Venetia Residential Care Home Limited

Venetia Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected this service on 29 March 2017. The inspection was unannounced. Venetia Care Home is registered for a maximum of eleven adults who have mental health needs. At the time of our inspection there were nine people living at the service.

The service is located in two large adjoining houses, one located in Venetia Road, the other Lothair Road, on two floors with access to a back garden.

We previously inspected the service on 16 August 2016 and found the service was in breach of seven regulations relating to governance of the service, insufficient staffing levels, safeguarding, safe care and treatment, person centred care, need for consent and dignity and respect. As the overall rating for the service was 'inadequate' this service has been in Special Measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. We have also had positive feedback on improvements at the service from health and social care professionals. Therefore, this service is now out of Special Measures.

At the time of the inspection there was a registered manager employed by the service. 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.

On the day of the inspection, the atmosphere was calm and relaxed. We saw staff were kind and caring to the people living at the service and the people living at the service confirmed staff were friendly and available to support them. We were confident people were treated with dignity and respect.

At the inspection in August 2016 we had concerns regarding the cleanliness of the service. At this inspection we found the premises were clean throughout. The kitchen was clean and the majority of food produce in the fridge was labelled and sealed. We saw there were labels available and the provider had purchased containers to store opened food. However, a new staff member had left a meat product covered but not labelled and cooked vegetables were uncovered from dinner the previous evening. This was immediately remedied.

At the previous inspection we were concerned there was insufficient staffing to safely meet the needs of people living at the service. At this inspection staffing levels had increased and new staff had been recruited. At the time of this inspection the provider and commissioners were liaising regarding increased overnight cover at the service. Three people needed supervision if they left the building, and there was no staff

member awake at night at the service. In the meantime the registered manager told us she had risk assessed this situation and in her view, no-one was at risk as a result of current staffing levels.

Staff told us the increase in day staff had enabled them to support people to do more activities. People told us they had joined a choir group and sang songs they had learned accompanied by a staff member and another person who played guitar, in the evenings at the house.

Previously we had concerns related to the way the service was operating in relation to providing person centred care as set routines were in place. At this inspection we saw that people had been asked their views as to how they wanted their medicines provided, and although the kitchen remained locked for set periods, people could now make hot drinks or get fruit drinks from the open kitchen next door as they wished. A shower room previously closed off was now available for people to use when they chose to.

In the period between August 2016 and March 2017 we were notified appropriately of any safeguarding issues that had occurred and the provider had liaised appropriately with other relevant organisations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had DoLS in place for those who needed it.

At the last inspection the provider could not evidence they had the authority to restrict specific people's liberty or their access to cigarettes. At this inspection we saw that relevant documentation was in place where required and consent was gained from people with mental capacity if the service was safekeeping their belongings, or assisting them with managing their cigarette intake.

In August 2016 we were concerned as there was an absence of effective quality monitoring systems in place for key areas, and this had impacted on the quality of the service offered. We found regular supervision and training were not taking place, many procedures and policies were outdated and quality audits, for example related to cleaning, had not prompted improvement. Between August 2016 and March 2017 records showed staff had undertaken training in key areas and had been regularly supervised. Procedures were updated and there were quality audits taking place and actions followed through as required, and this had resulted in significant improvements at the service.

We have made a recommendation in relation to person centred care at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Although staffing levels had improved it was not evident there were sufficient staff at night to ensure people's safety.

Although the majority of food had been covered and labelled, we found two items of food not safely stored.

Risk assessments were in place for all people living at the service but needed more detail on how to mitigate risks as new staff had been employed.

Recruitment practices were safe and medicines were stored safely.

Is the service effective?

Good

The service was effective. There was supervision and training for staff to support them in their role.

Staff had an understanding of the MCA and DoLS and appropriate documentation was in place at the service in relation to consent.

The service assisted people to access healthcare as they needed it.

Is the service caring?

Good

The service was caring. The service had changed practices so people could make individual choices regarding how they received their care.

People told us they were happy living at the service.

We witnessed kind interactions between staff members and people living at the service.

Is the service responsive?

Good

The service was responsive. People were being supported to go out to more activities and we saw staff playing games with people.

We saw the registered manager had dealt with a complaint appropriately and meetings with key workers provided an opportunity for people to say if they were happy with the service or not.

Care plans covered a wide range of areas and had been updated in the last 12 months.

Is the service well-led?

Requires Improvement

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The registered manger and provider had implemented a number of changes in the last six months to improve the service. These were evident by the supervision and training that had taken place, the cleanliness of the service and the work undertaken to address issues of consent, dignity and respect.

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Detailed findings

Background to this inspection

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

This inspection took place on 29 March 2017 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. CQC requires that certain incidents, events and changes that affect a service or the people using it are notified to CQC as notifications.

