke with the registered manager, the deputy manager, the clinical lead nurse, two other nurses and seven care staff. We also spoke with 14 people who used the service and nine relatives and visitors.

We looked at records that related to the day to day running of the service.

Good

Is the service safe?

Our findings

Without exception, every person we spoke with told us they felt safe living in Ventress Hall. They also said they felt safe with all members of staff. Family visitors also said they felt their loved ones were safe. People told us; "I have always felt safe with the staff, they are very good and I have had no worries since I came in two months ago." A visitor said; "My mother I feel sure is quite safe here. We looked at another couple of homes, but this felt right."

At the last unannounced, comprehensive inspection on 4, 5, 6 and 12 February 2015, we identified breaches of the Care Quality Commission (Regulated Activities) Regulations 2010 Safety and Suitability of Premises.. We asked the registered provider to take action to make improvements. We asked the registered provider to ensure they were preventing the risk of cross infection by having the appropriate equipment and policies in place and by taking action to the premises to ensure people were safe.

On this visit we found the premises to be clean and tidy. We found cupboards containing linens and cupboards containing chemicals securely locked by a security key pad system. The registered manager showed us some of the rooms that had been re-decorated, for example the reception area and a dining room. They told us that re-decoration of the premises was to be undertaken by a decorator now employed by the provider to cover several homes in the region, as detailed in the home's service improvement plan. We saw that the clinical room on the first floor had been re-furbished with a new sink installed, together with new drawers and shelving for storage. A staff member told us that new flooring had been ordered for the treatment room and this was awaited and the registered manager confirmed his. We saw the service had organised for an empty room to be used to store equipment such as hoists and slings. This now meant slings were hung safely on the walls and were easily accessible as well as moving and handling equipment not cluttering communal areas.

The registered manager showed us the daily cleaning schedule which was signed by the domestic assistants on a daily basis and checked by the head housekeeper and registered manager on a monthly basis. When we asked a member of housekeeping staff if they had sufficient time to undertake cleaning duties and keep the home clean and hygienic they told us; "Yes and I do extras if have time and turnout rooms once every month, we've been a bit busier during summer months due to holidays. The skirting boards and walls need decorating, then it'll be easier to clean". When we asked a member of staff if they had a sufficient supply of cleaning products they told us "Yes, there's also plenty in the stock room".

The registered manager showed us that the infection control audit, which included the cleaning audit, and we saw that actions were included in the service improvement plan. The registered manager showed us the schedule for quarterly infection control audits. We saw a copy of the 'managers daily checks' which were undertaken on a daily basis to monitor the following: bathrooms, clinic rooms, lounges, dining areas, sluices, laundry doors, room and fridge temperatures, and a controlled medication check.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "It's about safeguarding vulnerable adults which is anyone at risk of danger." Training records showed staff had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

A staff member told us; "We are trained to keep people safe. I have done Moving & Handling training and also using the hoist, two of us are always at hand using that, I have Level 3 in medicines and have done first aid."

On our last visit in February 2015 we saw that staff deployment needed improvement and that on an evening visit we found people having to wait to have their needs met and call bells ringing constantly. On this visit we asked people if they felt there was enough staff. They told us; "As far as I am concerned there are enough staff. I have a key worker who knows me very well and knows how I like things done," and "Yes, there are plenty of girls around who will always get you what you want. I don't think there are any problems." A visitor told us; "I think they could do with another member of staff on this nursing unit. Someone who could just sit and talk – it would be helpful." We asked staff about staffing levels and people were mostly positive

about this. One staff member said; "Yes, I think we do have enough staff, in fact we have an extra member of staff. We can manage quite well and we very much work as a team. We help our residents and one another too."

We observed that although the service was busy, care did not appear rushed and call bells were answered within a few minutes. For example staff asked people about the lunch menu and people chose what they wanted but were not hurried into making a choice. We observed staff taking someone to the toilet that walked slowly behind them ensuring they did not have a fall but at the same time the person retained their independence. We observed another person being helped from their wheelchair by a staff member, at a pace that met their needs.

