

Blue Star Care Ltd

# Venetia House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Venetia House is a residential care home providing personal care to 9 at the time of the inspection. The service can support up to 10 people. The service provides support to people with long term mental health conditions, a learning disability and autistic people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were safe and protected from the risk of abuse. Staff were recruited safely. Risks to people's health, safety and wellbeing had been robustly assessed. Care plans contained detail and guidance for staff on ways to reduce risks to people. Staff had received training which enabled them to support people in the most appropriate way.

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. We recommend the provider consider adding more detail to best interest decisions where possible.

**Right Care:** People were treated in a caring manner by the manager and staff team. People were encouraged to exercise choice and control in their daily lives. People received information in a way that was accessible to them.

**Right Culture:** The management team had developed a positive culture, which placed people at the centre of their care. People understood how to complain if they were unhappy with the care they received.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 May 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Venetia House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was completed by 2 inspectors, an operations manager 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.

#### Service and service type

Venetia House 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. Venetia House 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 not a registered manager in post. The care manager has submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 August 2023 and ended on 11 August 2023. We visited the home on 1 and 2 August 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with 7 people and 8 staff including the deputy manager, the manager and a director. We reviewed a large variety of records, including care plans, risk assessments, mental capacity assessments, staff recruitment records, medicine records and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to demonstrate robust recruitment systems for staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Recruitment files were reviewed and demonstrated robust recruitment checks had been completed. All staff had received Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had sought references and background checks for new staff. This meant people could be assured they received care from suitable staff.
- There were enough staff on duty to ensure the safe care and treatment of people living at the service. The provider regularly reviewed staffing levels.
- Staff rotas showed a good mix of core staff on duty for each shift which ensured people's needs were met and provided consistency and continuity for people. Staff absences were primarily covered by the existing staff team. Agency staff use was minimal, and only used when absolutely necessary.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse. Staff had completed safeguarding training and were knowledgeable in identifying different types of abuse.
- Staff felt confident to report any concerns. One staff member said, "If I saw something of concern, I'd be able to raise it and feel listened too."
- Staff understood the provider's processes for the recording and reporting of any safeguarding concerns.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing had been robustly assessed. Care plans contained detail and guidance for staff on ways to reduce risks to people. For example, 1 person had a diagnosis of diabetes. The care records provided clear guidance to identify if the person was experiencing high or low blood sugar levels, and the action staff should take.
- Staff knew people's dietary requirements and understood risks associated with choking and with polydipsia. Polydipsia is a medical condition which causes people to feel excessively thirsty.

- Risk assessments were reviewed monthly or sooner if needed. Where accidents or incidents had occurred, there was a thorough review and investigation. Lessons learnt were updated into people's care plans and risk assessments and shared with staff through meetings.

#### Using medicines safely

- The provider managed medicines safely. People received their medicines on time and as prescribed. Medicine round times were prioritised to ensure people had the correct gap between doses.
- Staff supported people with the administration of medicines in a way that was appropriate for them. For example, 1 person disliked taking their medicines. Staff knew this and responded appropriately to ensure their medicines were given in a way that reduced their anxiety.
- Medicines were stored in a medication room, which was locked and secure.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Visitors were welcomed into the service, and there were no restrictions on the times friends and relatives could visit. People had various spaces to spend time with the visitors, some communal, and others were private such as their bedrooms or the summerhouse in the garden.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure the Mental Capacity Act 2005 and associated code of practice was followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked within the principles of the MCA. Where staff had reason to believe a person lacked capacity, assessments were completed to verify this. Best interest decisions had been completed with basic details.

We recommend the provider consider adding more detail to best interest decisions where possible.

- A number of people had legal authorisations in place to deprive them of their liberty. Some authorisations included conditions which the provider must meet. We reviewed these conditions and found the provider was meeting each condition.

