

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 ●

Summary of findings

Overall summary

This inspection took place on 3 October 2017 and was unannounced. This meant the staff and manager did not know we were coming. At our last inspection of this service we awarded an overall rating of Good.

At this inspection we found the service remained Good.

Ventress Hall is a care home for 106 people who require nursing or personal care. Some people who use the service were living with dementia. The home is set over three floors, situated in its own grounds with two enclosed garden areas. Ventress Hall has a range of communal areas for people and their relatives to use. There were 77 people using the service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to keep people safe. Staff knew about safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice. Accidents and incidents were recorded and monitored as part of the manager's audit process.

There were robust recruitment processes in place with all necessary checks completed before staff commenced employment.

The provider used a dependency tool to ascertain staffing levels. We found staffing levels to be appropriate to needs of the service, these were reviewed regularly to ensure safe levels.

Medicines were administered by trained staff who had their competencies to administer medicines checked regularly. Medicine administration records (MAR) were completed with no gaps. Medicine audits were completed regularly.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect fire inspections, gas safety checks, and electrical wiring test had been completed.

Staff training was up to date. Staff received regular supervision and an annual appraisal.

People's nutritional needs were assessed and we observed people enjoying a varied diet, with choices offered and alternatives available. Staff supported people with eating and drinking in a safe, dignified and respectful manner.

People were supported to maintain good health and had access to healthcare professionals when

necessary and were supported with health and well-being appointments.

People were supported by kind and attentive staff, in a respectful dignified manner. Staff discussed interventions with people before providing support. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people.

Advocacy services were advertised in the foyer of the service accessible to people and visitors.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were individualised and person-centred focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. Processes and systems were in place to manage complaints.

The provider had an effective quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service. People, relatives and staff told us the service was well managed.

People had personal emergency evacuation plans (PEEPs) in place that were available to staff in case of an emergency.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 October 2017 and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by two adult social care inspectors, one specialist professional advisor (SPA) and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. A SPA is someone who has professionalism in a particular area for example, a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with 11 people who lived at Ventress Hall. We spoke with the regional manager, registered manager, the deputy manager, one nurse, five care workers, one activity coordinator and a catering staff member who were all on duty during the inspection. We also spoke with four relatives of people who used the service and a visiting GP.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of five people, the recruitment records of four staff, training records, and records in relation to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Ventress Hall. Comments included; "They wouldn't dare do anything but offer good safe care because I would let them know if it was falling short", "I feel surprisingly safe" and "Very safe and well looked after. Safer than at home to be honest."

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These were carried out to confirm whether applicants barred from working with vulnerable people.

Risks to people were recorded and reviewed with control measures put into place to lessen against any assessed risks. Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls.

We found the staffing rota showed dedicated numbers of staff on each floor. Staffing levels were monitored by using a dependency tool we found this covered areas such as people's mobility needs and personal care needs. During the inspection staff were visible and buzzers were answered in a timely manner.

Policies and procedure were in place for safeguarding and whistleblowing which were accessible to staff for support and guidance. We found staff had received training in identifying and responding to safeguarding concerns during induction, and training was refreshed on a regular basis. The manager kept a safeguarding referral log containing notifications sent to the Commission along with the local authority alerts. Records contained details of investigations, action taken and outcomes. Staff were made aware of lessons learnt through staff meetings or supervisions.

We found the provider had systems and processes in place for the safe management of medicines. We observed staff administering medicines and found this to be completed in a safe manner. Staff were trained and had their competency to administer medicines checked every year. We checked medicine administrations records (MAR) and found these to be completed with no gaps or anomalies.

The provider ensured the maintenance of equipment used in the service and health and safety checks were in place. We found up to date certificates to reflect fire inspections, gas safety checks, electrical wiring test and other safety checks had been completed along with service report for hoists.

People had up to date personal emergency evacuation plans in place which were accessible to staff in case of an emergency. The provider had a business continuity plan in place in case of an emergency.

Is the service effective?

Our findings

People and relatives we spoke with felt staff were well trained. Comments included; "The good quality of my care means everything to my family and me" and "I know that my relative is being well cared for all the time and to me that means the world."