We discussed with the manager that since our last visit the service had added another staff member onto the evening shift to cover the overlap time between the day and night shift. We saw from staff meeting minutes that staff had fed back that this extra person at this time was working "really well."

On the days we visited the service there were the three senior managers who were not working directly with people although we did witness them provide care and support at various peak times during the day. There were two members of nursing staff, two senior care staff and four care staff on the nursing unit and six on the residential areas. There were also housekeeping staff, kitchen staff, laundry staff and maintenance staff as well as an administrator and two activity co-ordinators. The service had a staffing levels tool which was based on dependency needs of people using the service and the management informed us that if people's needs changed they would increase staffing levels accordingly.

We looked at the management of medicines. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited, reviewed appropriately and disposed of. The staff member checked people's medicines on the Medicines Administration Record (MAR) and medicine label, prior to supporting them, to ensure people were getting the correct medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medication. The staff member remained with each person to ensure they had swallowed their medicines. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. Medicines were stored safely and securely.

The clinical lead was responsible for conducting monthly medicines audits, including the MARs, to check that medicines were being administered safely and appropriately. From the previous audit in September 2015 there were no recommendations and from the audit in August 2015 recommendations included updating the care plans for 'as required' (PRN) medications which we saw had taken place.

The clinical lead told us that the night staff undertook an audit of MAR charts for one person each shift. We saw some areas highlighted as follows and saw written documentation showing the signatures and dates when actions had been completed, i.e. unexplained gaps in MAR sheet and profile sheet or photograph not less than 12 months old. The clinical lead told us that their biggest challenge was correct codes being defined appropriately on the MAR charts and recorded on the reverse of MAR. In addition, they told us that they were exploring ways to ensure the accurate completion of topical medicines application records and body maps for topical medicines prescribed, for example allocating a 'senior carer champion', to ensure accurate and timely completion.

The clinical lead told us that following a recent medicine error they had re-observed all staff members' competency when dealing with medication. This meant the service learnt from events and tried to reduce the risk of errors. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

There were effective recruitment and selection processes in place. We looked at three personnel records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service.

Good

Is the service safe?

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The administrator explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The six care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

We saw that since August 2015 a more robust process for accident and incident monitoring was in place to ensure any trends were identified. The registered manager undertook this as we saw that detail such as times and areas of falls and accidents could be linked together. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “The girls are excellent and all have good knowledge,” and “The lasses are marvellous, they all get well trained.” Relatives told us, “Yes, the girls are all very competent.”

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, equality and diversity and fire safety. We saw the manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; “I have done a course about dementia and one from the McMillan nurses about end of life care, they were excellent”. Another staff member said; “I’ve never been frightened to ask questions here. I’ve been here since July; I’ve done loads of training and a really good one on dementia. We are a really good team here.”

We saw that a formal induction programme was undertaken by the provider. The clinical lead told us they came to the home in July 2013, worked as a nurse and then started as the clinical lead in February 2015. They told us about e-learning mandatory training, the clinical and care competency framework training and medication courses they had completed. They said; “There's definitely enough support. I'm doing a 3 day first aid course next; we’re attending a re-validation course with NHS England and we are running monthly nurse meetings to help the nurses with reflection and re-validation to ensure they are up to date with current practice”. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

All staff we spoke with said they had regular supervisions with the registered manager, deputy manager or clinical lead. Records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; “Our manager is very good. If we have any problems at all we could go along and see her.”

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and people received about six meetings per year and that records for 2015 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding. One staff member told us; “I do find supervision helpful, it’s good to have feedback so I know I am doing things right.”

We also saw records of other regular staff meetings which included nurse meetings, senior care staff meetings and management meetings. We saw from the minutes that policies and procedures were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed.