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

- People's nutritional and hydration needs were met with a creative and well-planned menu, which had been created with the people who lived at the home. There were multiple meal options for people to choose each day and staff advised they would happily prepare a meal which was not on the menu if a person requested it.
- There was a strong emphasis on the importance of eating and drinking well. Staff were observed continually offering drinks to people, such as tea, coffee, orange juice and blackcurrant juice.
- Fresh fruit and snacks were always available for people to help themselves. One person was observed selecting a plum from the fruit bowl, and a staff member encouraged them, saying, "You eat as much as you want!"

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

- People's bedrooms were highly personalised with their choice of colour and decoration. One person had recently moved bedrooms and with support from staff was able to go to the shops and select the specific shade of paint they liked. This was then used to decorate their new bedroom. Their bedroom also reflected their individual love of hats and shoes.
- The garden was clean, tidy, and well maintained. Flowers had been planted in borders and the recent addition of a handrail ensured the garden was welcoming and accessible to people. Staff supported people to grow vegetables in a dedicated area of the garden.
- Whilst some décor required updating in the communal areas, the manager had already completed an action plan showing the works they intended to do. It was evident people's personal spaces had been prioritised.

Staff support: induction, training, skills and experience

- Staff had received training which enabled them to support people in the most appropriate way. Training had been a priority for the service over recent months, with all staff undertaking a range of topics to improve their knowledge. Evidence of training and competency was observed in staff files. In addition, the provider utilised staff's strengths and expertise in particular areas to support other staff who were not yet as confident or needed further guidance.
- Newly recruited staff received a full induction programme prior to commencing work. Existing staff who had progressed to team leader roles received specific training on the role and responsibilities.
- Staff received regular supervision meetings to support them in their role and appraisals to identify gaps in their knowledge and any required professional development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support had been planned in a way that met their needs. For example, 1 person had been commissioned some additional hours with staff. The manager had planned these hours to occur in the afternoon when the person needed the most support.
- Care plans provided detailed guidance for staff on how to meet people's personalised choices. Independence and choice were well reflected as well as known risks and people's history. This meant staff could deliver care in an effective way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with local health practitioners to ensure people received effective care and treatment. Staff supported people to doctors and hospital appointments where required. We observed a GP visiting a service during the inspection, and staff were informative and supportive.
- Staff also knew when to escalate concerns regarding a person's condition to ensure they received the right

care and support. One person had recently experienced a significant decline in their mental health. The manager had worked extremely closely with a range of other professionals, including the mental health team, GP and social worker to ensure the right outcome was achieved for the person.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People were treated in a caring manner by the manager and staff team. Most people had lived at the service for many years and a large number of the staff team were long-term employees. This meant staff knew people very well and understood their needs and wishes. One person told us, "It's a lovely place to live."
- Interactions between people and staff were positive and compassionate. Observations showed all people wearing clean clothes in a good condition. The hairdresser visited regularly for people who wished to have their hair cut and styled.

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

- People were encouraged to exercise choice and control in their daily lives. For example, 1 person had a preferred chair in the lounge. They said, "I like to sit here. It's good for my legs." Another person was observed choosing which pub they would like to go to for lunch.
- People were supported to personalise their bedrooms in a way they chose. For example, 1 person liked birds and football. This was evident within their personal space. One person told us, "It's different from other care homes, it feels like home."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed a person sitting in the lounge, who had experienced an episode of incontinence. The staff member spoke quietly and discreetly to the person and encouraged them to go with them to get washed and changed. The person was initially reluctant, however the staff member patiently waited for the person to stand up and go with them to the bathroom. This approach by the staff member meant the person was not identified to other people sitting in the lounge.
- Staff respected people's privacy, by knocking on doors before entering and waiting for the person's response. Care records provided instruction for staff on people's privacy wishes, such as a discreet check during the night and how much support the person liked with personal care.
- Systems were in place to support people's independence. This was demonstrated by the way in which 3 people at different times during the day each got their own coats told staff where they were going and signed out in the appropriate book in the entrance hall.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and preferences were understood and responded to. Staff consistently demonstrated their knowledge of individual people's likes and dislikes. For example, 1 person had a passion for clothes. The staff member supporting the person actively encouraged them to show the Expert by Experience their outfit choices for the day. A staff member stated, "Sometimes people can say what they want to do, other times not but we know what people do and don't like."
- People's sexual needs were considered and respected. Care plans recorded how staff could support people with relationships if they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in a way that was accessible to them. This included large print and easy read.
- The provider had completed communication care plans for each person. These described challenges and barriers to communication each person experienced and information on ways staff could communicate effectively with them using their preferred method.
- Staff understood people's communication needs. For example, 1 person required communication using simple terminology. Staff were aware of this and used this method when speaking to the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities that interested them. One staff member told us, "Everyday is different for them [people who live at the service]."
- Staff knew people well, and the things they liked to do. One staff member told us, "[Person] likes to go to the shops, [person] likes the pub." Another person had recently been to the shop at a local football stadium. They said, "I bought a coat, scarf, sweatshirt and a mug."
- Several people told us of their excitement about an upcoming trip to the seaside.