During the visit we spoke with six people living at the service. We inspected all communal rooms and looked in three bedrooms.

We spoke with two support workers and the registered manager.

We looked at the three people's care records and risk assessments. We looked at three staff recruitment files and training records for seven staff. We looked at supervision records for five staff.

We looked at systems for managing medicines. We checked documents related to the maintenance of the building, the accident/incident folder and meeting minutes related to staff discussions and meetings for people who live at the service.

As part of the inspection process we spoke with two health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us "Yeah, it is alright, it is OK" and "I feel safe living here." We asked people if they felt their belongings were safe. People told us "No, no loss" and "No, never [had anything go missing]." We asked if people felt scared of anyone else living at the service. People told us "No, all OK, no one is violent at all, all OK." Another person told us "No real challenging behaviour, everyone the same." Staff members told us they had not witnessed any disputes between people living at the service recently.

At the last inspection we were not confident the registered manager and staff had evidenced they were following safeguarding procedures for all incidents. Between August 2016 and March 2017 we had received notifications appropriately and staff were able to tell us at this inspection how they would deal with any safeguarding concerns.

At the inspection in August 2016 we had concerns regarding the cleanliness of the service. At this inspection we found the premises were clean throughout, including the paintwork around the building being cleaned. The kitchen was clean and the majority of food produce in the fridge was labelled and sealed. We saw there were labels available in a drawer in the kitchen and the provider had purchased containers to store opened food. However, a new staff member had left a meat product covered but not labelled, and cooked vegetables uncovered following dinner the previous evening. This was immediately remedied. The registered manager had passed responsibility for food management to a senior member of staff and this had worked well when she was on shift. The registered manager said they would give the task of checking the fridge at each shift to a staff member to minimise the risk of this re-occurring.

Risk assessments had been updated recently and contained information on the risks identified, however, the action for staff to take to minimise the risk was not always clear. We discussed this with the registered manager who told us some risks had remained on the risk assessment although they had not occurred for a long time. However, there were newly employed staff at the service that were not as familiar with the people living there. The registered manager said they would review all the risk assessments again, to accurately reflect current concerns and ensure that clear guidance for staff was documented.

At the last inspection we were concerned that on occasions only one member of staff was on duty at weekends and staff absences were not always covered by another member of staff. This meant people were at risk of neglect due to insufficient staffing levels. At this inspection we could see from the rota there were always two staff on in the day. Staff told us this had improved their opportunities to take people out in the day to activities.

At night there was only one staff member sleeping in. Since the last inspection it had become apparent there were three people who lived at the premises who required supervision should they leave the premises. We discussed this with the registered manager who told us they had moved these three people to bedrooms in one house to aid staff supervising them effectively. Also, there were no occasions in the evening when people requiring supervision had attempted to leave the premises alone. The registered manager also told

us that they were in discussion with commissioners regarding night time staffing arrangements.

Recruitment practices were safe. Two references were in place for each staff member. However, we noted one newly employed staff member had not provided a reference from a recent health and social care employer. The registered manager undertook to chase up this third reference as a priority. Staff records had Disclosure and Barring Service (DBS) certificates and proof of identification. In addition, records contained evidence of the right to work in the UK where needed. These checks minimised the risk of unsuitable people being employed.

Medicines were stored safely and accurate records were kept of administration.

Accident and incident forms were completed and although not countersigned, the registered manager could tell us about each one.

All of the essential equipment, for example, gas and electrical installations and fire equipment, were serviced in the last twelve months, or within timescales recommended to ensure the building was well maintained.

On our arrival the front door had been locked from the inside with a key. We asked the registered manager about this. She expressed surprise as this door was never locked as it was a fire exit. It was immediately unlocked and the registered manager told us the day after the inspection they had spoken with the newly employed member of staff who had locked it momentarily and forgot to unlock it. They were reminded of the requirement to keep this door unlocked at all times.

A recent fire risk assessment had been carried out in January 2017, monthly checks of the fire doors and alarms took place and we saw fire drills took place every three months.

Good

Is the service effective?

Our findings

At the last inspection we had been concerned as some staff members had not received supervision in over two years. Since then, staff records showed they were supervised on a regular basis and we could see from notes that discussions had taken place in relation to issues raised at the last inspection. This was positive as the registered manager was clear it was a team responsibility to address the issues of concern. Staff members learning needs had also been addressed.

Similarly, the last inspection had identified a lack of refresher training for staff in key areas, and staff had limited understanding of consent. Since August 2016 staff had undergone training in medicines, food hygiene, emergency first aid mental health, mental capacity and DoLS. Staff were able to explain consent and understood how important it was to obtain this before providing care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Since August 2016 the service had made a further two DoLS applications which were granted, so there were three people in total subject to DoLS restrictions. We could see that best interest meetings had taken place for these people in relation to restrictive practices at the service including limiting their cigarettes, holding their money and access to the kitchen for their own safety.