We sat with people who used the service when they were having lunch in the dining room from mid-day on the second floor. The tables were set with knives, forks, napkins and condiments. However, there was no menu card on the table, the clinical lead told us that they were waiting for replacement menu holders and we saw this was recorded in the service improvement plan that was monitored by the manager. We saw the four week menu displayed on the wall in the dining room. The food served was a choice of a meat dish or vegetarian option, mashed potato and vegetables. The head chef told us where people wanted a further alternative this was provided, for example “omelette, jacket potatoes, sausage roll, anything they want”. For people who were served their meal in their room, we saw that meals were well presented on a covered tray with appropriate cutlery, condiments and napkin.

The food was well presented and the head chef served the food direct from the hot trolley. We saw that the staff knew people’s preferences and we heard them say; “Can I have a little one for X,” and “I know you don't like vegetables”.

We saw that the husband of a person living at the home joined his wife at lunch time.

We saw a continuous choice of hot and cold drinks offered throughout lunch time.

Good

Is the service effective?

Where people required encouragement to eat their food staff provided this in a dignified manner, for example staff sat next to the person and interacted with them in a positive manner. This meant the risk of weight loss was minimised.

People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their needs. The atmosphere was convivial and there were staff available to support people with tasks such as cutting their food up.

Staff told us about how they monitored people's nutritional needs. We spoke with the head chef who showed us the file where they stored the diet notifications for people and we saw that it contained up-to-date forms for people living at the service. The head chef told us that the nurses provided them with the updated diet notification forms and the clinical lead confirmed this to us. The head chef told us that people were asked every morning their preferred menu choices for the day and the clinical lead) confirmed this. We also saw the 'dietary requirements sheet', which was updated by the deputy manager and the clinical lead detailing high and medium nutritional risks, nutritional drinks to be provided twice daily, diabetic diets, liquidised meats, puréed diet, vegetarian, soft diet, thickened fluids, low fat diet, no fat diet, high fibre diet, dairy products intolerance, assisted feeds, allergies, people taking warfarin to avoid taking cranberry juice, people taking simvastatin to avoid taking grapefruit juice and prescribed supplements. The head chef told us the people who were at risk of weight loss and told us the range of milkshakes they offered. We saw everyone had a care plan for monitoring their food and nutritional intake.

People told us; "I enjoy my meals, we have a choice. Staff ask us what we would like from the menu, I have enjoyed my meals from coming in there is always plenty and you can have more if you want it." Another person said; "Nothing wrong with the food. We had a turkey dinner today with plenty of vegetables, it was very nice. I could have had a cheese and broccoli bake; I would not have minded either. It was delicious. Ice cream or pears to follow." We spoke with a visitor who told us; "Can I say it is not as good as our mother used to cook? She was a good cook, but I suppose they have to cater for a lot of people."

One staff member told us; "People are enjoying their food more now, the resident meetings we have monthly have been much more positive about the food," and minutes of these meetings reflected this comment.

The deputy manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The deputy manager was aware of the process for people with lasting powers of attorney in place and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, 34 people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The deputy manager talked us through the application process and explained how they had involved family members. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict people who lack the capacity freedom to leave the care home unless it is in their best interests. We spoke with a visiting Best Interests Assessor who said the following about the service; "They go through the process with families on admission and so it makes my life much easier. They are always very supportive to families when someone passes away who is subject to a DoLS."

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a regular basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One person told us; "I have recently been in hospital. My GP came here to see me and I know he will come anytime he is asked to do so. I have very good care from my GP and from the nurse in here." Another person told us; "We have all been told if we don't feel well, then say so and they will make sure we are OK. And they will let the family know." People also told us they were involved in decisions about their healthcare. On person said; "I know I get weighed and they called in the doctor a few months ago because I had a cough I could not get rid of. My son and daughter-in-law and me, discussed what was happening. I was asked if I needed anything more they could help me

Good

Is the service effective?

with." We saw from care plans appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded. This showed people's healthcare needs were listened and responded to by the service.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said; "We have all been told if we don't feel well, then say so and they will make sure we are OK. And they will let the family know." And another person told us; "The nurse will come and see me anytime I ask. She is excellent." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Staff told us the local GP services were; "Very responsive." We spoke with a visiting nurse from the local health authority who said the following about the service; "We have no issues with the nursing care at this service. The nursing staff are good and we have good communication and a good rapport with the manager who is very helpful." One relative told us; "We have every faith in this home. We know if my sister is not well, they tell us immediately. We have peace of mind with the care she gets and we are listened too, as well." We saw people had been supported to make decisions about health checks and treatment options.