Improving care quality in response to complaints or concerns

- People understood how to complain if they were unhappy with the care they received. Where complaints

had been received these had been recorded, reviewed and the complainant responded to.

- During the inspection, we observed 1 mattress cover which had some staining on the inside. This was immediately removed by staff, sanitised and washed. The manager also advised they had ordered some additional mattress covers to ensure they could replace the cover, if staff could not get the stain out.

#### End of life care and support

- No one living at the service was receiving end of life care at the time of our inspection. However, people's end of life needs had been considered where appropriate. We saw end of life care plans containing people's religious wishes or respecting people's decision not to discuss the matter.
- Some people at the service did not have any relatives. There was guidance in the medicines room for staff to follow if someone passed away with no next of kin.

# 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 last inspection we rated this key question requires improvement. The rating for this key question has remained 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, person-centred care.

At our last inspection the provider had failed to ensure systems and processes were in place to ensure adequate oversight. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- The provider, manager and staff had worked to make improvements to the service. New systems and processes had been implemented. However, these were not yet fully embedded. For example, a new maintenance person had been employed and an environmental action plan had been completed, however this was still underway at the time of inspection. We will check improvements have been made at our next inspection.
- People's personal emergency evacuation plans contained good levels of detail within the document; however, it was not easy for staff to identify if a person was high risk or low risk at a glance as the scoring system was inconsistent. We raised this with the manager who responded immediately and advised the scoring would be made clearer.
- The manager and staff were motivated to get things right and welcomed any feedback offered. The manager advised they were supported by the Nominated Individual.

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

- Staff meetings took place each month, with relevant items being discussed.
- People had the opportunity to attend regular meetings about the service. The agenda covered topics such as ideas for decorating communal areas of the service, suggestions for new sofas, menu options and ideas, and day trips and activities. The agenda for the meeting was provided in picture format to make it easy for all people to understand, and the agenda was intentionally kept shorter to prevent overwhelming people.

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

- The management team had developed a positive culture, which placed people at the centre of their care.

People were included in decisions about how their care and support were provided.

- People and staff felt the service was now being led well and spoke fondly of the new manager. One staff member said, "It's different now, since the new manager has been in. They have spun it completely around and we are being led properly."
- The provider used electronic systems to record information about people's care needs, record any risks and share updates about changes in people's health.

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

- The provider understood their duty of candour responsibility, a set of expectations about being open and transparent if things go wrong

Continuous learning and improving care; Working in partnership with others

- Following our last inspection, the provider had worked very closely with the Local Authority to ensure improvements were made at the service. People's care plans had been rewritten and contained person centred information. Incidents were recorded and managed well, including being escalated to social workers in a timely manner, and advice being sought from medical professionals.
- Environmentally, water temperature checks had been completed monthly, showerhead descaling was being completed, taps which had previously been heavy with limescale, had also been descaled and maintained.
- Fire risks had been improved and the provider had worked with a local fire company to ensure they met the regulations in respect of fire alarm testing, emergency light testing, and fire extinguisher testing.