

Ventana Homes Limited

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## 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

Ventana is a care home that provides accommodation and support for up to eight adults. At the time of the inspection eight people diagnosed with a learning disability lived there.

Ventana 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.

One person told us they liked living at Ventana and a member of staff said, "It's a great home, all sorts of activities, nice food and nice staff".

People we spoke with told us they felt safe and staff had received training in safeguarding adults. Staff were safely recruited to make sure they were suitable to work with vulnerable adults and people received their medicines as prescribed because there were effective systems in place.

Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity. People were involved in planning the care and support they received.

People led active lives and staff told us about how they supported people to make sure they did the things they wanted to do.

Staff were well trained to make sure they understood how best to support or help people. Staff told us they were well supported and found supervision and appraisals helped them to understand their role.

People and staff told us they felt the service was well led. There were systems in place to monitor and improve the quality of the service provided and staff told us they felt people received a high quality of 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?

Good ●

The service was safe.

People were protected from harm or abuse because staff had been trained in safeguarding and understood what to do if they were concerned about somebody.

Recruitment procedures were robust and ensured people were supported by staff who were suitable to work with vulnerable adults.

Medicines were managed safely, stored securely and records completed accurately.

### Is the service effective?

Good ●

The service was effective.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff told us they felt well supported.

People's consent was sought and where people lacked capacity to make a decision staff followed the principles of the Mental Capacity Act 2005.

Staff supported people to access the services of healthcare professionals as appropriate

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and people approached staff freely to gain help or support or to spend time with them.

Staff were friendly and supportive, and treated people with respect and dignity.

Staff knew people well. They were aware of people's likes and dislikes and had a genuine regard and concern for people's happiness and welfare.

### **Is the service responsive?**

The service was responsive.

People's needs were assessed and care and support was planned and delivered to meet their needs.

There was a clear process in place that encouraged people to comment or raise a concern or complaint.

**Good** ●

### **Is the service well-led?**

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from staff showed us the service had a positive open culture and there was good staff morale.

The provider had a range of audits in place to monitor the quality of the service provided.

**Good** ●

# Ventana Homes Limited

## 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 8 and 10 June 2016 and was unannounced. One inspector visited the service on both days of the inspection. During the inspection we met everyone who lived at Ventana and chatted with two people. We also spoke with six staff members, the manager and a visiting healthcare professional. We spent time observing how people were supported in communal areas, and reviewed people's care records along with other records about how the service was managed.

We reviewed specific care records for most of the people who lived at the home. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Before our inspection, we reviewed the information we held about the service including incidents the provider had notified us of. We also looked at the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People told they felt safe living at Ventana.

People were protected from bullying, harassment and avoidable harm. The home was a member of the safe place scheme. 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. Within the home information was pictorially displayed about keeping safe and people's rights. Staff had completed training in adult safeguarding and information posters about adult safeguarding were also displayed around the home, providing prompts for staff on the procedures that should be followed.

Risks to individuals and the service were managed so that people were protected and their freedom supported and respected. Risks to individuals, both at home and in the community had been assessed and measures put in place that ensured staff understood how to mitigate the risks whilst enabling people to live fulfilling lives. For example, one person had a risk assessment to support them to be safe in the community. This included their road safety and provided staff with guidance on how the person needed to be supported to maintain their independence and safety.

Systems were in place to reduce the likelihood of accidents recurring through the monitoring of any accidents and incidents that had occurred in the home. The manager reviewed all accidents or incidents and recorded any action taken. Accidents and incidents were also periodically reviewed to look for any trend where action could be taken to reduce the incidence of recurrence.

People and staff told us, and staffing rotas confirmed there were sufficient numbers of staff on duty. Staff recruitment procedures were robust. All the required checks had been carried out including proof of identity, two written references, a health declaration and a full employment history. A check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

Medicines were managed so that people received them safely. Medicines were securely stored in lockable cabinets and the medication administration records (MAR) were well maintained with no gaps in the records. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to periodically check their competence to administer medicines.

## Is the service effective?

### Our findings

People spoke positively about staff and told us they were skilled to meet their needs.

Staff said they had the training and skills they needed to meet people's needs and were supported to refresh their training. There was a system in place to make sure staff received training updates as and when these were required. New staff were supported to complete an induction programme before working on their own. One told us they had been supported through training and shadowing more experienced members of the team. They said that their induction had helped them to understand, "Every little step", and "How to help".

Staff told us they were well supported and supervised regularly which enabled them to discuss any training needs or concerns they had. Staff said communication within the home was effective, through daily handovers, staff meetings and a daily shift planning whiteboard; and were knowledgeable about the people they supported.

People's consent to care and treatment was sought, in line with legislation and guidance. Some people had capacity to make some decisions for aspects of their lives and they told us that their consent was always sought. Staff described to us how they sought people's consent before they helped or supported them.

