

Ventana Homes Limited

# Ventana Homes Limited

## 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

About the service: Ventana Homes Limited is a care home and provides accommodation and support for up to eight adults diagnosed with a learning disability. At the time of the inspection seven people lived at the home.

The people we met had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

People's experience of using this service:

The people received personalised care which met their needs. People's care plans contained personalised information which detailed how they wanted their care to be delivered.

Staff knew people well and expressed care and affection for them and worked hard to enable people to share their views and live active lives as independently as possible.

The home was registered for up to eight people before the Registering the Right Support guidance was implemented by CQC in 2017. However, the outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support was focused on them having as many opportunities and choices as possible.

People's relatives spoke highly of the service. The service had strong person-centred values and staff placed people at the heart of everything.

There was a stable core staff team that people knew well and achieved positive outcomes and strong relationships. People were very relaxed and happy in the company of staff and the registered manager.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were supported to make choices and staff supported people in the least restrictive way as possible. Staff were aware of the legislation to protect people's rights in making decisions.

Staff described how they supported people by treating them with respect and dignity. People participated in chosen activities and staff encouraged people to participate in things of interest to them.

There was strong leadership at the service and relatives and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported.

The registered manager had quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection the service was rated Good. (Report published 13 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remains good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good. We will continue to monitor the intelligence we receive about the service. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Ventana Homes Limited

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

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector.

Service and service type: This service is a care home. It provides accommodation and personal care to people living in the service on one site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and clinical commissioning group (CCG). We used all this information to plan our inspection.

During the inspection we met and spoke and Makaton signed (a type of sign language) with four people to ask about their experience of the care provided. We spoke with three members of staff including the registered manager. We received email feedback from one healthcare professional who was also a relative and we spoke with three relatives by telephone.

Following the inspection, the registered manager sent us their improvement plan, the training matrix and information we requested during the inspection. We received feedback from one other health care professional.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place that protected people from abuse.
- The registered manager and staff could demonstrate they knew how to act if they had a concern about a person and where and how to report any safeguarding concerns.
- Staff had been provided with training on safeguarding adults.
- People were very relaxed with staff and relatives told us they felt their family member was safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and clear guidance was provided. For example, there were clear and easy to follow positive behaviour support risk management plans for one person who presented some challenges to their environment. Staff were knowledgeable as to how they needed to support the person at these times.
- There were systems to keep people safe in the case of emergencies.
- The environment and equipment was safe and maintained. There was a programme of refurbishment in place to address those areas of the home that were worn or damaged.

Staffing and recruitment

- There were enough staff to meet people's needs. There was a core of staff who had worked at the home for many years and they knew people very well.
- We discussed staff recruitment with the registered manager and there had not been any changes in the processes since the last inspection where we found the systems to be safe.

Using medicines safely

- People were supported to take medicines by trained staff who had been competency tested in how to administer medicines safely.
- Medicine Administration Records were complete and contained no gaps in administration.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- For people prescribed medicines PRN, or 'as and when required' staff had a good understanding of when it was appropriate to administer these and this information was contained in support plans.

Preventing and controlling infection

- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- The home was clean and well maintained.

## Learning lessons when things go wrong

- The service had a robust system in place to monitor and learn from any incidents and accidents.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions, they 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
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were easy to follow, detailed and reflected the person's preferences and wishes. The assessments and care plans reflected the complexity of people's needs and gave clear instructions for staff.
- Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.
- People were supported to have their healthcare needs met, and access healthcare professionals when required such as dietitians, speech and language therapists, learning disability nurses, dentists and chiropodists. However, for one person who had moved in since the last inspection, the registered manager and staff were not fully aware of the reasons for or what a regular medical treatment they received was. The registered manager took immediate action to clarify this with the person's GP and detailed this in the person's care plan. The registered manager also identified that people's yellow health books (which are easy read health records) had not been kept up to date and gave a commitment to ensure they were updated

when they attended health appointments.

- Health professionals spoke highly of the service and that the registered manager was very proactive in seeking appropriate medical support.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively. Relatives and healthcare professionals told us they felt staff were skilled and knowledgeable.
- New staff were supported to have an induction to learn people's needs and get to know them, complete training and learn how the home operated.
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food preferences were recorded and the menu was planned to use their preferred foods.
- People were supported to have different dining experiences, to eat in the home and to go out in to the local community to cafés and restaurants.
- Detailed information was available for people who needed additional support to eat or who were at risk of choking. People had specialist crockery and cutlery to promote their independence with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- The service and its staff were committed to working collaboratively and had good links with health and social care professionals.

Adapting service, design, decoration to meet people's needs

- Each person had their own bedroom which reflected their personal preferences and interest. People had chosen to personalise their bedrooms with photographs and personal items.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were kind and caring and their family members were always happy and relaxed with staff. Comments included, "[Person] is very well looked after I can't praise them enough", "[Person] seems very relaxed and happy, it's so excellent and so good" and, "My daughter is very happy there".
- Staff had developed positive relationships with people. People were relaxed in the company of staff. We observed positive interactions between people and staff. People smiled, laughed and actively sought the company of staff.
- Staff were passionate about providing the care and support the person needed and expected.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects as prompts.
- Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. This was also described in people's plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them. Relatives told us they were able to visit anytime and always felt welcome.
- People's dignity and privacy was respected. For example, staff were discreet when assisting personal care and knocked on people's doors before entering.
- People's independence was promoted. People moved freely throughout the house and gardens.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Care plans were personalised, detailed and relevant to the person. Most relatives told us they were involved in reviewing people's care. However, one relative felt they were not involved or updated with any changes to their family member's care plan.
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- People engaged in activities of their choosing. Each person had their own activities schedule this included school and or planned day services. People took part in activities such as meals out, swimming, music sessions, manicures, arts and crafts and gardening. During the inspection people chose and watched DVDs, went out for coffee, swimming and playing games in the garden. People had been on holiday both in the UK and on cruises.

Improving care quality in response to complaints or concerns

- There was pictorial complaints information displayed on the office door. There had not been any complaints received since the last inspection.
- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative told us, "I've had no complaints and if I did I would raise it with [registered manager]". Another said, "Any little queries get sorted out straight away".

End of life care and support

- The registered manager told us they wanted to start looking at end of life care plans for people in the next year. Because most people using the service did not have the mental capacity to understand this the registered manager was planning to consult people's relatives.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness.

- Relatives told us the service was well managed and spoke highly of the registered manager. One relative told us "It's a marvellous place, I've known them [registered manager and provider] for a long time. It's a first-class service".

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

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information.

Engaging and involving people using the service and staff

- People and their relatives were consulted about the service through quality assurance questionnaires.
- Staff said the registered manager was caring and supportive and that everyone worked well as a team. There were daily handovers and regular staff meetings.

Continuous learning and improving care

- The registered manager was keen to hear feedback during the inspection and responsive when we discussed best practice care. This showed a willingness to improve and they had developed an improvement plan.
- The registered manager kept their practice and knowledge up to date and attended local provider group forums.

Working in partnership with others

- The home continued to be a registered 'safe space'. This is a local arrangement to provide safe places in the community where vulnerable people with learning disabilities can go if they get into trouble or feel unsafe, frightened or bullied.