

Care UK Community Partnerships Limited

Ventress Hall 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?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 4, 5, 6, 12 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

At our last inspection in April 2014 we found the provider was not compliant with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises. Following the inspection we asked the provider to send us an action plan detailing what they were going to do to improve the premises. The provider sent us their action plan and prior

to this inspection we asked for an updated action plan which they gave us. They said they would be compliant by 31 August 2014. Whilst we saw progress had been made there continued to be issues of concerns regarding the safety and suitability and cleanliness of the premises.

Ventress Hall is a care home which provides nursing and personal care for up to 106 people with medical and nursing care, including people living with a dementia. At the time of our inspection there were 66 people living in the home.

Summary of findings

Ventress Hall had a registered manager in post. 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.

We saw each person had a detailed set of care plans and these were written in a person centred way. We saw people had assessments of risk and actions in place for staff to follow to mitigate those risks. We observed people were given their medicines appropriately and suitable arrangements were in place for the storage of people's medicines.

We found the provider had undertaken safe recruitment procedures to ensure vulnerable people were supported by appropriate staff. We found evidence that staff had undertaken induction training and all files contained details of the specific Ventress Hall induction which included the 'Orientation and Induction' programme. We saw staff were provided with further training once recruited. This meant staff were supported to undertake further learning.

People told us they liked the food in Ventress Hall. We observed staff supporting people to eat.

We found the premises were in need of redecoration. Skirting boards were chipped, wall paper was found to be coming of the walls. We were told a decorator would be appointed to address the décor.

We found people who lived in the home and staff who worked there identified issues with staffing levels which impacted on the level of care people received. The

management team used a dependency tool which calculated the hours required in the home. The tool used by the management team showed us they were providing more hours than what was required.

We found there were risks to people's safety in the premises including access to a metal staircase and a cluttered office where people had access to and therefore would be put at risk of trips and falls.

We found parts of the home required cleaning and there were risks to people of cross infection. We saw people's ensuite bathrooms were cluttered which made cleaning difficult. We found stained commode pans and chairs where the arms were dirty.

There were clear records of involvement by other professionals, including SALT, Tissue Viability staff, Palliative Care Team (St Teresa's), Medical Staff, Continence Advisor and the Dietetic Service. This meant the staff in the home were working with other services to meet people's needs.

We saw there was a range of activities in place for people to do. Although at times some activities were limited to small numbers of people, for example visits out of the home.

None of the relatives we spoke with told us they had raised concerns with the registered manager but they felt the registered manager and staff were approachable

We found the regional director undertook monthly quality audits of the home and set action plans for review to improve the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

Staff told us there were insufficient staff on duty which compromised people's care. The regional director showed us calculations which demonstrated they supplied over the hours of care needed.

We found the premises required attention to make sure people were safe. And we found areas of the home needed cleaning and there were risks of infection.

We observed people were given their medicines appropriately and suitable arrangements were in place for the storage of people's medicines.

Requires Improvement



Is the service effective?

The service was not always effective.

We found the provider complied with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people in the dining room at lunch time and choices of food and drinks were being offered.

We found evidence staff had undertaken induction training and all files contained details of the specific Ventress Hall induction which included the 'Orientation and Induction' programme.

Staff told us they did not find staff meetings effective.

Breakfast cereals were not stored in line with best practice to ensure food was in date.

Requires Improvement



Is the service caring?

The service was caring.

People told us the service was caring and they were treated with kindness.

Staff were able to describe to us people's background and needs.

We heard staff give explanations to people of what was being done, and on the day of the inspection we saw no unsettled behaviours from residents as a result of direct staff interventions

Good



Is the service responsive?

The service was not always responsive.

We saw each person had a detailed set of care plans and which were written in a person centred way.

We found bathing routines were not always person centred.

Requires Improvement



Summary of findings

We observed call bells constantly ringing through the morning. People had mixed views on whether staff responded to them in sufficient time.

Is the service well-led?

The service was not always well led.

We found records which had not been securely stored.