Good

Is the service caring?

Our findings

We asked people if they were happy with their care at the service and received the following responses; "The staff treat me with kindness and has always done so. I can't speak too highly of them, they are excellent." One person said to us; "I think the girls are very kind and caring. They never rush you along, they are very patient. They respect my decision to go back to my room after meal times, yes excellent treatment and care."

One relative told us; "I know my sister is treated with great kindness, I have observed their attitude towards her. I would not accept anything less for her. She is treated with respect and her dignity is observed by these staff. I am delighted with the care she gets." Another relative said; "I have nothing but praise for the staff. I go home knowing my mother is being well cared for. I wish I could have kept her at home but she needed more than I could give her. I am glad she is in here, she likes it too."

Overall, people looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled.

As the weather was warm on the day of the inspection we saw that a nurse had bought a selection of ice lollies and passed them to the clinical lead to share with people living at the service. People were then asked by the clinical lead if they would like one.

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. One person told us; "There has never been any disrespect towards me, the girls are all so patient." Another person said; "They always explain what they are doing and I have a shower every other day which is great." A staff member told us; "We do our best to support our residents. We love them all and really care that they are well looked after, listened to and are kind and thoughtful when we are doing personal care. Their dignity is paramount and we show respect at all times."

We saw all staff interacted with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; "Kind, very kind. Nothing is too much for them. I think they are worth their weight in gold." Another person said; "All the staff are kind at least that is what I have found. I have had no problems at all. They know me well enough and call me by my Christian name, which I like. No, no problems at all."

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One person said; "There are no restrictions. I get up when I want – not too early but not late. I don't have much at breakfast usually toast and a bit of cereal. I go to bed when I feel tired and that can be in the afternoon too."

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including self-medicating, going out into the community and carrying out tasks such as dressing and washing with staff support if needed. One example we saw was a staff member taking a person to the toilet and they walked slowly behind them ensuring they did not have a fall but at the same time the person retained their independence.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; "My sister and husband are here a lot. Staff always welcome them and have a chat with them. My sister has said they always feel welcome here."

A staff member told us; "Residents family or friends are always welcome at any time. I think it is important the families come, it is lovely to see our residents' pleasure when the little ones visit with their parents."

One visitor told us; "I am able to come at any time, even at meal times. I have been told I can stay and have lunch if I want to. Yes, I do feel welcome and it is a comfortable feeling."

We saw people signed where they were able, to show involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. We spoke with a visiting Best Interests Assessor who said the following about the service; "The care plans are very good and easy to follow. They have a good understanding of the DoLS and best interests process here, the deputy manager is very aware of recent case law." This showed that people's rights were upheld.

Good

Is the service caring?

We asked people whether they were involved in reviews or meetings about their care. One person told us; "Yes a few weeks ago I was asked if I felt settled in here and was I happy with the help I was getting. I said I was quite happy and decided to stay." Another person said; "It is better to find out if the place suits you before you decide to stay, which is what I did. The manager asked me if I was happy in here and I said I was. She asked if there was anything more she could do for me. I said not at the moment, everything if fine and I am happy enough." One relative told us; "I came to the review on my mother. I take her out quite often and that was readily agreed by the manager. I think my mother gets the help she needs, she gets more help than I could have given her at home. I am pleased with the help she gets." This showed that people were involved in the planning and reviews of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One person told us; "My main carer knows exactly what I like. She knows my favourite jumpers and cardigans and what I like wearing most. She sees to it that I have plenty to drink and asks me what meals I want. She is very good." Another person told us how their needs were met, they said; "They give me choices and don't take me for granted. I don't like a cooked breakfast and I like strong tea, they know most of my likes and dislikes and I get what I want – a choice." We asked a staff member about how they knew how to care for someone, they told us; "All our residents have a care plan. The residents and family are involved if they wish to be. We learn the needs of the residents through the plan and work to it so we get to know what we have to provide".

