

## Plymouth Age Concern

# Patricia Venton House

### Inspection report

William and Patricia Venton Centre  
Astor Drive,  
Mount Gould,  
Plymouth,  
PL4 9RD

Tel: 01752 221806

Website: [www.plymouthageconcern.org.uk](http://www.plymouthageconcern.org.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 25 June and 2 July 2015 and was unannounced. Patricia Venton House provides care and accommodation for up to 25 people, some of whom are living with dementia. The service is run by Plymouth Age Concern. On the day of the inspection 19 people lived at the home and five people were staying for short stay respite care.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the

service. The service had been without a registered manager since May 2015. 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. A new manager had started by the second day of our visit and confirmed they were in the process of registering with CQC.

People were protected by safe recruitment procedures. There were sufficient day staff to meet people's needs

# Summary of findings

and staff received an induction programme. People commented that at night they needed to wait longer for assistance as there were only two staff on duty. However the management said they were keeping this under review. Staff had completed appropriate training and had the right skills to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as district nurses and GPs. We found significant health information had not been passed from the care staff to the person in charge and care records not updated. This placed people at risk as staff did not have the most up to date information on people's care to pass to health care professionals.

People's risks were considered, managed and reviewed to help keep people safe. However risks associated with people's individual needs, including the use of manual handling equipment and personal evacuation processes, were not formally recorded to help ensure people were protected and staff had the full information to meet people's needs. Records were not updated to reflect people's changing needs.

People's communication methods and preferences were taken into account and respected by staff. Records contained detailed information about how people wished to be supported. People's wishes for end of life support were well documented. People and their families were involved in the planning of their care. However we found care records held in people's individual bedroom, for people who required extra care support, to be inconsistent in completion of charts and daily records. We found some individual records did not have documented information to protect people's skin integrity.

People, staff and some health and social care professionals said the management of the service was supportive and approachable. One health and social care professional felt the changing of management had been unsettling, however went on to say the employment of a new manager had shown things were starting to settle. Staff were happy in their role and spoke positively about their jobs.

People were supported to engage in activities within the home and within the community. People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "Food very good, I always eat what they give me!"

The service had sought advice where they thought people's freedom could be restricted. This helped to ensure people's rights were protected. Applications were made to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to told us they felt safe.

We observed during our inspection people and staff were relaxed. There was a friendly and calm atmosphere. People and staff were chatting and enjoying each other's company. Comments included; "I'm very happy and settled here." People, who were able to tell us, said they were happy living there.

People had their privacy and dignity maintained. Staff supported people and showed kindness and compassion throughout our visit.

People, relatives and healthcare professionals were happy with the care provided to people and said the staff were knowledgeable to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People's opinions were sought formally and informally. There were quality assurance systems in place. Audits were carried out to help ensure people were safe, for example environmental audits were completed. The service had a formal complaints procedure which people and their families knew how to use if they needed to. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

# Summary of findings

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

# 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?

The service was not always safe.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people. However not all risk assessments were in place to support people's manual handling needs.

People were supported by skilled and experienced staff. There were sufficient numbers of day staff to meet people's needs.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People were supported to maintain a healthy and balanced diet. However people did not have food and fluid charts completed to identify if they were at risk of malnutrition.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

The staff had completed training and understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health, social and medical support as needed.

**Requires improvement**



### Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

**Good**



### Is the service responsive?

The service was not always responsive.

**Requires improvement**



# Summary of findings

Care records were individual and personalised and met the needs of people. However some individual records did not have documented information to ensure staff provided people with appropriate care.

Staff responded quickly and appropriately to people's needs.

People had a wide choice of activities they were supported to participate in if they wished.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

## Is the service well-led?

The service was not always well led.

There had been no registered manager in post since May 2015 although a new manager had started by the second day of our inspection.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were not always completed to help ensure all risks were identified and acted upon.

Records showed the service and management team did not ensure accurate records were maintained.

There were not suitable systems in place to monitor the safety and quality of the service.

**Requires improvement**



# Patricia Venton House

## Detailed findings

### Background to this inspection

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

The inspection was undertaken by one inspector for adult social care on 25 June and 2 July 2015 and was unannounced.

Prior to the inspection 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.

During the inspection we met or spoke with 18 people who used the service. We spoke with four relatives, senior management, the newly employed manager and nine members of staff. We also spoke with three health and social care professionals who supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at five records which related to people's individual care needs. We looked at eight records which related to the administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Some care plans included up to date personal evacuation plans. However six people did not have any personal evacuation plans in place. This included five people on respite care and one person whose health had deteriorated and was now confined to bed. This could place people at risk as staff and emergency service would not know how to best support people in an emergency. The manager confirmed they would instruct the staff to complete these immediately.