We reviewed the minutes of the monthly health and safety meetings and found accidents and incidents were listed together with people's skin tears. We found there was no overall analysis of incidents for example where and when people's falls took place and how people had come to have skin tears.

We found the regional director undertook monthly quality audits of the home and set action plans for review to improve the service.

There were clear records of involvement by other professionals, including SALT, Tissue Viability staff, Palliative Care Team (St Teresa's), Medical Staff, Continence Advisor and the Dietetic Service. This meant the staff in the home were working with other services to meet people's needs.

Requires Improvement



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

This inspection took place on 4, 5, 6 and 12 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor on the inspection team had a background in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had experience of working with older people.

Prior to the inspection we reviewed information we had about the provider. This included notifications, safeguarding and whistle blowing information and information provided by members of the public.

During the inspection we spoke with eight people who used the service and four relatives and visitors. We spoke with 23 staff including the registered manager, the deputy manager, the clinical lead, nurses, care staff, catering staff and domestic support staff. We reviewed 12 people's electronic records. We also looked at eight people's paper records including their food and fluid intake and falls records. We undertook observations during our inspections visits. One inspection visit took place after 8pm so we could carry out observations on a night time.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 us they felt safe in the home, one person said, “No I do not have any concerns.” A relative told us, “Yes she is very safe in here.”

Staff told us the current levels of staffing did not enable them to provide an adequate level of care. Night staff told us they could not always provide support to get people out of bed on a morning due to staffing levels. The management team undertook an analysis of staffing hours required using a dependency tool during our inspection and showed us their results. They demonstrated they were providing more hours than necessary according to the tool used. This was in contrast to our observations and what we were told during our visit. We found the experiences of staff and the people who lived in the home were not good during times of greater demand on staff support.

We visited the home on 12 February 2015 after 8pm and found call bells were constantly ringing on the residential floors between 9.30pm and 10.30pm. At that time there was one senior carer and three carers on duty. We observed the senior care staff conduct a medicine round whilst three care staff provided care between people on the ground and middle floor and to the adjoining annex. We saw one carer was in a bedroom and had not switched off the call bell, we asked why this was the case and they explained two people were required to support the person and they had left the bell ringing to alert colleagues they needed help. We observed there were three call bells ringing at the same time and carers were in different rooms unable to provide support to each other. One person rang their call bell at 22.02hrs and it was not switched off until 22.28. This meant there was a risk that some people had to wait for long periods of time before they received any assistance. The people whose rooms were located next to the call bell alarm boxes, were at risk of being disturbed due to the alarms ringing.

We received information about staffing levels having been further reduced on two residential floors during the previous weekend. Following the late night visit, we spoke to the registered manager by telephone and told her of our findings and information given to us. She did not respond.

We recommend the provider reviews the level of staffing deployed over the 24 hour period.

We found the premises required improvements. For example we looked at the clinical room on the nursing floor and saw the sink/hand washing facilities were old and the sink surround was stained and the sealing chipped. We saw the cupboard above the sink area where lotions and creams were stored required attention as the left hand door had a loose hinge and was hanging away. This meant staff who were working in the clinic were at risk of injury. We spoke with the registered manager about this; the door was repaired during our inspection. In one bathroom we found exposed pipework with the bath panel hanging off. The radiator cover in the bathroom was not attached to the wall at one side. From the conservatory we found an open door to a metal staircase and stone steps. This meant people were at risk of injury by being able to access stone and metal steps, and maintenance equipment.

We found people were not always safe in their rooms. In one person's room we sought their permission to look at their bed. We saw the bed sides were coming away from the bed head and bottom. We immediately spoke with the registered manager and the regional director. They called the maintenance person and the bed sides were repaired.

We found the registered person had not protected people against the risk of unsafe premises or equipment. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection April 2014 the provider sent us an action plan. The plan said staff would be told at their staff meeting to ensure all cupboards remain locked. The registered manager was unable to give us the minutes of the meeting that recorded this. We looked at the cupboards with the registered manager and found those containing linens were open. People were able to walk into one cupboard. The door signs said, ‘Fire Doors Keep Locked’. During our inspection the registered manager changed the signs to ‘Fire Doors Keep Shut’. We sought advice from the local Fire Safety Officer. They told us if the doors were just to be kept shut it would not prevent a confused person trying to use the cupboard door thinking it was an escape exit.

