

Kismet House Care Home Limited

Ventura

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

Ventura is a residential service providing personal care and accommodation for up to 7 people with mental health support needs. The service consists of 2 self-contained flats and an adapted main building which includes 5 individual bedrooms, communal spaces and an accessible outdoor space. At the time of our inspection there were 5 people using the service.

People's experience of using this service and what we found

People told us they were safe being supported by the service. However, despite positive feedback we found shortfalls with risk assessments and quality assurance systems which placed people at increased risk of harm.

Systems in place to monitor and improve the quality and safety of the service were not fully effective in ensuring shortfalls were addressed. Risks to people were not always sufficiently assessed and mitigated.

People received their medicines as prescribed, however national guidance was not always followed. Most areas of the service were clean and maintained, however we identified some areas in need of repair.

Safe recruitment procedures were in place; however, recruitment records were not always maintained. There were sufficient staff to keep people safe. Staff had completed safeguarding training and knew how to report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager sought the views of people using the service. The service had a positive culture, staff told us they felt supported, and people spoke positively of the support they received.

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

Rating at last inspection

The last rating for this service was good (published October 2017). There was a targeted inspection published February 2021, this did not change the rating.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ventura

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Ventura is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ventura is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives. We spoke with 5 members of staff including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 3 people's care records and 4 people's medicines records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including policies, procedures and audits. We sought feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At our inspection published October 2017 we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider had systems in place to assess risks to people before undertaking their care and support. However, we found examples where risks to people had not been sufficiently assessed and mitigated.
- For example, we found a person's risks relating to self-neglect, infection control and skin integrity had not been sufficiently assessed and mitigated with clear guidance for staff to follow.
- Where people had a diagnosis of diabetes, we found there was no specific care plan in place to manage the risk and provide staff with guidance of how to support the person with the condition.
- Radiators were found to be mostly uncovered throughout the premises which placed people at risk of burns. The service had a risk assessment in place, which stated radiator covers will be installed, however this had not been actioned.
- We found 3 first floor windows did not have restrictors in place in line with the providers risk assessment, which potentially placed people at risk of falls.

We found no evidence that people had been harmed, however the provider had failed to do all that was reasonably practical to ensure the health and safety of people using the service. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider submitted an action plan and told us they would address the issues identified with risk assessments, radiators and window restrictors.
- The service was carrying out other building safety checks to ensure the safety of people living within the service. For example, fire safety and electrical checks.

Using medicines safely

- People received their medicines as prescribed. However, not all aspects of people's medicines were managed in line with national guidance.
- Written protocols were not in place for medicines prescribed 'as required' (PRN). This meant there was insufficient written guidance for staff to know how and when to administer each medicine. Following the inspection, the registered manager confirmed PRN protocols had been put in place.
- Staff had completed training and were assessed as competent before supporting people with their medicines.
- Medicines were stored appropriately. We found no errors or unexplained gaps in recording on Medication Administration Records (MAR).

- People and their relatives told us they were satisfied with the support they received with medicines. A person said, "Yeah, they are doing a good job."

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Most areas of the service were clean and maintained, however we identified some surfaces and equipment which were in need of repair or replacement so cleaning could take place effectively. The registered manager told us they would take action to address these points.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We identified 1 person's individual risks relating to infection control which had not been sufficiently assessed as detailed earlier in the safe section of the report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date. The provider was not completing a regular infection control audit and we found policies did not refer to current legislation. We report further on these points in the well led section of the report.

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

Visiting in care homes

- The provider was facilitating visits from relatives in line with national guidelines. A relative said, "The staff welcome you on arrival, ask you to sign in the visitor's book and find you a nice place to meet in the lounge."

Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. Pre-employment checks included Disclosure and Barring Service (DBS) checks, evidence of conduct in previous employment and proof of identity. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found reasons for leaving previous employment were not always recorded and a gap in 1 staff members employment history which had not been documented. The registered manager told us they would address these points in any future recruitment.
- Some recruitment records were not available on the day of inspection as they were held within another service run by the provider, these were later submitted.
- Feedback about staffing was mixed. Most people, relatives and staff told us staffing was sufficient following a recent increase in the number of staff on duty during the week. A person said, "I think so yeah." However, some feedback received indicated staffing levels also needed to increase at weekends.
- We observed there were enough staff to keep people safe and meet their needs. Records confirmed staffing levels were being maintained at the level deemed safe by the provider.

