

Care service inspection report

Venture Support and Care Housing Support Service

Unit 4, Community Resource Centre
Old Mart Site
Market Street
Maud
Peterhead
AB42 4NQ

Inspected by: Donna Harvey

Type of inspection: Announced (Short Notice)

Inspection completed on: 6 June 2012



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Service provided by:

Venture Support & Care Ltd.

Service provider number:

SP2009010286

Care service number:

CS2009195697

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service users said they were very happy getting their support from Venture Support and Care. They lead busy and active lives doing things they enjoy and are interested in.

The staff feel part of a team where their views are listened to and respected by the Manager/Director.

Venture Support and Care is a business with two Directors. One Director is also the Manager. We have referred to this person as the Manager/Director throughout the inspection report. The Manager/Director is very experienced and knows how to run a good service.

What the service could do better

Due to a change in legislation the service wasn't inspected in the last inspection year (April 2011- March 2012). The last inspection was completed on 30 April 2010. The staff have done well to keep up a very good standard of care for the service users. We saw that staff had taken the advice given by health professional. This had helped the service users have calmer and happier lives.

What the service has done since the last inspection

Some of the management tasks need to be better organised. There are lots of things that the Manager/Director does do. The problem is that there isn't a clear system

that shows what needs to be done. This means that if the Manager/Director should ever be off or very busy elsewhere, these checks might not get done.

Conclusion

Venture Support and Care continues to be a very good support service that puts the needs of the service users first.

Who did this inspection

Donna Harvey

1 About the service we inspected

Venture Support and Care is a privately owned and operated care at home and housing support service. The office base is in Maud and the service is provided to people in their own homes in and around this local area.

The service can be provided to any age group as long as they require support by reason of their vulnerability (other than a vulnerability or need arising from that person being of a young age). At the time of the inspection the service was being provided to three adults who had a learning disability.

This service was originally registered with the Care Commission on 26 May 2010. The Care Inspectorate is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services have previously been awarded by the Care Commission will also be available on the Care Inspectorate website. This service was deemed registered with the Care Inspectorate on 01 April 2011.

The service has a written document that states what they aim to do and how they plan to do it. This states that, "Venture Support and Care aim is to provide a flexible and comprehensive service for adults with a learning disability which will adapt, change and develop according to their individual needs".

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after a short notice announced inspection which took place over a 15 week period. The inspection was carried out by Inspectors, Donna Harvey and Claire Anderson. The latter was taking part in the inspection as part of her professional development.

Venture Support and Care is a limited company with two Directors. Both Directors are involved in the running of the service, one from a business point of view, the other is also the Manager. We have referred to this person as the Manager/Director throughout the inspection.

The inspection started with the Manager/Director completing a self assessment and issuing questionnaires to the three service users/their family/representatives.

We telephoned the Manager/Director on the afternoon of 23 May 2012. As agreed during that call we visited the service's office base between 09.00 and 14.30 on 24 May 2012. At the end of this visit we arranged to return to the service for a further visit. This took place on 06 June 2012 between 13.25 and 15.55.

We gathered evidence from various sources, including:

- * Spending time and speaking with two of the people who were receiving a service at the time of the inspection. We spoke in private with one of these people.
- * Speaking with three members of staff and the Manager/Director and the Director.
- * We also spoke on the telephone with a family member/representative of one service user.

We examined:

- * The records of the three service users, including Care Plans, Reviews, Incident reports, Medication Records, Finance support records
- * Staff meeting minutes
- * Service users' meetings minutes
- * Manager/Director's Diary

- * Service users' Handbook
- * Accident records
- * Staff rota
- * Staff training Records
- * Staff Development Plan
- * Registration certificate
- * Insurance Certificate
- * Staff supervision records

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

Each service users' personal plan is updated as and when new support agreements are made.

National Care Standards for Care at Home, Standard 3; Personal Plan.

This recommendation has been fully addressed and is discussed under Quality Theme 1, Quality Statement 3.

The people who use the service (and their parents/carers where appropriate) are involved in the recruitment of staff.

National Care Standards Care At Home, Standard 11 Expressing Your Views.

This recommendation has been addressed and is discussed under Quality Theme 1, Quality Statement 1 and Quality Theme 3, Quality Statement 1.

The recording and administration of the service's recruitment practice is adapted to ensure it provides a clear auditable trail that evidences all checks have been requested, received and stored.

National Care Standards Care At Home, Standard 4; Management and Staffing & Scottish Social Services Council's Code of Practice for Employers of Social Service Workers; 1.

This recommendation has been fully addressed. The recruitment files provided evidence that the provider recruits staff in line with legal and regulatory requirements and best practice guidance.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The manager/Director submitted a completed self assessment as requested. This assessment identified strengths as well as some areas for development. Future self assessments would benefit from showing how service users, family representatives and staff had been involved in this process.

Taking the views of people using the care service into account

One of the service users had completed a questionnaire for us prior to our visit. We also spoke in private with one service user and met and spoke with another whilst visiting them and their staff for a short period.