We recommend the provider reviews fire signage for all fire doors in the home.

Is the service safe?

In the provider's action plan they told us they would ensure maintenance checks were carried out. We saw in the maintenance file checks were being carried out for example they were carried out on window restrictors, water temperatures and fire alarms to keep people safe. We also saw the external of the building was visually checked for any safety issues. The registered manager told us the home had an emergency bag and got the emergency bag out from behind a desk underneath a pile of files. We checked in the bag and found it contained two first aid kits. The first aid boxes had not been checked since 2012. The registered manager told us the checks had not been carried out. We found the contents in the first aid boxes had expired. In the emergency bag we saw people's personal evacuation plans. When we returned to complete our inspection the emergency bag had been put back behind the desk and had files and papers on the top. This meant the bag was not visible to emergency services who may need to access the bag and its contents.

We looked to see if the home was clean. On 3 December 2014 we saw the Infection Prevention and Control team had visited the home, and raised a number of issues including dirty commodes and mattresses and cluttered ensuite bathrooms. Before we commenced our inspection we asked the provider to send us an updated action plan regarding audit. We saw on the action plan there was an immediate requirement to ensure bedpans and urine bottles were clean. We looked at commodes in people's bedrooms and saw they were dirty with brown stains around the seats and commode pans. We saw the action plan said, "Requested teams to check each ensuite. Ensure areas remain uncluttered and tidy. Random checks will be carried out by Home Manager/ Deputy Manager. H/keep (housekeeping team) to monitor also". On the action plan this was recorded as having been completed. We looked at people's ensuite bathrooms and found the bathrooms to be cluttered with plastic sets of drawers, commodes, wheelchairs and zimmer frames. This meant the action had not been carried out and or monitored to ensure compliance maintained which meant rooms were difficult to access and to keep clean.

We found other areas of the home were not clean. For example we saw chairs where people's hands rested against the arms were stained and dirty. We pointed these out to the cleaning staff who agreed with us. We looked at the bumper rails around people's beds and found they were dirty and the plastic had worn away. This meant they

could not be properly cleaned. One person said, "It was embarrassing last week a relative said, look at the state of the railings." We sought permission from one person and their relative to look at their bumper rails. We found them to be dirty with brown stains. This meant people were not being cared for in a clean bed.

We found the registered person had not protected people against the risk of infection. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for people's medicines. We observed the administration of people's medicines on two occasions and found they were carried out in a safe manner. We checked a sample of Medication Administration Record (MAR) sheets and found no inaccuracies. We checked people's controlled drugs and found the records and the drug stock accurate. At the time of our inspection due to refurbishment a makeshift clinical area had been established in a locked room. We found it met the requirements for the storage of people's medicines.

We saw the provider had in place MAR charts for the application of people's creams. We found one person was prescribed Cavalon, a barrier cream twice each day. Over a period of seven days the MAR showed the person did not receive their cream on three days and had it applied once on the four remaining days. We found another person who was prescribed Cavalon twice a day, on two days over a seven day period there were no records on two days, one record of cream having been applied on two days, and two records for three days. We spoke with registered manager who stated she would try to resolve the issue with other care home managers.

We looked at six staff recruitment files and found each member of staff had submitted an application form. Two references had been sought to ensure people had the right skills and aptitude. We saw the provider carried out Disclosure and Barring Service checks (DBS), before staff started work. We found people had been safely recruited to work with vulnerable people.

Is the service safe?

Staff were aware of whistle-blowing procedures, and whilst some staff felt they had been supported to blow the whistle, others felt they had not. Staff told us about their experiences and felt their concerns had not always been responded to.