Some people identified as being at risk had up to date risk assessments in place. Some care records contained risk assessments and these had been reviewed and updated. Records showed people at high risk of falls had this information clearly documented to help ensure staff were aware of how to reduce the risk to people. One person said; "I've had some falls so the staff come to help me now." Additional records held information and guidance for staff on how to reduce any further risks to people. For example, pressure relieving cushions were supplied. Discussions with staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support. However one person, who had a particular diagnosis, did not have a risk assessment in place to manage their manual handling using a hoist. This could place this person at risk as staff could not be sure how this person needed to be supported. Individual risks associated with people's specific needs were not assessed. A second person whose health had deteriorated did not have updated information recorded about how staff are to manage their change in needs, for example no risk assessment recorded based on them being confined to bed and the risk to their skin integrity.

Not assessing the risks to the health and safety of people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff all said the staffing levels at night needed reviewing. They said people admitted for respite care often had higher care needs, mainly due to living with dementia, and staffing levels were not increased. People said they had waited long periods for call bells to be answered. The provider stated the call bell system has an

audit facility to check against complaints relating to call bell response times. This was discussed with the new manager who agreed to look at and address this matter to help ensure people received the prompt care they required.

People, relatives and visiting healthcare professionals felt the service had enough day staff to meet people's needs. Rotas and staff confirmed the home had sufficient day staff on duty to meet people's needs. Staff supported people appropriately at all times, for example during mealtimes. The manager confirmed staffing levels were being reviewed to help ensure the correct number of staff were available at all times to meet people's care needs. For example an evening meal time assistant was being employed to assist people.

People told us they felt safe. One person said, "Yes I'm safe, they check on me to make sure I'm fine." Another said; "I feel safe here." A relative said; "Yes [...] is safe here, I have no worries." Patricia Venton House provided a safe and secure environment for people. Smoke alarms were tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People's medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

People had a detailed plan of their prescribed medicines and how they chose and preferred these to be administered. Designated senior staff had responsibility of overseeing medicines and undertook regular audits. Staff confirmed they had regular competency checks. Medicines administration records (MAR) were all in place and had been correctly completed. However some had additional medicines prescribed or stopped mid-month. These hand written entries had not all been signed or dated appropriately, for example two signatures needed to be recorded on hand written changes. Therefore we could not be sure when this medicine had commenced or who had taken the prescription order from the GP. The senior staff on duty confirmed they would address this and raise it with all staff.

## Is the service safe?

Staff had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

People who lived at Patricia Venton House were safe because the service had arrangements in place to make sure people were protected from abuse and avoidable harm. Staff had the knowledge and skills to help keep them safe and confirmed they had received updated safeguarding training. Safeguarding and whistleblowing policies and procedures were available and staff said they'd have no hesitation in reporting abuse and were confident the management team would act on any concerns. Staff said they would take matters further if they felt their concerns were not being taken seriously and were aware of outside agencies, for example the local authority. Staff spoke confidently about how they would recognise

signs of possible abuse. We saw referrals to the safeguarding team had been made and this showed that appropriate concerns were reported to the relevant authority.

Incidents and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. This showed that learning from such incidents took place and appropriate changes were made.

People were protected by the home's recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member's suitability to work with vulnerable people.



# Is the service effective?

## Our findings

One person whose health had deteriorated required a food and fluid chart to be completed to help monitor their wellbeing. These records were found not to be completed consistently over the last few weeks and this could place this person at risk of not having received sufficient food and fluid to maintain their health. The manager spoke to the staff on duty to complete the charts on the day of inspection. They also agreed to raise this issue at the planned staff meeting to ensure this task was completed.

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

People's individual nutritional and hydration needs were met. People had a choice about what they wanted to eat and drink and this information was recorded in people's care records. People had their specific dietary needs catered for, for example diabetic diets. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of not eating enough. The menu was displayed daily to help enable people to choose what they would like to eat. Care records identified what food people liked and disliked. Catering staff said they were provided with a list of people's dietary needs. Staff understood what they could do to help ensure each person maintained a healthy balanced diet. People had access to drinks and snacks 24 hours a day. We observed mealtimes were not rushed and were a social occasion. People showed they enjoyed this time as they were smiling and engaged in conversation.

Some staff had attended training to meet the needs of people currently living in the service, for example, dementia awareness training. Staff training records showed some staff had completed additional training in health and safety issues, such as infection control and fire safety. We saw further training had been planned and booked to support staffs continuous learning.