Staff were well supported in their role and felt their training was effective. The provider used a mixture of face to face and online training. We found training was up to date with training planned for those nearing expiry. E-learning took place on site using a two dedicated laptops. Staff also had access to several terminals throughout the care home. Staff could also access the training platform remotely if they wished to. Staff told us they liked the fact that they could take time out to study this way at work. Staff completed a detailed induction which included reflective diary sheets. We found these were completed following training. For example, one staff member had written, "I have learnt how to protect residents from harm, and how to make sure beds are at the correct height."

The manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff received their appraisal and had supervision on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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).

Where people lacked capacity to make decisions, MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. We observed staff supporting people to make decisions regarding meal choices and attending activities.

We found people were offered a varied and nutritious diet and told us they enjoyed their meals. Comments included; "Food's okay really. Have enough to eat. Always have a choice" and "We get choices so that's good but I would like some different food sometimes so I ask and I usually get what I have requested."

Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs, including the recording of food and fluid intake. We spent time in the dining areas and saw staff supporting people in a safe manner. People were not rushed and were offered a choice of meal.

Fluids were readily available throughout the meal. People were supported with drinks and snacks throughout the day.

Care records confirmed people had access to external health professionals when required, such as speech and language therapists. We spoke with a visiting GP who told us, "I have no concerns with the standard of care that residents receive. Staff are very proactive, and caring."

People living with dementia and their relatives had been given memory boxes to fill with items they or their relative felt were important. Some had been returned and were waiting to be fitted. The manager told us, "Some are still with families." A memory box can help people recall events from the past. These memories can stimulate the person, prompting conversation with loved ones and staff.

Ventress Hall was spacious with ample space for people who used wheelchairs or mobility aids. Communal areas were set out with easy chairs, televisions or radios were available for people to watch or listen to. Signage was in place for people to navigate their way around the home, such as toilet signage and exits.

Is the service caring?

Our findings

People gave us positive views when we asked them about the care provided in the service. Comments included; "My friends still call we have coffee here and the staff are just great leaving us to chat and gossip. It helps my friends realise care can be good"; "I was not sure how I would feel about help with personal care. I am a little old fashioned that way but the staff, both male and female have been amazing"; "The care here is really excellent I enjoy every day"; "Staff are brilliant, very caring, and approachable" and "One to ones are brilliant it makes me feel so important because it's my time. Just mine. We have a bath or shower every day and I just love that!"

We observed care workers showed affection throughout their interactions with people, showing genuine relationships. They were friendly, caring and warm in their conversations with people, crouching down to maintain eye contact, using gestures and touch to communicate. When communicating with people we saw staff waited patiently for people to respond. Staff clearly explained options which were available to the person and encouraged them to make their own decisions. For example, whether they wished to join in activities or have a cup of tea.

People were cared for by staff who knew their needs well. One person told us, "Staff know me well and when my family and friends pop in they always have a chat." People were treated with dignity and respect. Care workers told us they ensured people had privacy when receiving care. For example, keeping curtains and doors closed when providing personal care, explaining what was happening and gaining consent before helping them.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, eating meals or getting washed and dressed.

We joined people in the dining room at lunch. We observed staff treating people with dignity. People were asked if they wanted to have protection for their clothes during lunch and were supported with napkins or protective aprons. We observed staff demonstrating respect for people by asking what they preferred for lunch, offering choices and alternatives. Staff supported people to eat and drink in a pace appropriate to their needs which ensured people were supported to be as independent as they could be. Time was taken when supporting people to eat by ensuring they had finished one mouthful before being given another. We found meals were not rushed, staff encouraged people in a caring manner to 'try a little more.'

Staff had received training in end of life care. We found people had care plans in place which captured their wishes in the event of them requiring end of life care.

People's rooms were comfortable, some people had brought pieces of their own furniture, ornaments and pictures of family members which were personal to them. Each room reflected the person's interests and character. Where people spent time in communal areas staff made sure they had things which were important to them close by such as spectacles and mobility aids.

Information was readily available to people, relatives and visitors about independent advocacy.

Is the service responsive?

Our findings

People had care plans which were personal to them that included information on maintaining their health, preferences and dislikes. Plans set out what people's needs were and how they should be met. These included identifying potential risks to the person and management plans were devised to minimise these risks such as, mobility and risk of falls.

Care plans were reviewed on a regular basis so staff had detailed up to date information to support people's specific needs and preferences. For example, if they preferred a bath or shower, or if there had been a change in medicine or dietary needs

People and relatives told us they felt the service provided personalised care and that the staff were skilled. Relatives told us they were involved in their care planning and that staff were responsive to their family member's needs. The people we spoke with told us they were not interested in their care plans preferring to leave this to relatives.