Staff we spoke with were clear about safeguarding and could describe different forms of abuse and what they

would look for. They explained what they would do if they had concerns and said that they would feel confident in doing so. They told us they had all undertaken training in safeguarding and said that this was repeated every year. One person said, "I always check for bruises and if I haven't seen them the day before I would report to the nurses."

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We found the deputy manager was responsible for the DoLS applications. We found they had made appropriate applications to the supervisory body which had been authorised. We saw the provider had in place a list of applications and review dates. They told us about how they needed to make follow up telephone calls with some local authorities to seek confirmation of authorisation. This meant the service was proactive in processing DoLS applications.

We found staff were not sure who may have been assessed as having capacity. They described to us how they supported people to make as choices. One staff member said, "I tend to open the wardrobe doors and if possible I'll let them look in and they can make a choice. I believe that if they're capable of making a decision like about eating, let them do it for as long as they can. I wouldn't just assume and it gives them a bit of respect for themselves."

During our inspection we noted the seating area in the main reception area was cold. People commented on feeling cold during a quiz and another person commented to a member of staff, "It is cold in here today." We asked one person sitting in the lounge/reception area if they were cold. They were unable to communicate to us and we felt their hands were cold to the touch. We felt the radiators and found they were slightly warm. We asked the administration staff to get help from the care staff. The administrator returned and put a blanket around the person. We spoke with the registered manager about the temperature. The registered manager explained it was probably because a window had been opened next to the care staff office and drafts had blown through. This meant people who were unable to communicate about their body temperature were left cold.

We found evidence staff had undertaken induction training and all files contained details of the specific Ventress Hall induction which included the 'Orientation and Induction' programme. In all cases this had been completed on the day of starting, throughout the first week in the job and some parts then completed 3 months later. Staff confirmed to us they had undertaken induction training. Certificates in the file showed that training identified had been completed

We discussed with staff their recent training. Nursing staff told us they had recently undertaken training in Infection Control Mental Capacity Act, Moving and Handling and Catheter Care. Care staff told us they had recently undertaken training in Infection Control, Dementia Care and the Mental Capacity Act. All staff we spoke with indicated that training was important to them. One staff member said that they had allocated a training programme to complete within a timescale and sometime this took longer than the hours that they had been allocated. "You only get paid for so many hours to complete it in. I've been trying to complete it at home in my own time." We spoke with people about staff being trained to do the job, one person told us, "Yes I would say they are well trained I have witnessed them being trained." One person commented, "Most do some could be better, some speak very sharply" and another person said, "A lot do but one in particular doesn't, she whinges about her back and wants to use the hoist." We found people's views about staff being trained to carry out their work were tempered with their care experiences.

We looked at the supervision records for six staff and saw supervisions meetings had taken place. Supervision meetings occur between staff and their manager to discuss staff progress. Nursing staff told us they had undertaken peer supervision, they expected the newly appointed clinical lead to supervise them. One person told us they get support from nurses, "You can tell them if there's anything that you're not sure about." Another person said, "Only once I came out thinking that was a waste of time", nine times out of ten things get followed up."

We spoke with staff about support they received in staff meetings. Staff told us their meetings were not useful, staff did not speak up and they felt talked at. One staff member said, "It's just the same thing, you feel like you're moaned at all the time about the laundry, paperwork." One staff member said it was easier to go straight to the registered manager than mention something in a staff meeting. We found barriers which prevented staff seeking support in meetings.

We saw work had been undertaken by the catering staff in line with the 'The Food Information Regulation, which came into force in December 2014. This stipulates that information must be made available about allergenic ingredients provided. Catering staff ensured all food labelling delivered to the service adhered to this regulation.

Is the service effective?

We saw staff had responded to the question about people's allergies with the words, 'not known'. We spoke to the registered manager about care staff being more precise about people's allergies to support the work of the catering staff.

People told us the food was very good. One person said, "There is a good choice and they cater for vegetarians." Another person said, "Yes the food is good, the soup is delicious." One person told us about the support they are given to eat and said, "They cut it up for me when necessary." We observed lunch in the main dining room. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. We saw in people's care records other professionals had been involved with people who were at risk. We spoke to a visiting dietician who confirmed staff contacted them if they had any concerns about feeding people using a PEG. One relative told us, "My relative has seen a dietician and a physio." This meant the provider consulted other expert services when required about people's nutritional intake.