Staff confirmed they received some ongoing support and supervision. However due to change of management they felt this had not been so frequent recently but felt things had already started to improve with the new manager in post. Staff said they had some opportunities to discuss issues of concern during handover daily. Team meetings were held and being arranged with the new manager to provide the staff the opportunity to highlight areas where

support was needed and encouraged ideas on how the service could improve. Staff went on to say they felt listened to and, if they needed to talk outside meetings, the management of Patricia Venton House made themselves available.

People were supported by staff who had the knowledge to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met. Staff were supported well by the management team. Staff told us about the care needs of people they supported and were confident in their ability to meet people's current needs. New staff completed an induction when they started work which was overseen by senior staff. This helped to ensure staff had completed all the appropriate training and had the right skills to effectively meet people's needs. Staff confirmed they shadowed experienced staff. This enabled staff to get to know people and see how best to support them prior to working alone.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. One DoLS application had been made and the manager was aware of the legal process they would need to follow if DoLS applications were required in the future. Staff demonstrated some knowledge and understanding of the MCA and DoLS. Some staff were yet to receive this training. The new manager said this training would be arranged.

Staff recognised the need to support and encourage people who lacked the mental capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in activities and about what they would like to eat. People's care plans showed people were involved in their care and were consenting to the care plan which was in place. Staff were observed obtaining people's consent prior to assisting people, for example we observed staff asking people if they were happy to be supported with their personal care.

People had access to healthcare services and local GP surgeries provided visits and health checks. When people's

## Is the service effective?

health deteriorated they were referred to relevant healthcare services for additional support. For example staff had consulted with the district nurse team to support one person's skin integrity. If people had been identified at risk due to being at risk of pressure ulcers, guidelines had been produced for staff to follow. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare

support. For example opticians, dentists and chiropodists. Visiting healthcare professionals said the service had contacted them for advice. They went onto say that communication was good between them and the staff team. They told us the service worked well with them, made themselves available to assist during their visits and followed advice given. This helped to ensure people's health was effectively managed.

# Is the service caring?

## Our findings

People who lived in Patricia Venton House were supported by staff who were both caring and kind. The atmosphere in the home during our visits was welcoming. Interactions observed between people and staff were positive. People who were able to, agreed they were well cared for and spoke well of the staff and about the quality of the care they received. Comments included; “Staff are very kind helpful and caring.” A relative said [...] is always well cared for, it’s brilliant here.” Healthcare professionals said they had observed that staff protected people’s privacy and dignity.

People were involved as much as they were able to with the care and treatment they received. We observed staff treating people with compassion and kindness. Staff informed individuals what they were going to do before they provided any support. Staff ensured people were happy and comfortable with the support being offered. For example, anyone requiring additional support moving areas within the home, for example between the lounge and their bedroom, was offered this support. Staff said they informed people what they were going to do and all tasks were completed at the person’s own pace.

People’s personal care needs were responded to by staff in a discreet manner. For example, when people required

assistance from staff, the staff ensured this was performed in a discreet manner without drawing attention to the person. This showed staff were observant of people’s needs and responded to them in a caring manner.

People had records that included a person’s full life history. This included “This is me-My life.” Staff had access to people’s life history therefore they could understand a person’s past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people’s individual needs.

People were supported by staff who knew them and their needs well. Staff were attentive and prompt to respond to people’s emotional needs. For example people who were living with dementia received prompt support by staff if they became confused or distressed.

Records showed end of life care had been discussed with people or their relatives so their wishes on their deteriorating health were made known. For example each person had a “specific wishes in the event of death of illness” care plan and this recorded those wishes.

People told us their privacy and dignity were respected. Staff told us how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence.

# Is the service responsive?

## Our findings

One person who was confined to bed due to deteriorating health did not have updated records completed to ensure staff knew how to respond appropriately to their needs. This included turning charts to help ensure this person did not develop pressure ulcers. These charts and other care records had not been completed consistently to ensure staff were able to respond to this person's changing needs. This new health condition had not been passed onto the person in charge and was not recorded into the handover records to ensure all staff were made aware of this new health condition. Further records showed staff did not record if any personal care had been carried out regularly to help maintain this person's wellbeing. The manager immediately spoke to the staff concerned to ensure the senior staff had the full facts to speak with the GP.

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

People's care records contained information about people's needs and how they liked and preferred to be supported. If a person's care needs changed care plans were reviewed and altered to reflect this change. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. Records had been reviewed with people or, where appropriate, with family members.

