

Venns Lane Care Home Limited

# Venns Lane Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Venns lane Care Home is a residential care home that was providing personal care to 24 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- People said they enjoyed living at Venns Lane Care Home and were very complimentary about the staff who cared for them.
- Staff were respectful to people they cared for and promoted people's right to independence, dignity and privacy. Staff supported people to make their own decisions about their care and understood how people liked to communicate.
- Staff understood people's safety needs well and supported them so their individual risks were reduced.
  - People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People were supported to enjoy the best health outcomes possible, and staff were supported to do this by the systems the registered manager/provider had put in place to promote good working with other health and social care professionals.
- Staff supported people to have enough to eat and drink so they would remain well.
- People were supported in an individualised way that encouraged to remain as independent as possible.
- People's, their relatives' and other health and social care professional's views were listened to when people's needs were assessed and plans for their care were agreed and reviewed. Staff understood people's histories, what was important to them, and how people liked their care to be provided.
- People were given the opportunity to have interesting and fun activities to do.
- Systems were in place to take any learning from complaints and to reflect on people's needs and to further improve people's care.
- The registered manager/ provider sought suggestions for improving people's care further and suggestions were listened to and acted on.
- People, staff and relatives spoke very positively about the registered manager.
- Quality assurance checks were in place and identified actions to improve the service.
- The registered manager understood and notified CQC of any important events that occurred within the home.

Rating at last inspection: This was the first inspection for this home, following the provider's registration with the Care Quality Commission.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our Well-Led findings below.

Good ●

# Venns Lane Care Home

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was conducted by one inspector.

Service and service type: Venns Lane Care Home is a residential care home for up to 24 older people. There were 24 people were living at the home on the day of our inspection.

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

What we did: We reviewed information we had received about the service to assist us with the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, Healthwatch and health professionals who work with the service.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people living at the home about the care they received. We spoke with three relatives, the provider [who is also the registered manager], deputy manager, the activities co-ordinator, the cook, two care staff and a visiting health professional.

We reviewed a range of records. This included two people's care records and multiple medication and health records. We also looked at records relating to the management of the home. For example, systems

for managing any complaints and people's rights, and minutes of meetings with people who live at the home. In addition, we saw the checks undertaken by the registered manager on the quality of care provided. We also attended a resident and relatives meeting that took place on the day of our inspection.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff knew how to safeguard people from abuse.
- Staff knew what action to take in the event of any concerns for people's safety. This included notifying other organisations with responsibilities for helping to keep people safe.

Assessing risk, safety monitoring and management

- Staff had identified risks to people and put plans in place to meet people's safety needs. For example, if people were at increased at risk of falling or choking. People's risk assessments and safety plans provided guidance for staff to follow to reduce risks. A staff member told us "They [risk information] are really good it tells us all the information I need to know."
- Staff acted promptly to assist people if they needed support with their safety. We saw staff responded to people's needs quickly. For example, when one person stood up they were unsteady so staff supported them with their mobility aids. People and staff were encouraged to raise any safety or well-being concerns, to further reduce risks.

Staffing and recruitment.

- People received the care they wanted at the time they preferred. There were sufficient staff to care for people and to do things they enjoyed doing. Staff had time to sit and talk with people and reassure them, so the risk of people feeling anxious or isolated was reduced.
- Staffing levels were based on the needs of people living at the home. The registered manager told us staffing levels were reviewed when people's needs changed or when new people came to live at the home.
- The provider undertook checks on the suitability of potential staff to care for people living at the home.

Using medicines safely.

- People were receiving their medicines when they should. The registered manager /provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection.

- We saw the home environment was very clean and well maintained.
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.

Learning lessons when things go wrong.

- Staff communicated information about incidents and accidents. The registered manager/ provider monitored these events to help prevent further occurrences. For example, the provider had introduced

"Walkie/Talkie radios' for staff so communication was improved throughout the staff team and response time was reduced." The registered manager/ provider told us this had significantly reduced the amount of fall people were having."

# 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

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

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

- People were supported by staff who understood what support they wanted and how people liked their care to be provided. A relative told us, "I was consulted when [relative's name] came to live at the home so they knew what they liked and disliked."
- The views of people, staff and other health and social care professionals were considered when people's needs were assessed. Visiting health professionals, we spoke with were very complimentary about the way staff cared for people. They said "I find the staff very good, I've never had a problem. It's a very warm home. Staff always encourage people when they are in a low mood."

Staff support: induction, training, skills and experience

- People told us staff knew how to help them. One person described staff as "Very good I cannot fault them"
- Staff induction and training programmes supported staff to provide the care people needed.
- Staff used the skills gained through induction and on-going training to carry out their roles effectively.