Good

Is the service responsive?

Our findings

The clinical lead told us that they used the daily notes to support the shift handover documentation. The shift handover documentation covered the following areas: appointments, details of accidents and incidents, any person causing concern requiring observation' any changes to medication or treatment regimes and any other relevant information. This meant that staff were kept up-to-date with the changing needs of people who lived at the service. The activity co-ordinator told us they had noted this morning that one person's complexion looked "blotchy" and so they had summoned the clinical lead who immediately carried out observations such as taking the person's temperature. This showed the service responded when staff pointed out any change in someone's presentation.

We looked at six care plans belonging to people who used the service. These records showed that people had their needs assessed before they moved into Ventress Hall. This ensured the service was able to meet the needs of people they were planning to admit to the service.

We found that risk assessments were in place, as identified through the assessment and care planning process, which meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. Standard supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the results of the risk assessment; which detailed the care needs, support, actions and responsibilities staff were to take to reduce the possibility of harm. We saw that these were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. We saw that the Barthel index which is a record the activities of daily living was used to assess and communicate to others in relation to the degree of disability in a particular person and included an assessment of continence , grooming, transfers, mobility, eating, dressing, stairs and bathing. We saw daily notes were kept for each person, they were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition, activities and interests. This meant that people were appropriately cared for and supported as records were complete.

People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care planning system was found to be easy to follow, with risk assessments and care plans and evaluations. There was information about people's life history, such as key events in their life, work history, spirituality, hobbies and interests.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' decisions and we saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. Emergency Health Care Plans (EHCP) were in place in care plans we looked at. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. We saw end of life care plan for people where a person had clearly detailed their wishes and requests. We asked staff about end of life care and one staff member told us; "We're good at the planning of care before people come in, we get the equipment, families can stay in the relatives room if they wish, the nurses are good at pre-empting the drugs needed. We get good support from community matrons and we're linked to Blacketts surgery for the majority of patients, however people do have a choice and the link GP comes every Tuesday morning to do a clinic." This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met and staff were supported with the process.

People told us about activities and said; "Yes we are asked for our views on what we like and what we don't care about. I like being taken out in the bus; I would like it more often."

Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that people enjoyed. We saw the activities coordinators held regular meetings at the service to talk

Good

Is the service responsive?

about activities, whether anyone had any other issues to raise and if people felt safe and happy. One visitor told us; "I think there is a lot going on but you can't please everyone. We think the staff do their best to keep people entertained, there is always something going on."

We spoke with one of the activity coordinators who explained their role was; "To make people happy and to encourage their social interaction." They explained the range of activities they provided including very short tactile sessions for people who may be poorly to active and physical sessions with more able bodied people. They told us they were able to purchase resources when they needed them and that they felt well supported by the manager. They said one area of development was to work more closely with care staff and we fed this back to the registered manager at the end of the inspection who said they would address this issue.

People told us they would complain to staff or the registered manager. One person said; "Yes I would know how to complain but I have not had the need to do so. I would speak to the manager." Another person said; "No I never have had the need to make a complaint. I would know who to complain too and that would be the manager, but it has not been necessary." One relative also told us; "We were given information about making a complaint, it was in the booklet we got when mum came in. I have been very happy with the care she has been given and have no complaints to make."

Records we looked at confirmed the service had a clear complaints policy and there was a regular surgery event held by the registered manager. This was out of hours so that family members who worked could come in and chat. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. One staff member told us; "I'd report any concerns straight away to the manager. I chair the residents meetings and I will try and rectify things as they arise. For example one lady mentioned she would like Ovaltine on a night and so I went and bought her a jar and she has this now before she goes to bed." We looked at the home's record of complaints. There had been five complaints recorded since our last visit in February 2015 and there was a clear record of investigations and outcomes recorded. The registered manager and the deputy manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings.