Learning lessons when things go wrong

- Accidents and incidents were documented and included details of the event and actions taken by the service.

- An analysis of accidents and incidents was undertaken by the service to identify any patterns or trends. The registered manager explained how following any incident they would share lessons learned with the team to help prevent any reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us they felt safe with the care and support they or their relative received. A person said, "I do, very safe."
- Staff had completed safeguarding training and knew how to recognise and report any concerns.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA. No one living at the service required a DoLS to be in place.
- People's consent to care was recorded. We observed, and people confirmed, staff sought people's consent before providing support. A person said, "Yeah, they do."
- Staff we spoke with demonstrated an understanding of the MCA in line with the key principles.

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 our inspection published October 2017 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems in place to monitor and improve the quality and safety of the service such as care plan reviews and medicines audits. However, these systems were not fully effective in ensuring shortfalls were addressed.
- For example, the service was completing regular reviews of people's care plans, however this process did not identify and address the issues found with people's risk assessments.
- We found health and safety audits did not identify and address the issues we found with uncovered radiators and window restrictors which were not in place.
- A regular medicine audit was being completed; however, it did not identify and address the issue we found with PRN prescribed medicines.
- The service was not completing a regular infection control or recruitment audit, therefore improvements required in these areas had not been identified and addressed by the service.
- The service had policies and procedures in place, however we found they did not always refer to current legislation and we were not assured they were being effectively reviewed.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm to their safety and wellbeing. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the registered manager sent us an action plan and informed us they had implemented new policies and a regular infection control and recruitment audit.
- The service had submitted notifications to CQC as required. However, we identified 1 incident where CQC had not been notified. A notification is information about an event or person which the service is required to inform Care Quality Commission (CQC) of. The registered manager explained this was an oversight and following the inspection the notification was submitted.
- The service had displayed their CQC rating at the service as required, the provider did not have a website.
- Despite the shortfalls identified, people and their relatives told us they felt the service was well managed. A person said, "Yes, it is, very much so. Registered manager, very good, always takes care of me." A relative said, "[Registered manager] is the owner and I feel the home is well run to the best of my knowledge."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The registered manager sought the views of people using the service, this included key worker meetings and satisfaction surveys. A person said, "I fill out the form with plus and minus points" Another person said, "Occasionally they do. They ask your opinion about food and care."
- Staff told us there was good communication with the management team, however some staff felt this could be improved with more regular staff meetings. A staff member said, "It's good, we do handover every shift. No issues with communication."
- The registered manager told us they had not completed a recent satisfaction survey for people's relatives, however they planned to do so. Despite this, relatives told us their feedback was sought informally and there was good communication with the service. A relative said, "Yes, this happens informally through conversation." Another relative said "There is open communication between myself and the staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service. The service had a calm and relaxed atmosphere, we observed positive interactions between people and staff. A relative said, "It is welcoming and friendly and feels like a family home, a nice place to be, it has a calm atmosphere."
- People told us they had good relationships with staff and their independence was supported. A person said, "It's quiet, go out when you want, do your own shopping. I get on well with the staff." Another person said, "Very good. I get on with the people." A relative said, "I think they are really excellent; they are very person centred, give my relative his personal freedom and independence in an empowering way."
- People and their relatives told us they could raise any concerns with the service. A relative said, "I know registered manager and the staff, and I would go to them straight away, never had any concerns."
- Staff told us they felt supported by the management team and morale within the staff team was good. A staff member said, "Yeah, no concerns. I feel the management and staff are all approachable." Another staff member said, "Ok actually, we get on quite nicely together."

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- The service worked in partnership with health and social care professionals such as the GP and the community mental health team. A health and social care professional told us, "Absolutely, the communication and information sharing from Ventura is good and [manager] keeps me updated with any concerns."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people had sufficient risk management plans, in order to provide people with safe care and individualised support.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a) (b)</p>