Mrs Phyllis Turner

Venetia House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Venetia House is a 12-bed residential home providing personal care to 11 people at the time of the inspection. The care home supports people in an adapted building.

People's experience of using this service and what we found
We have made a recommendation about the development, regular review and implementation of service policies and procedures.

People told us that they were happy living in the service and staff were kind and caring.

People did not always receive their medicines as prescribed. Risks associated with people's care had been identified and mitigated. Measures were in place to reduce the risk of infection. Accidents and incidents were reviewed.

Systems and processes were in place to protect people from abuse and people told us they felt safe. There were enough staff to meet people's needs and staff were recruited safely. There was a clear system in place to monitor the quality of the service. Quality audits were conducted, and the manager and provider had oversight of the service.

People and relatives spoke positively about the care provided and people were supported to stay in contact with their loved ones.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, Right Care, Right Culture.

We observed people led conversations with care staff on what activities were occurring and when they would take place. Staff interactions were respectful, and staff never overpowered the situation, promoting the people's involvement in conversations and decision making. People told us they were happy in their home and with who they lived with.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 5

March 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 28 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve relating to safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this focused inspection and remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Venetia House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Venetia House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector and one medicines inspector supporting remotely.

Service and service type
Venetia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who was in the process of registering with the Care Quality Commission. This means that the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection this was to help the service and us manage any risks associated with COVID-19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We requested information from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the manager, a team leader, a care worker and the registered provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We looked at further policies, procedures and safety monitoring records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider's systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The building was being maintained with regular checks in place such as fire risk assessment, electrical safety, gas safety and water safety checks.
- Staff were trained in fire safety and personal emergency evacuation plans were in place for people at the service so they could be supported out of the building if needed. However, these needed to be reviewed to ensure they were up to date and accurate, as inspectors found some inaccuracies, which potentially could cause a delay or confusion in an emergency situation.
- People's risks had been assessed and a number of care plans guided staff on how to mitigate these risks, with evidence of regular review now being documented. However, some risk assessments were not person centred or relevant. For example, people had breathing care plans in place whether they had needs in this area or not.
- All staff at the service had received their COVID-19 vaccinations.
- The provider's infection prevention and control policy was updated to reflect the COVID-19 pandemic following the CQC inspection.
- The provider was facilitating visits for people living in the service; however, the provider's policy needed to keep up to date, in line with changing national guidance.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

- People did not always receive their medicines as prescribed, for example recent medicine records for one

person showed, they had been given double the prescribed dose of their medicines on three separate days. The person did not come to harm, however by not administering medicines as directed by the prescriber puts the person at risk of harm by experiencing adverse effects from the medicine.
● The provider had systems in place to oversee medicine management and these had identified the error. The manager followed procedure and a doctor was contacted to review the incident. The manager informed us that they had taken action to review staff training and staff medicines competencies, along with reviewing the internal procedure to ensure this error could not be repeated.
● Detailed guidance specific to each person was in place to enable staff to safely administer medicines which were prescribed to be given only as and when people required them. This is known as "when required or 'PRN'. Records showed people received their medicines as prescribed.
● Documentation was available to support staff to give people their medicines. according to their preferences.
● Staff had received medicines handling and training and their competencies were assessed regularly to make sure they had the necessary skills.

Systems and processes to safeguard people from the risk of abuse
● Staff received training on safeguarding and understood how to recognise and report abuse.
● People and their relatives told us they or their loved ones felt safe. One person told us "I feel safe here". A relative told us, "[The care staff] really do look after [my relative]. They tell me when there is something wrong".
● Not all staff had received training by the provider on how to support people who may display distressed behaviours. This meant there was a risk staff may not recognise or respond appropriately to signs of deteriorating health. The manager advised that the skill mix of the staff is considered when the rota is devised and that training was due to take place in July and would continue for those who required this training. We signposted the manager and provider to guidance with regards to mandatory training for adult social care workers.
● The provider's safeguarding policy was updated following feedback from the CQC inspection. The policy was now in line with the Care Act (2014). The Care Act 2014 makes it clear that abuse of adult's links to circumstances rather than the characteristics of the people experiencing the harm.
● The manager regularly contacted the local safeguarding team at the local authority if they were in doubt about reporting safeguarding concerns.

Staffing and recruitment
● Staff were recruited safely. The provider had completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults at risk, to help employers make safer recruitment decisions.
● There was enough staff to meet people's needs. One person told us, "There is always staff to help you". One staff member told us, "There is definitely enough staff. We have new staff now".

Learning lessons when things go wrong
● The manager continued to ensure all accidents and incidents were being recorded and they had started to analyse these for themes and trends. For example, monitoring the falls in the service.
● Inspectors discussed with the manager the need to also ensure people's care plans and risk assessments were reviewed and checked if still appropriate following an accident or incident.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's systems were either not in place or robust enough to demonstrate that the provider was adequately managing the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Whilst the good governance systems had been implemented, these needed to be embedded further so sustained improvements could continue to be made and identify other areas of concern, such as outdated policies.
- Despite the provider informing CQC that polices had been revised since the last inspection. Inspectors found that policies still required updating to reflect up to date legislation and national guidance. Updated polices are now in place for staff to follow at the service.
- The provider's training records still showed that mandatory training for care staff was not up to date. This meant we were not assured staff were up to date with best practice in order to provide the best care and support to people. We signposted the provider to resources to develop their approach.
- Regular audits had taken place to monitor people's care, safety and welfare. Some shortfalls had been identified and action had been taken to address these. However, the audits had not identified all the issues found during the inspection.
- The provider, manager and staff had worked hard together during COVID-19, despite the extra challenges of the local restrictions in place and being a new team.
- Both the manager and the provider had a good oversight of the service and understood their responsibilities. There was a management structure in place with the provider taking the lead in decision making.
- The manager understood their legal responsibilities to inform the CQC of any events which took place in the service. This included; deaths, injuries and safeguarding concerns.

We recommend the provider consider current guidance on the development, regular review and

implementation of their policies and procedures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The management team and staff strived for good outcomes for people living in the service. One member of staff told us, "We really care for the people. I'm really proud of what we have achieved this year". A relative told us, "It was lovely seeing my [loved one] again after lockdown. [They provider] had put a building in the back of the garden, so we can visit. My [loved one] looked good. The care staff are lovely, they also take [my relative] out".

● We observed staff empowering people to be as independent as possible and encouraging people to live how they prefer. People using the service were continually given choices about their care and daily living activities.

● People were supported to keep in touch with their relatives during the COVID-19 pandemic restrictions. Methods of contact included video calls and telephone calls.

● Staff supported one person to continue practising their faith, supporting them to be able to watch live streamed religious services in private.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

● The manager was supported by the provider and an external care consultant. Both the manager and provider had good oversight of the service and understood their responsibilities to be open and honest.

● The provider and manager knew how to share information with relevant parties, when appropriate. They understood their duty involved escalating their concerns to outside agencies, so action could be taken.

Working in partnership with others

● We saw evidence of referrals being made to external professionals where required such as district nurses, speech and language therapist and social care. Staff recorded and followed the advice given.

● Staff worked closely with the GP surgery and held regular health reviews with people.

● The manager was open and transparent throughout the inspection. The manager had made improvements since the previous inspection and was dedicated to making all the necessary improvements as identified during the inspection.