At the last inspection the provider could not always evidence they had the authority to restrict people's access to cigarettes or to hold their money. At this inspection we saw that people had greater freedom in relation to these issues. Where people wanted support with managing their money or cigarettes, and they had mental capacity, the service had obtained their written agreement to hold their belongings.

At the last inspection we noted the kitchen was kept locked for the majority of the day with set times for breakfast, lunch and dinner. The registered manager had explained that the kitchen was kept locked for significant parts of the day as some people were at risk of overeating or eating raw food which resulted in them being sick. One family member confirmed in August 2016 this was accurate and was part of her relative's mental health condition.

The main kitchen remained locked at this inspection unless staff were available to monitor people's safety in the kitchen. However, there was now paperwork to confirm consent of those with mental capacity to agree to the kitchen being locked. Also it was included on DoLS for those who were not safe in the kitchen

area. The registered manager had opened up the kitchen in the second house for people to make hot and cold drinks as they wished and this was appreciated by the people living at the service. We also saw people asking staff for drinks outside of mealtimes and they were provided with them.

We asked people living at the service their views on the food. They told us "Nice! OK, Good meals" and "OK". We asked how meal choices were made on a day to day basis people told us "Whoever is on duty" chose. People told us they were sometimes "asked what they want to eat". We saw that regular residents' meetings took place and people's views were asked regarding the menu at each one. People usually said at these meetings they liked the food the staff made. We saw a home cooked main dish was prepared for the evening meal and lunch was a choice of either sandwiches or sausage rolls with various juices and hot drinks available.

People who were at risk of being malnourished and those that lacked capacity were weighed monthly to ensure they remained at a healthy weight. The staff had an awareness of how to support people who smoked and how this might impact on their appetites and general health.

There were detailed records of people's medical appointments and we could see the staff and registered manager were proactive in arranging appointments with GP's, the local hospital, dentists and opticians. One person told us "I always have a check-up, CPN meeting, blood test and ECG."

The people living at the service did not always want to attend appointments and this was accepted by the staff as their choice, and recorded accordingly. We spoke with one person who had refused an important hospital scan the week of the inspection but they were clear in their refusal to undertake further investigations.

Good

Is the service caring?

Our findings

At the last inspection we noted not all staff spoke respectfully to people at the service all the time, although we also noted kind and caring interactions between staff and people living at the service.

We asked people at this inspection if staff were kind and caring to them and they told us "Yeah, they are alright" and "Yeah they are". On the day of the inspection, we saw staff were kind and caring. For example, one person who was feeling unwell had refused lunch, but staff made lunch for him as well and brought it to him in a gentle way. He ate some of it by choice. This showed an awareness of people needing encouragement when they are unwell to eat. We also saw one member of staff playing football in the yard after lunch to encourage people to 'have a kick about' and participate in a little exercise.

We saw the registered manager talking at length with a person living at the service about a particular sport and it was clear this person was familiar and at ease with the registered manager. People told us the home was peaceful and quiet most of the time and there was a lot of talking and mingling between staff and people living at the service. A health and social care professional noted in their view there had been improvements at the service since the last inspection and this had improved the service for people living there.

At the last inspection we were concerned that people were not always shown dignity and respect or offered privacy when being reminded to take their medicines. At this inspection we saw people had chosen to have their medicines in the office as opposed to their room and medicines were given with subtlety and people's names were no longer called out to summon them to the office. We asked people if they were treated with dignity and respect and one person told us "Yeah they do" and "Yeah, OK."

We asked people if their views were listened to in relation to how their care was organised. We were told "Yes they do", and when we asked did staff act on a person's comments they told us "Yes, they act on it", and another person told us "Yes, sometimes the manager cares."

We asked people how staff gave people privacy. They told us "They leave you alone if you want." Another person said they "Just knock on bedroom door for medication."

The needs of people varied at the service. Some people were independent with many aspects of personal care, laundry and financial management and were encouraged to remain so, whilst other people needed full support in these areas. This meant some people would make their own hot drinks, warm up a simple lunch for themselves, or go to the bank alone. Other people were either not able to do activities of daily living themselves or had never been expected to do so, and were now reluctant to try despite being encouraged by staff.

The majority of people's rooms had personal effects and were homely. We saw the only shower room that had been closed at the last inspection due to one person's behaviour was now opened for use by all. This was positive as this was the only walk in shower in the house.

Residents' meetings took place regularly and people could discuss menu choices and any other issues they wished. One person told us "Yeah, one every couple of weeks [we have a meeting], we discuss what we want to eat, discuss the home and activities." We had noted at the last inspection that one person's personal information had previously been shared at a resident's meeting and we saw from minutes this was no longer the case.