The service users are very happy with their staff. The views of the service users have greatly informed the findings of this inspection, and are included throughout this report.

Taking carers' views into account

We spoke with one carer/family member. They were very complimentary about the care and support provided. They described the service and staff as being very nurturing and caring.

The views and opinions of this person have influenced the findings of this inspection. These views are included throughout this report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service's staff and service users had continued to work together and were able to evidence a very good standard of service users' involvement in assessing and improving the quality of care.

Examples of why we have come to this conclusion include:

- * Meeting minutes recorded service users' views and the actions taken. Our discussions with the service users confirmed that their views were taken into consideration.
- * Service users and their families (where appropriate) play an active part in the reviews of the care plans. These are formal meetings, attended by a variety of professionals from social work and health.
- * We saw that service users' wishes and their needs were fully represented in the care plans.
- * In the Care Standards Questionnaires that the service users completed for us they said they felt they were asked for their ideas and these were used to make things better.
- * The family and service users we spoke with felt they had ample opportunity to give their views to staff and the Manager/Director.
- * Third party independent support has been sought as appropriate for the service users.
- * Weekly Review forms are used with service users and their support staff. These are

brief forms that focus attention on goals for the coming week and how things have been in the previous week.

Areas for improvement

Whilst we found some minutes that showed review meetings had been held we could not find many of them. We discuss this further under Quality Theme 1, Quality Statement 3.

The Manager/Director had tried to develop some questionnaires for service users and other stakeholders. There is considerable development potential in this approach and we discussed some these e.g. the use of a third party person to "interview" service users (verbally, using a Talking Mat and so on). The Manager/Directors should also consider the purpose of the information they are seeking in this manner and how it could enhance the already very good standards this service's staff were able to demonstrate during this inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

Our discussion with the service users/family and examination of records has led us to assess that the service users health and wellbeing needs were very well met.

The service users had access to all the community health services available locally. Specialist health care was also provided where necessary.

The service users' played an active part in how their support was provided. Each person's support was tailored to their needs and preferences. This included a structured but flexible routine of activities. Overall the service users were supported to live meaningful lives as part of their local community.

The support plans we examined showed that they had been updated as and when new support agreements had been made. This fully addresses a recommendation made during the last inspection. The support plans showed the involvement of service user, their family and other relevant health and social work professionals.

Staff were very aware of the service users' needs, preferences and likes. The service users were fully involved in their grocery shopping, meal preparation and cooking whilst being aware of the potential dangers in the kitchen.

Staff had supported the service users and their families to stay in touch. Whilst a routine for this had been developed we were pleased to see this was flexible and could be adapted quickly.

Staff had carried out assessments with each service user to gauge how much help they needed to manage their medication/health needs. We saw that staff used a system of recording and managing medications that is in keeping with good practise as it provided an auditable trail.

Areas for improvement

Staff had regularly checked the service users' medication and finance management records. However, these checks were carried out by the same staff that carried out the day to day administration of the medication and the finances. A safer system would be to have a senior member of staff/Manager/Director audit these records on a regular basis. This is to safeguard service users and staff. Such audits should then feed in to the service's overall quality assurance system (please see Quality Theme 4, Quality Statement 4). We were very pleased to note that following this advice being given on our first visit, one such audit on finances had been carried out for each service user by our second visit.

The regulations stipulate that support plans should be reviewed at least every six months. Whilst we could see the plans had been updated and on many occasions could find why, we could not find records that showed how and who was involved in reviewing them on a six monthly basis.

See Recommendation 1.

We noted several areas of record keeping, record management and quality assurance that needed improving. We discuss this under Quality Theme 3 and 4 later in this report. Whilst it is important that these areas improve we did not find that this had any negative impact on the care of the service users at this time.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Records should be available to demonstrate that support plans are reviewed every six months with the involvement of the service user/their representative.

National Care Standards for Care at Home, Standard 3; Your Personal Plan.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

We have discussed how the service's staff and service users have continued to work together to evidence a very good standard of service users' involvement in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Quality Statement 1.

An example of how this very good level of participation is achieved for this quality statement is that the service users (and their parent's/carers where appropriate) had been involved in the recruitment of staff.

Areas for improvement

We have discussed how the service's staff could improve the service users' involvement in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Quality Statement 1. Our comments there are also relevant to this Quality Statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The evidence from the inspection demonstrated that the Manager/Director ensured that the service users were supported by a professional, trained and motivated workforce. Our examination of documents and discussions with staff and service users suggested the staff team operated in keeping with the national care standards, legislation and best practice.

New staff members had participated in an in depth two day office based induction. New staff would then work a couple of shifts "shadowing" an experienced staff member.

Discussions with staff and examination of the training records showed that staff had taken part in a variety of training during the first few months of their employment. These training opportunities included; Learning Disability Awareness; Adult Support & Protection; Person Centred Planning; Certificate in Safe Handling of Medicines.