People on the nursing unit had fluid balance charts in their room folders, and these were noted to be being completed by staff on the day and were up to date. We observed a lunch time on the nursing floor. Although the meal time

was busy we saw lunch was unhurried, and people who ate in the dining room were given support to eat. We also saw support was provided to people who ate in their bedrooms. This was also done in an unhurried manner.

We saw people who lived on the residential unit floors had fluid balance sheets. We asked the registered manager why people needed such sheets. The deputy manager told us they liked to check what people had to eat and drink. We checked the fluid balance sheets on one day at 1pm and found no fluid intake had been recorded. This meant we could not be assured staff would recall how much people had to drink and the records would be accurate.

We found in the small dining rooms there were plastic containers containing cereal without use by dates. We could not be assured people were being given 'in date' cereal. We found individual packets of cereal in a sideboard drawer along with an umbrella and emails. We found this was not an appropriate way to store people's food.

During our visit we found the home had two volunteers. We spoke to the registered manager about the volunteers and asked if they had been given any training or support. The registered manager told us the volunteers had not been given any training. This meant volunteers were carrying out their roles without the required levels of support

Is the service caring?

Our findings

We asked people if they were happy with their care, one person said, “Yes I am, my family are carers and my daughter picked this one for me”, another person said, “Yes without hesitation I am happy with my care.” Another person said, “It is adequate, as good as I can expect, I am taken to the lounge and parked there, I want to get back (to their preferred place) but can't.” We asked one person if they felt they were treated with respect, they said, “Yes, they have been marvellous up till now touch wood.”

We talked with people about the staff maintaining their privacy and dignity, everyone we spoke with felt their privacy was respected, one person told us, “They shut the door or the curtains.” We saw staff consistently treated people with dignity and respect at all times. We saw staff knocked on doors before they entered rooms. During our inspection we found staff closed doors when they were supporting people with their personal care. We observed the interactions between staff and people who lived at Ventress Hall to be attentive and respectful.

We spoke with people about the kindness shown by staff, one person questioned if the staff were kind they said, “Oh yes they bend over backwards” and another person said, “On the whole yes.” One relative said, “We all agree in the family [the person's] care is good, better than previously, they can choose what to eat, they asked for an egg for tea which was provided. They ask them what they want in other ways too.” One person told us for them personally they would not change a thing.

Some people said that some of the staff listened to them. “Yes they listen to what I say.” Another person said, “Some do some don't, this morning one was just shouting over her shoulder as she was leaving.” We spoke with staff about listening to people and we were told not all carers listen to people and some staff were abrupt towards people in their care. We found people's views about their care experiences were influenced by the time made available to them.

During the morning people used their call alarms. We noted staff responded to people and gave explanations of what they were doing and provided reassurance they

would return as soon as possible. We saw if a person pressed their call bell twice the alarm was accelerated and staff went running to the person's room. We heard staff give explanations to people of what was being done, and on the day of the inspection we saw no unsettled behaviour from residents as a result of direct staff interventions.

When we fed back people's comments to the management team they were able to tell us about people, their relatives and their family background. This meant staff were aware of people's history which was impacting on their current circumstances. When we spoke to staff about people in their care and we found they understood the individual needs of people. Staff were able to give us individual examples of preferences and needs which were respected. We asked staff to give an example of someone they cared for that they knew well and described what support they provided for them. Staff described people's preferences to us.

We saw people's rooms were personalised, with personal possessions, small mementos and family photographs. This meant people were enabled to have familiar items around them

We looked at the needs of people from different cultural and religious backgrounds and found staff had considered these and addressed them with people.

We discussed with the registered manager if anyone needed to go to hospital how information was sent with them and if the provider had in place a hospital passport system which described the person's needs. The registered manager told us when a person goes to hospital staff copy the MAR chart and the DNAR (Do not attempt resuscitation) form if there is one in place.