Some people did not have capacity to make some specific decisions and therefore were subject to the requirements of the Mental Capacity Act 2005 (MCA). This 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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Mental capacity assessments were in place on people's files concerning specific decisions about their care and treatment. Where best interest decisions had been reached there was clear evidence recorded of the people involved and how the decisions were the least restrictive 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). Staff had made appropriate applications where they felt people may be deprived of their liberty. There was also a system to monitor whether applications had been granted and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to eat and drink enough and maintain a balanced diet. There were flexible menu options and people told us they could have something different if they didn't want the options available on the daily menu. One person enjoyed cooking. They had their own recipe book that staff had supported them to develop.

People were supported to access the activities they wanted to do and the staff were responsive to change. A member of staff said, "We do a lot of activities, it's quite flexible". For example, part of the garden was made

over to a vegetable plot because one person enjoyed this in the past. However, the needs of people using the service had changed and people and staff were transforming the vegetable plot into a sensory garden that other people could enjoy. People were supported to go on holiday and where they went was planned in accordance with their likes and preferences. For example, one person enjoyed walking and was going to the New Forest, another person liked music and sunshine and was going on a cruise and a third person enjoyed being really busy and so went on an active holiday. A staff member told us, "The holidays are always a success".

People's health care needs were monitored and appropriate action taken if required. Each person was registered with a GP and arrangements were in place for people to receive chiropody, dentistry and other health care services. One person received services from a district nurse. They told us staff appropriately sought assistance, followed guidance and were overall, "Very good". We saw that where people needed daily support to maintain their healthcare, this was in place. For example one person had a medical condition that meant they needed to wear surgical stockings. This was reflected in their care plan and we saw they were wearing the stockings during the inspection.



## Is the service caring?

### Our findings

People told us staff were kind and compassionate. One person said, "They are alright here, they listen and try to make things right". A member of staff told us care was, "Individually centred" around the person rather than to accommodate any set routines of the service. Another staff member said, "The staff really care".

Positive caring relationships had been developed with people using the service. During the inspection we saw people approached staff freely to ask for help or spend time with them. Staff responded confidently and gently to people for example one member of staff supported somebody to decide where they wanted to sit and what they wanted to do. Another member of staff helped somebody decide whether they wanted to wear a cardigan. They explained the person's options, given the weather, and gently helped the individual to put on their cardigan.

Other people were smartly dressed in clothing of their choice. Some people's plans described how they liked wearing jewellery and we saw they were wearing jewellery on the day of the inspection.

Staff were respectful when they spoke with people and people told us that staff were always polite. We noted that staff knocked on bedroom doors before entering to ensure people's privacy was upheld. Staff explained to us about other ways they protected people's dignity, for example ensuring doors and curtains were closed when supporting people with personal care.

People were involved in the care planning process and care plans included what people wanted to be called, their likes and dislikes and led to goals that had been identified by the person and their keyworker of things they wanted to achieve.

People's bedrooms were personalised and contained things that were important to them and things they liked to do. For example, one person had a full length mirror because they liked to look in the mirror and another person had posters of people they liked and lots of family photographs.

## Is the service responsive?

### Our findings

People said staff were always ready to help them and responded quickly to their request for assistance or advice.

People's needs had been assessed before they moved into Ventana to make sure their needs could be met. There was usually a planned transition into the service so that people felt comfortable and staff knew how best to support them.

Once people had moved into Ventana, staff carried out further assessments and risk assessments to establish a person's needs. These were then used to develop an individual care plan. Staff described care plans as, "Quite detailed" and confirmed they provided them with the right guidance to safely and effectively support people. One person told us about their care plan and said, "Everything is planned out to what I need".

Care plans covered a range of needs and were written from the person's perspective. For example, one person had epilepsy. Their care plan provided detailed and easy to understand information to guide staff on how the person needed to be supported to ensure they remained safe. Another person had a care plan relating to their morning and evening routine. This was person centred and gave staff guidance on the person wanted or needed to be supported to make sure they had a good start or end to their day. Another person had specialist dietary requirements. Their plan provided staff with clear instructions and included what they liked to eat, and alternatives they could try when there was a type of food they couldn't eat.

Staff learned from people's experiences, concerns and complaints. There was a complaints policy in place and the procedures were clearly displayed. The manager told us about the complaint they had received since the last inspection and we could see this had been investigated and resolved promptly.

## Is the service well-led?

### Our findings

People were consulted about the service through quality assurance questionnaires. These led to development plans that enabled the home to drive improvement and make sure they were providing the service people wanted. For example at the time of the inspection the kitchen was planned to be refurbished, and new flooring had been put down in the living room.

People's relatives were also consulted to gain their opinion of the care and support their family member received. We saw a range of positive comments which included, 'Staff put the residents first', 'The care given is 100%', '100% faultless' and 'All the staff genuinely care and lookout for the residents'.

There was a positive, caring and open culture in the home. Everyone spoke of how well the home was run with people and staff having confidence that the management team would listen to and act upon concerns if they arose. We received a range of comments about the manager's leadership style including that they were, "Very good", "Everything is really well organised", "[the manager] is amazing".

There were well-developed quality assurance systems in place to monitor the quality of service being delivered and the running of the home. These included weekly and monthly audits and reports of topics such as medication, infection control and accidents or incidents.