Staff that had been in post for a longer period had also taken part in an extensive variety of training. This included, Health & Safety Responsibilities; Fire Safety Awareness; Food Hygiene; Moving & Handling Awareness; Dealing with Challenging Behaviour; Infection Control; Psychology - Reactive Strategies and Psychology - Workshop.

The staff team impressed as being professional, committed and well motivated. The staff spoken with and records examined suggested that staff followed the policies and procedures of the service. We observed that staff worked with the service users in a person centred way encouraging them to learn new skills and to maintain their independence.

Regular staff meetings are held and staff reported they felt they could raise any issues or concerns with the Manager/Director.

The very low staff turn over also supports our conclusion that staff are happy in their work.

Areas for improvement

The previous inspection recommended that the staff team minutes should clearly show what action had been decided and who would take it. It then went on to recommend that the next meeting should then review the previous meeting's minutes and discuss the progress and/or takes actions forward to the next meeting. Whilst the minutes we examined did identify actions and responsibility they did not then review their progress at the next meeting. The recommendation remains in place.

See Recommendation 1.

All staff had started a workbook as part of their induction. However none of these workbooks had been completed. We recommend the Manager/Partner review staff's progress with these workbooks as part of the supervision/appraisal cycle and ensure they are completed as necessary.

See Recommendation 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Staff team minutes clearly show what action has been decided and who will take it. The next meeting reviews the previous meeting's minutes and discusses the progress and/or takes actions forward to the next meeting.

National Care Standards Care At Home, Standard 4; Management and Staffing.

2. Staff complete the service's induction workbook.

National Care Standards Care At Home, Standard 4; Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We have discussed how the service's staff and service users have continued to work together to evidence a very good standard of service users' involvement in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Quality Statement 1.

We saw from several records examined and from our discussions with service users/ family that the Manager/Director is readily available to discuss any issues with the service user/family. We also noted that these views had been listened to and acted upon. For example, one service user's support during educational activities was changed to meet their request.

Areas for improvement

We have discussed how the service's staff could improve the service users' involvement in assessing and improving the quality of care and this has been reported on fully under Quality Theme 1, Quality Statement 1. Our comments there are also relevant to this Quality Statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

Venture Support and Care is a limited company with two Directors. Both Directors are involved in the running of the service, one from a business point of view, the other is also the Manager. We have referred to this person as the Manager/Director throughout the inspection.

The Manager/Director is a fully qualified social worker with extensive experience and skills in supporting people with learning disabilities. These skills have been put to very good use in developing a support service that provides very good care and support to

three adults. The Manager/Director is responsible for the care planning, reviewing and monitoring of the service. We know that the service users/family believed that their quality of life had improved due to the support they were provided with by Venture Support and Care.

The Manager/Director of this service was described by staff and service/users/family as being approachable and available to them at any time. Staff felt their views were more likely to be taken into account in this service than in previous employment in larger care services where the manager was more remote.

Areas for improvement

Whilst the Manager/Director keeps a good overview of how the service is functioning, she did not have a formal quality assurance system (something that could be followed by another in her absence).

We found several indicators that the Manager/Director's systems need formalising/improving:

- * Medication and finance audits are a better safeguard when carried out by someone not actively involved in their day to day use.

- * The Manager/Director was not aware that the regulations requiring formal notifications had been changed with the introduction of the new regulatory body in April 2011(the Care Inspectorate). This means that we have not been appropriately notified. The management team need to ensure they keep themselves up to date on legislation and best practise using the resources that are available to them. This includes the Care Inspectorate website www.careinspectorate.com and the allocated inspector whose contact details the management team have.

See Recommendation 1.

- * Record handling/management needs to improve. On our first visit several minutes of meetings and staff support could not be found. On our second visit some of the weekly reviews appeared to have been completed retrospectively but this was not acknowledged in the record.

- * The Manager/Director uses a large diary to keep records with a view to them then being transcribed by an administrative support worker. This is not a good system as it had not resulted in records being available. It also mixed recordings about different service users together in a manner which would make sharing these records with service users/their representatives very difficult.

See Recommendation 2.

- * The management team must design and implement a quality assurance scheme that includes the monitoring of records, practise and service user /carers and other stakeholders feedback. This should address the National Care Standards and the SSSC

Employers Code of Conduct. This should result in information being produced that outlines the performance of the service.

See Recommendation 3.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The management team need to ensure they keep themselves up to date on legislation and best practise using the resources that are available to them and up date policies, procedures and practise accordingly.

National Care Standards Care At Home, Standard 4; Management and Staffing.

2. All records relating to the service users should be made in such a way as they can be easily shared with the relevant person. These records should be organised to ensure they are easy to retrieve.

National Care Standards Care At Home, Standard 4; Management and Staffing.

3. The management must design and implement a quality assurance scheme that includes the monitoring of records, practise and service user /carers and other stakeholders feedback. This should address the National Care Standards and the SSSC Employers Code of Conduct. This should result in information being produced that outlines the performance of the service.

National Care Standards for Children and Service users, Standard 7: Management and Staffing.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
30 Apr 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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