At the time of our inspection there was no one on an end of life care plan. We noted conversations had taken place between staff and people who used the service about their wishes and feelings about their end of life. One person had told staff they did not want to linger on. We discussed end of life care with the management team who told us they found staff had increased in confidence about discussing this issue with people.

Is the service responsive?

Our findings

We saw in people's rooms signs which introduced people to their key worker and key workers were named on people's care plans. Some people told us they knew about their keyworker and could name the person whilst others did not know they had a keyworker. We spoke with one relative who told us the keyworker named in their relative's room had left the service some time ago. One member of staff told us, "We had a key worker system here but we're not doing it now, I don't know why." This meant that although the provider had put in place a key worker approach and there was evidence of it still being in place it was not having a positive impact on people.

We saw in the main seating area in the reception an activities board which listed the week's activities. One person said, "I am not interested in the activities, if they take me to the lounge in the wheel chair I am stuck and they don't bring me back." Another person said, "I am very lonely."

We observed people being invited to join in the activities and supported to attend a quiz. One person said, "We have a coach and we go out occasionally". Another person gave us their opinion and said, "They [staff] have their favourites and I let them get on with it. You have to have a good sense of humour to live here. Sometimes people pop their heads in and say there's something on are you coming?" One person said staff, "Sit on the bed and talk to me." We saw activities had been arranged at weekends and small ponies were being brought into the home on a Saturday. We spoke with one person who told us they loved animals and they did not know about the ponies. One person said, "Yes but I think it's cruel to bring them into this atmosphere with strangers." Other people were looking forward to seeing the ponies.

We spoke to the activities staff who showed us the provider sent out quarterly lists to show celebration days including Ramadan and Yom Kippur. This meant activities staff were prompted by the provider to consider celebration days from different cultures and religions

We saw each person had a detailed set of care plans which were written in a person centred way. The care plans informed staff why people needed to be cared for in a certain way, for example, [Name of person] can experience dizzy spells and is at high risk of falls, therefore staff are to

encourage the use of the nurse call button before transferring or mobilising'. We found staff responsibilities were clear. People's care needs were also documented in a summary. This meant staff were able to read short pertinent statements about people's needs.

We reviewed the electronic records of 13 people. We found the electronic records automatically showed when the documentation needed reviewing. Staff had responded to the electronic alerts and updated the documents. We found not all electronic records were complete for example we saw a page, 'My Life Story' was incomplete. We saw the provider had in place electronic risk assessments for example continence, pressure area (Waterflow), nutrition screening tool (MUST) and falls risk assessments and we saw these had been updated in line with the care plans.

The provider had put into place a falls monitoring sheet which required staff to monitor people at intervals of 12, 24, 36 and 48 hours following a fall. We found these fall sheets had not been completed. There were no times recorded to say sufficient monitoring had been carried out. We looked at the electronic falls risk assessments and spoke with the deputy manager. They showed us they had assessed the falls and made the appropriate referrals to other services to seek support to prevent people from falling. This meant the provider was responsive in ensuring people were safe.

We saw the provider had in place a complaints policy. People who lived in Ventress Hall and their relatives said if they had to make a complaint they would go to the registered manager. One person said "I would not feel comfortable I do not like making complaints." We saw one person had made a complaint and this had been appropriately dealt with. The complaint had been investigated and the registered manager had provided a response.

In two bathrooms we found bathing timetables which listed room numbers with times when people were able to have a bath. We spoke with the management team about the structured bathing routine. They told by us the timetable was a guide to ensure everyone was offered a bath or a shower. We discussed person centred care with staff and discussed bathing. One carer said, "The bath list goes by room number." One person said, "We ask them, 'Would you like us to give you a bed bath? If they say 'no I don't feel like it, I'd like a bath tomorrow', it can be a

Is the service responsive?

problem as we may not have enough staff in tomorrow.” We found a disparity between staff and management expectations which meant people may not be able to choose when they would like a bath.