A number of staff at the service spoke Greek which meant they could speak to some people for whom Greek was their first language which was positive. We also noted that some of the meals were of Greek origin so people's cultural needs were met in this way.

Staff supported people to keep in contact with family members in a range of ways through phone calls, family members visiting the service or people visiting their family members with support if needed.

Good

Is the service responsive?

Our findings

Care plans had been recently updated and covered a wide range of needs. They also provided information about people's abilities. Areas covered included independent living, personal skills, relationships and family network, communication and health. They also contained personal historical information where this was available. We noted care plans were not always person centred in the language that was used. For example, behaviours that challenge were noted as problems to be managed as opposed to behaviours that may have meaning to the person or may be an expression of an emotion.

We recommend that the provider obtains advice regarding person centred care planning.

Some people living at the service went out to visit family and friends locally independently. Some people helped other people who lived locally helping to carry their shopping back from the shops or did 'odd jobs' for them. Other people needed support of staff to be in the community safely. Staff told us they took people to the local park and shops.

People told us they "Go to a centre in Wood Green every Thursday 11.00am to 1.00pm", "We sing songs, have tea and coffee and a meal, staff pay for [the] meal." The people living at the service told us they had recently joined a choir and really enjoyed singing songs at the centre where the group was held and back at the service in the evening. A member of staff and a person who lived at the service played guitar so they accompanied the singers with their music. People also told us they "Go for walks and go to the park" and take a "bus ride to see friends." A staff member told us they take people to do the food shopping and visit the local shops. We could see from art on the wall that one person in particular painted, and a staff member told us they enjoyed doing art with this person. Another staff member told us increased staffing levels had enabled them to go out more in the community with people which was positive. One person said there are "Games to play and books to read." Another confirmed "Not many activities at the home, [but] there is a games cupboard."

Staff told us one person had damaged resources which explained why there were so few at the service. A family member told us previously their relative was liable to damage goods including TVs and mirrors. There were two TVs in the living rooms so people had a choice of what to watch.

At the last inspection we couldn't find records of complaints. We had also made a recommendation to the provider to consider how to make the complaints process accessible to people living at the service. We had been aware at the last inspection some people had not been happy with all aspects of the service, but had not expressed this to the manager.

At this inspection we noted there was now a log kept of complaints. There had been one complaint made by a person living at the service since the last inspection which had been dealt with appropriately. We asked people if they knew how to make a complaint. One person told us "I feel able to make a complaint. Yes, I know how to make a complaint." People gave us more positive feedback at this inspection regarding the service.

Not all people living at the service were able to articulate their needs or wishes. There was a keyworker system in place and the majority of staff and people living at the service had worked together for a long time so knew people's preferences and wishes. Key worker meetings took place every three months and records were kept of meetings. These combined with regular residents' meetings provided opportunities for people to say what their preferences were.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we had concerns regarding the leadership of the service for a number of reasons. Elements of poor practice had become embedded as 'normal' and there was a lack of audits and quality assurance processes. For example, staff were not receiving suitable training and supervision, effective infection control processes were not in place and historical care records were not stored safely to protect people's confidential information. There were also no systems in place to check the quality of care offered by the staff or the registered manager.

At this inspection there were significant improvements in the way the service was led, and this was confirmed by health and social care professionals. For example, we found historical documents stored in the laundry room were locked away securely and the majority of policies had been updated. We found the registered manager had addressed a range of issues of concern regarding lack of effective cleaning, supervision and training and having consent for holding belongings or restricting cigarettes. Audits took place in relation to cleanliness and medicines, and the registered manager had implemented systems to prompt supervision and book relevant training required. We heard staff talking with people in a respectful way and listening to their views and we could see from records people were offered more choice in the way their care was provided. Evidence was available to show the registered manager and provider had permission for specific actions they took, which at times restricted people's liberties.

This was positive as the quality of the service overall had improved as a result and people at the service told us they were happy living there.

Staff told us they enjoyed working at the service and a new member of staff was supported in their new role by working alongside a more experienced member of staff at all times. We could see six staff meetings had taken place since the last inspection in August 2016. Agenda items included feedback from our inspection, feedback from DoLS assessors, discussions regarding CQC requirements and discussions regarding peoples' health and well-being.

The registered manager was able to provide us with a list of actions undertaken since the last inspection to improve quality at the service. These ranged from minor improvements to the building, employing new staff, moving people within the scheme and meeting more regularly with the provider to discuss issues and plan for the future. Records showed these meetings had taken place.

In a number of ways we could see the registered manager was providing good leadership and ensuring the staff team were aware it was every staff members' responsibility to provide good care to people living at the service.

We could not improve the rating for well led from requires improvement because to do so requires the registered manager and provider to evidence consistent good practice over time. We will check this during our next planned comprehensive inspection.