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

- People told us they were encouraged to decide what they wanted to eat and drink and were encouraged to make their own choices. There was a pictorial menu available demonstrating the menu on offer to assist people to choose their meal.
- People were supported to have enough to eat and drink to remain well. The home had a "hydration corner" for people to help themselves to drinks. Staff monitored people's food and drink in put daily to avoid them becoming dehydrated.
- We saw staff encouraged people to maintain their independence when eating and drinking. People were confident to ask for any food items they wanted and staff responded to their requests.

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

- People told us staff supported them to attend routine health, opticians and dental appointments, so they would remain well. People told us staff promptly helped them to see their GPs if they were unwell.
- Staff understood people's health needs. Staff gave us examples of advice they had followed from district nurses and speech and language specialists, so people would enjoy the best health outcomes possible.
- Staff regularly communicated information on people's changing health and well-being needs and to plan the best way to support people when and if their health needs had changed.

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

- People benefitted from dementia friendly signage around the home. People decorated their individual rooms with their own possessions.

- People benefited from the use of a garden area, which they told us they liked to use in the summer months.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- People were supported to be involved in daily decisions about their care.
- People told us staff gave them support so they had respect and freedom to do the things they enjoyed in the community.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- People told us they had built good, trusting relationships with the staff who cared for them. One person stated, "The staff are so lovely and kind to us. We couldn't ask for better."
- Staff spoke affectionately when they described people's needs and knew what was important to them. One staff member said, "I absolutely love working here, it's so homely. I've worked at other homes but this is the best."
- Staff told us they got to know people by spending time talking to them, communicating information with other staff and checking people's care plans.
- We saw staff took time to gently explain to people what they were doing to help them and to reassure people in the ways they preferred.
- People's cultural and religious beliefs were respected and accommodated.

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

- People told us they made their own day to day decisions about their care, such as deciding what enjoyable things they would like to do, what time they chose to get up, and where they would like to spend their time. One person told us, "They [staff] always ask you what you want to do. You don't have to join in activities if you don't want to."

Respecting and promoting people's privacy, dignity and independence.

- People's confidential information was securely stored,
- People's rights to dignity and privacy was promoted by staff. A staff member said, "We always ensure we knock on people's doors before entering and ensure curtains are closed if we are helping them with personal care."
- Staff let people know they were valued by giving people the time they needed to communicate their wishes and offered reassurance when it was required.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People's care plans recorded their histories, preferences and relationships which mattered to them. People's care plans gave staff the guidance they needed to support people as they preferred. For example, if people liked physical reassurance if they were anxious, or preferred to spend time talking with staff.
- The views of people, staff and other health and social care professionals were considered when people's plans were initially put in place and reviewed, so people's needs would continue to be met.
- Staff told us people were encouraged to decide what interesting things they would like to do. The activities co-ordinator said, "People get to do lots of things here. Apart from art and crafts, we do lots of things such as, we have singers come in to entertain people, exercise sessions, bingo and special themed meals like the Chinese New Year celebrations. Once a week people take it in turns to go out to do shopping and attend the 'Courtyard', [an activity for people living with dementia]."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- Systems were in place to manage and respond to any complaints or any concerns raised.
- None of the people we spoke with had wished to raise any concerns or complaints, as they considered the care provided was good.

End of life care and support

- Plans for providing care to people at the end of their life were based on people's wishes, needs and preferences. End of life care plans reflected the views of people, their relatives and other health and social care professionals, so people's needs would be met and their wishes respected.

## 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People told us they knew the registered manager /provider well, and found them to be approachable, kind and caring. The registered manager/ provider took a "Hand on approach to leading the staff team. Throughout the inspection they were supporting and talking to people. We heard how one person liked to spend their afternoons sat with the registered manager/provider in their office and this was accommodated.

- Staff were supported to provide good care and enjoyed working at the home. One staff member said, "I love my job, we are a good team, very supportive to each other."

- The registered manager had notified CQC of some significant events at the home, such as injuries to people. The systems in place to notify CQC of other events required further development. The registered manager told us they would review these systems so they could be assured they were consistently notifying CQC of events required by law.

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

- Staff were supported to understand their roles through staff meetings and one-to-one meetings with their line managers. One staff member told us at their one-to one sessions they had the opportunity to discuss policies and procedures.

- One staff member described the registered manager/provider as, "The best manager I've ever worked for. Their door is always open if ever we need anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The registered manager/provider sought the views of people living in the home, relatives, staff and professionals to monitor the quality of care people received. All the responses were extremely positive. On the day of our inspection we sat in on the residents and relatives meeting. We saw people and relatives were happy to discuss the running of the home and were asked for ideas for improvement so felt included and valued.

- There was effective joint working with other health and social care professionals. For example, the registered manager/provider had put systems in place so people would have the support they needed. These included referrals to the falls clinic and physiotherapy to maintain their mobility.

Continuous learning and improving care.

- The provider/registered manager and deputy manager kept up-to date with current practice by attending the local registered network meeting for providers.