We saw records of regular meetings that took place for people living at Ventress Hall and their relatives. One person told us; "We have been asked what other activities we would like to do including those that happen now. I like the sing-a-longs, more would be welcome." The manager also ran an "out of hours surgery" on a regular basis so that families could meet with her during evening hours if they worked during the day. This information was on display in the reception area and meant the manager was accessible for people to raise any issues.

We saw that feedback from suggestions was added to a display board in the reception area of the home. We saw that issues such as activities or meal suggestions were made by people and the service showed they had responded to it. We saw that most of these on the first day of our visit were from survey questionnaires carried out in 2014. We discussed with the manager that it was not very contemporaneous and we saw that on the second day of our visit the display board had been updated with recent suggestions from resident and relatives meetings and the service had showed how it had actioned them. This meant the service listened and responded to the views of people who used the service.

Good

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager. One person said; Yes, I do know the manager, I see her most days of the week. She is always pleasant and knows who I am." The registered manager was also supported by a clinical lead and a deputy who all worked together well during the course of our visit. They were all well known to everyone in the service and their interaction with each other was positive and professional. This management team were usually supernumerary to the staffing levels and so this meant the service was well led as the management team were able to organise the day, carry out audits and be available for advice.

People and visitors told us they know the registered manager, found her approachable and see her going around the service on a regular basis. People told us; "She knows everybody. She is a really nice person. If I was bothered about anything I would go to have a talk with her," and "A really nice person. She knows who I am and sometimes asks after the little ones who come to see me." A visiting relative also told us; "Yes, I know the manager well. She is very approachable and if I had any concerns or problems then I would not hesitate to see her."

The registered manager told us about their values, which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The registered manager held regular meetings for staff, people using the service and visitors as well as regular "out of hours surgeries" where people could pop in to discuss anything. There were also regular newsletters so people were able to keep up to date with developments at the service. This meant the manager was accessible and listened to the views of people and staff at the service. One staff member said; "Our manager is very good. If we have any problems at all we could go along and see her," and another said; "We are here to help our people. The manager and everyone will help one another; I have never heard anyone refuse to help when it has been needed."

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "My family are always made welcome to come. Everyone is friendly and kind. It is a comfortable atmosphere really." Another person told us; "You don't wake up with the feeling of wanting to get out of here quickly. Every staff person will help you, cleaners and all." One visitor told us; "The atmosphere is good. We are always made very welcome – and with a smile – always a good morning and we know we can have a drink when we come in. I think it is good as do the rest of the family."

The service used meetings for people and satisfaction surveys to gather feedback, and we saw from these that any issues identified were immediately actioned by the service and a documented response recorded for people and visitors to see.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Ventress Hall had complied with this regulation since our last inspection.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example from our previous inspection in February 2015 there was a clear service improvement plan in place that was updated weekly by the manager. There was a clear importance rating, start and end date and who was responsible for the end outcome. Areas that CQC identified for improvement had clear updates and the improvement plan was comprehensive in its level of detail. In discussion the senior management team were very positive about the changes they had made since the previous inspection. At our previous inspection in February 2015 we stated that staff felt their meetings were not positive or productive. We saw from the action plan that the CQC report was discussed with staff and the service had held an informal meeting with everyone and provided cake and encouraged staff to be open about their views. This new style of meeting was reported as being "very positive" and "well attended" and staff we spoke with said their regular meetings were now "more of an open forum rather than just being talked to." This showed the home had a monitored programme of quality assurance in place.

Good

Is the service well-led?

We saw that people were supported to be involved in the local community and people were supported to visit local shops and facilities if they were able by activity and care staff members. On the day of our visit a volunteer was at the service running a regular quiz session and we noticed lots of visitors attending the service.