We saw staff were responsive to people's needs. One person who had lost their hearing aids was distant and withdrawn, but was transformed when the carer came back with them. Another person was cold in the reception area did not have to ask for a cardigan, a staff member appeared with one, matching their outfit. They expressed that they were very grateful.

People were supported to maintain hobbies and interests. One person told us, "No hobbies anymore so, I try and join in activities." The service had two activity coordinators who provided social and recreational support to people. The manager told us, "We are recruiting another so we'll have three in total. We can then provide more support for activities." We found evidence that activities were varied and included entertainers coming in to the home, cinema afternoons, music, games and crafts. We saw some people in one of the communal areas for the whole morning watching DVDs. We asked them if they enjoyed the television. Comments included; "This is where I love to spend time, I love the musicals" and "Oh yes, it's nice to sit here. I like to see them [staff] coming and going."

The home had a pet rabbit that doubled up as pat-a-pet twice a week. People told us they loved to have a cuddle. The rabbit was kept in one of the communal areas through the day, so people could pop along and see him.

The care home had access to a new eight seater minibus with disabled access. People enjoyed regular day trips and used the mini bus to maintain community involvement. The mini bus was also used to transport people to and from access medical appointments. The minibus was shared with other care homes within the group for their service user's excursions.

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. Comments included; "If I needed to complain I would go straight to the top and ring CQC that is why you are there! Not for a paltry issue but if it was for me or someone else in trouble I

would not hesitate", "I know who to speak to if I had a problem, [registered manager] is lovely and I know I can trust them" and "If we had any concerns we would go and see [manager] if the staff could not deal with it." All complaints were logged, investigated and where necessary discussed with staff as lessons learnt during supervision or team meetings.

We found residents meeting and relatives meetings were held regularly with detailed minutes discussing a variety of subjects.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been at the service for over six years.

Relatives and people felt the registered manager was supportive and approachable. Comments included; "The manager is always around and knows all our names, don't know how they do it" and "I would be very happy to talk through an issue with the manager-they are really approachable."

We saw that paper records were kept securely and could be located when needed, this included electronic care records. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records. The service was moving to an electronic system, 'Smartsheet' to record their on-going improvement plan. The registered manager told us this was of benefit as other quality assessors from the provider organisation could input directly their findings from quality reviews at Ventress Hall into the plan.

Staff members we spoke with told us they were happy in their role and felt supported by the management team. Comments from the staff team included; "Very approachable", "always has time to listen", and "makes me feel supported."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly. We saw staff surveys that had just been completed called 'Over to you.' Feedback was generally positive and included; "I believe I can make a difference where I work," and "my immediate line manager takes health and safety seriously." The registered manager told us they were meeting in the next week to collate the responses from this survey and to look at any actions they needed to take from it and they would put an action plan in place if required.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out yearly questionnaires for people and relative. We saw the results were analysed and actioned. The service also held monthly meetings for people using the service. At one meeting people had suggested cheese and biscuits after tea, we saw these suggestions and others were put on a board in reception showing 'You said, we did' for how the service actioned this feedback. This showed the service responded to improvements. People at the service knew who the registered manager was and told us, "[Manager] stops for a chat whenever they pass", and "They seem good at their job."

We found the registered manager and deputy manager had carried out a number of regular quality assurance checks to monitor and improve standards at the service. This included audits of medicines, nutrition, care records and health and safety. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, a dining experience audit identified some presentation in one area was not as good as it should have been. The registered manager had then followed this up with senior care staff and we saw through a staff meeting that this had

been requested to be completed as soon as possible. The provider's regional manager carried out regular visits to the service, indeed on the day of our visit they had undertaken an unannounced night visit at 4.30am to ensure that the service was working safely at night time as part of a regular three monthly night check.

A visiting health care professional told us, "[Registered manager] is in regular contact with us, they run a good facility, I like the communication."

The service had good links with the local community. People who used the service could access local facilities with staff support. We saw there were many visitors to the home during the day who told us they felt welcomed by the service. The service worked closely with local schools and colleges to provide an apprenticeship programme for young people looking to work in health and social care and they had been commended for the work in this area.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The provider also displayed its CQC rating at the service and on its website as required.