Care plans held sufficient detail, were personalised and recorded people's wishes. Most records had been regularly reviewed and updated to ensure staff had current information to respond to people's needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were supported by staff who were responsive to their individual needs. People's needs were assessed prior to admission and a more detailed care plan was developed as people settled. This assessment of their health and social care needs helped to ensure the staff could support people. The staff said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission and understand what level of care

people needed, for example if they required additional support due to living with dementia. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs.

People's care plans recorded people's physical needs, such as any mobility issues. Personal care needs and choices were documented for example people had a "This is me" section on their preferred daily routines. People said they could have a shower or bath whenever they chose to. Additional information recorded how staff were to respond to people's needs if a person was living with dementia. For example what emotional support they may need.

People had access to call bells which enabled staff to respond when people required assistance. The service had recently responded to concerns raised on answering call bells as a second system was being installed, one on each floor. The current system only indicated when call bells sound on one floor; therefore it took some time for staff to respond as they needed to go to a lower floor panel which indicated which room needed assistance. One person said; "With the second panel in place it will help staff come quicker." We observed people who chose to stay in their bedrooms had their call bells next to them. People told us call bells were mostly answered quickly. This showed people were able to summon staff for assistance at all times to respond to their needs. However several people said they had to wait longer at night due to low staff numbers.

People were encouraged and supported to maintain links with the local community. Patricia Venton House had a day centre attached to the service. This was used by people living in the service and people living in the community. Activities were displayed and showed planned trips out. Staff said they tried to vary the activities daily and keep people active. We observed several activities taking place during our visits. People who attended told us how much they enjoyed the activities offered. Some people said they wanted more trips out and others were very happy with what was offered.

People, their relatives and healthcare professionals knew who to contact if they needed to raise a concern or make a complaint. The provider had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in the home and available in a format everyone was able to understand. People felt the service would take action to address any issues or concerns

## Is the service responsive?

raised. One relative said; "I told them about a minor concern and it was dealt with immediately and have had

no problem since." A complaint file showed complaints which had been made, the action and outcome of the complaint. Any complaint received was shared with staff to help reduce any recurrence.

# Is the service well-led?

## Our findings

Patricia Venton House is owned and run by Plymouth Age Concern. The service had not had a registered manager in post since May 2015. A new manager had started by the second day of our visit and confirmed they were in the process of registering with CQC.

Quality assurance and auditing systems at the home were not robust enough to ensure risks were identified and quickly rectified. There were no audits to determine whether information was up to date and relevant. These included inadequate recordings in care records including food and fluid records, lack of significant details in care records on people's medical needs and daily care not being recorded.

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

The company's visions and ethos were to offer people; "a high quality care and support which promotes independence, maintains dignity and focus on individual needs." Staff spoken with understood these values. The management team of Plymouth Age Concern took an active role within the running of the home, more so due to an absence of a manager, and had some knowledge of the staff and people.

Staff spoke of the support they received from the management team and they felt able to speak to the management team if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive. There was a clear management structure in the service. Staff were aware of the role of the newly appointed manager and the other members of the management team. They said the management were approachable and had a regular presence in the home.

People were involved in the day to day running of their home. Residents meetings were held and the management team said they encouraged the staff to listen and act upon people's concerns. The service sought verbal feedback

from relatives, friends and health and social care professionals regularly to enhance the service. A recent survey was made available and held information on responses to such questions as, "Do you find staff friendly" and "Are you happy with the availability of the home's manager to discuss anything with?" The results showed 100% either agreed or strongly agreed. We saw questionnaires had been sent to obtain people's views on considering part of an ongoing improvement plan for the service.

Staff said staff meetings had increased recently and provided them the opportunity for open communication and discussions about the service. These meetings updated staff on any new issues and gave them the time to discuss any areas of concern or comments they had about the way the service was run. The home had a whistle-blowers policy to protect staff. Staff confirmed they were encouraged and supported to raise concerns.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helped the staff to have a better understanding of the care needed to support people living with dementia.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the management team. This helped to ensure appropriate action could be taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

The management team increased their visits during the absence of a manager. This helped to ensure management had an overview of the quality of the service at all times and could address any concerns they found. A maintenance plan was in place to help ensure the quality of the environment remained appropriate and fit for purpose.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 (1) and (2) (a) (b)**

The registered person had not assessed, monitored and mitigated the risks relating to people's health and safety.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17(1) and (2)(b)(c)**

The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided or mitigate the risk to people relating to their health, safety and welfare. Accurate, complete and contemporaneous records in respect of the care and treatment provided to each person were not being maintained.