We observed call bells constantly ringing during the morning. We saw when a person rings their call bell twice the alert speeds up to emergency level and staff run to

people’s rooms. We asked people if they thought staff responded quickly, one person said, “No, especially at night I can wait as long as 15 minutes and 10 minutes in the day.” Another person told us, “Not every day but overall they are OK, they come quickly to the bell” and “Some staff are better than others.”

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place. 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.

We asked people about the atmosphere in the home. One person told us, "It is pretty good, mostly happy" and another person said, "It's quite good but they mainly have dementia so I have no proper conversation."

None of the relatives we spoke with told us they had raised concerns with the registered manager but they felt the registered manager and staff were approachable.

There were clear records of involvement by other professionals, including SALT, Tissue Viability staff, Palliative Care Team (St Teresa's), Medical Staff, Continence Advisor and the Dietetic Service. This meant the staff in the home worked with other services to meet people's needs.

Staff we spoke with talked about a lack of openness in the home. We found staff described the morale to us as low, they told us whilst they got job satisfaction from caring for people they do not feel valued by the management. In discussions with some staff we also found evidence of a 'them and us' culture between the nursing and the care staff. There were also comments made to us about some staff 'not pulling their weight'. This meant there were some on-going team issues to be addressed by the management. We discussed these issues with the management team who agreed there were some issues to address. The regional director told us they spoke with staff when they did their monthly checks and no issues had been raised with them.

We found staffing was a significant issue in the home. Staff told us they had reported their concerns to the registered manager. One staff member told us about their concerns about staffing and told us they "had told the (registered) manager anyway." The registered manager told us no one had reported any concerns about staffing. We were unable to discern if anyone had told the registered manager, however some staff felt they had communicated their concerns.

We found no evidence on the staff files that they were audited. We found there was a lack of a front sheet on some staff files and there was a lack of signatures and names of the interviewers on interview note sheets. On one training file we saw someone had commented on a staff member's induction, 'All relevant areas completed'. There was no name or signature to indicate who had signed this off.

Prior to our inspection we asked the provider to send to us the monthly audit reports for visits for October to December 2015 completed by the regional director. We looked at these reports and found there were sections in the report for review of the previous month's action plans, the key themes of staff and residents, observations following a tour of the premises, statutory notifications. We saw these actions were aggregated onto a monthly operation review form and tasks were delegated to people with expected timescales for completion. This meant the provider had in place a system for quality assuring the home.

We reviewed the minutes of the monthly health and safety meetings and found accidents and incidents were listed together with people's skin tears. We saw the deputy manager looked at people's individual accidents and incidents but we found there was no overall analysis of incidents for example where people's falls took place and how people had come to have skin tears. This meant without analysis improvements to the building or staff practices could not be identified. During our feedback meeting we told the registered manager of our findings. They did not respond.

We found four people's district nursing records in a small cluttered office. These notes were not securely stored. On checking a side board on a ground level small dining room we found emails between the registered manager and a relative. We gave the emails back to the registered manager who said they should not have been in the sideboard. We saw the care staff gave the catering staff information about people's diets and their likes and dislikes. These were not all stored in one file and were in a pile of papers in the kitchen office. This meant that records were not stored securely.

We considered the culture of the home and we found against a background of staff wanting to care for people there was a balance between negative and positive comments from people who lived in the home and staff

Is the service well-led?

who worked there. We found there was friction between different staff groups and whilst some people had confidence in the management team to address issues others did not. One person told us they had talked to the registered manager and found her to be 'lovely' but their conversation had been interrupted and there was no agreed outcome. We found throughout our inspection the common denominator was time and the lack of time impacted on people who received the service and in issues being resolved.

Following our inspection the registered manager sent us the Care Rating Resident Satisfaction Survey. Thirty eight people who lived in Ventress Hall responded to the survey. An action priority identified in the survey was staff having greater time to talk to people. The resident satisfaction survey showed the provider reviewed the quality of their service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated lack of cleanliness and infection control.</p> <p>People who use services were not protected from unsafe premises and equipment</p>