

Mrs Phyllis Turner

# Venetia House

## 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

Venetia House is a 12-bed residential home providing personal care to 11 people at the time of the inspection. The care home supports people in an adapted building.

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

At the last inspection, the provider was in breach of a number of regulations. This inspection reviewed three of these regulations to establish whether improvements had been made.

There wasn't sufficient oversight of the systems in place to keep people safe. This is a continued breach of regulation 12 (Safe care and treatment) and continued breach of regulation 17 (Good Governance).

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

The provider did not have effective oversight of the safety and quality of the service. Risks to people had not consistently been mitigated. We identified concerns around fire safety, PRN (as required) protocols and risk assessments.

The provider had not maintained effective oversight of staff practice. Staff mandatory training was allowed to lapse and staff supervisions had not always been carried out.

Some improvements were required to the recruitment process to ensure staff were recruited with robust checks. Criminal record and barring checks were completed. There were enough staff available to meet people's needs, the service had recently experienced a high turnover of staff. A person living in the service told us, "Staff are changing all the time", but added, "I get treated very well".

People and their relatives spoke positively of the staff and management team. A relative told us, "It's brilliant, it's a real home from home, it's a really good place". Staff demonstrated a person-centred approach to care that supported choice for people.

Care records reflected people's health and social care needs. There was evidence of partnership working with professionals to support people's healthcare needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of

Right support, right care, right culture.

The service was homely and the building looked and felt like a home. People received a lifestyle based on their choice and preferences and were well-matched socially, so were compatible and formed good personal relationships with each other. The provider and manager knew every person they cared for and knew what was important to them. A number of staff had completed training in Autism Awareness, Mental Health Awareness & Positive Responses. However, policies and procedures needed to be updated, so staff practice could be informed by the most up to date guidance. Inspectors signposted the provider to STOMP (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines) pledge and psychotropic medicines policy and to the new Restraint Reduction Network standards in staff training.

The provider had addressed the issues identified in previous inspections in relation to safeguarding service users from abuse and improper treatment.

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 3 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced focused inspection of this service on 7th August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed remained the same, requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and managerial oversight of the service 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# 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 Care Act 2014.

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 carried out by one inspector, another inspector spoke with staff by telephone and an Expert By Experience spoke with people living at the service and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Venetia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, a manager had been employed. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We gave a short period notice of the inspection because we needed to be sure that the manager would be present to support the inspection, particularly in light of COVID-19.

#### 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, the local Clinical Commissioning Group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection

During the inspection

We spoke with four people who used the service, five people's relatives and four members of care staff. We also received feedback from the provider and the manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at training data, fire safety and quality assurance.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has remained the same. 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; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Fire risks were not consistently well managed by the provider and records were not up to date. This meant we were not assured of the fire safety at the service.
- The providers training records showed fire safety training for staff was not up to date. This meant we were not assured staff knew about the measures in place to prevent or deal with a fire.
- The administration of medicines at Venetia House was not always safely managed. Individualised PRN protocols, to support the safe management of medicines were not always clear for staff guidance. We found hand written amendments on one person's PRN protocol for agitation, indicated the maximum dosage within a 24 hour period, however it was unclear if this included their regular prescription of the same medication. This meant there was a risk of people being overmedicated.
- The providers training records showed medication management training for staff was not up to date. This meant we were not assured staff knew how to administer medication safely.
- The provider's infection prevention and control policy was not up to date, it did not include prevention measures for staff to take or reference COVID-19 guidance. The provider did have a COVID-19 policy created in April 2020, however inspectors saw no evidence this had been updated since this date. This meant we could not be assured that the provider was taking all reasonable steps to be prepared during the COVID-19 pandemic.
- We were not assured staff were always using PPE effectively and safely. During the inspection, two staff members had to be reminded by the provider to wear their face masks appropriately. The providers training records showed infection, prevention and control training for staff was not up to date. This meant that people were at an increased risk of infection.
- Accidents and incidents were monitored and recorded by staff, however there was no evidence that these had been analysed by the provider. A total of seven falls were noted between June-September for different people. This meant it was not possible to identify trends or themes at service level.
- Risk assessments were completed to identify risks to people's health and safety such as a risk of choking

and wellbeing. However, risk assessments seen in three people's care folders by inspectors were not dated and staff had written 'no changes' frequently. This meant inspectors could not have assurance people's risk assessments were up to date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was an ongoing breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection by carrying out a fire risk assessment of the service and shared an example of an infection, prevention and control audit.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We have also signposted the provider to resources to develop their approach with regards to infection, prevention and control and COVID-19.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- Staff had good knowledge of the types of abuse people could be subjected to and the majority of staff spoken with confirmed they had received safeguarding training. However, staff had not received training in how to support people who were distressed, in the least restrictive way. The provider was signposted to the Restraint Reduction Network (RRN) for information on training for its staff, in line with the new RRN standards.
- People told us they felt safe at Venetia House. A relative of a person living in the service told us, "I am happy, [the staff] are very good and my [relative] is happy there". Another relative told us as a result of a safeguarding investigation, the provider had put new measures in place to ensure the incident not happen again.
- Staff told inspectors they had raised concerns in the past with the manager and provider. The manager informed inspectors that the concerns had now been dealt with.

#### Staffing and recruitment

- Safe recruitment and selection processes had been followed, however the recording of staffing information needed improvement and pre-employment checks had not always been robust, before staff were employed. The provider was aware of the need of improvements and was working with the manager to ensure staff information was in place.
- The service had recently experienced a high turnover of staff and the manager was new in post. A person living in the service told us, "Staff are changing all the time", but added, "I get treated very well".
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored and disposed of safely. Regular temperature checks of the medicine's room took place and medicines were stored in locked tamper proof cabinet.
- A person living in the service told us, "I've got heart tablets, I am coping". They also said they had an inhaler and confirmed, "I do that myself".
- We observed a staff member undertake a medication round at the service. All Medication Administration Records (MAR) looked at were completed fully and accurately. Medication audits had been carried out by staff. Learning lessons when things go wrong
- The provider was clearly learning from lessons when things had gone wrong, but further work was still needed to embed this in the culture of the service. The provider had implemented changes following the outcome from a serious safeguarding investigation since the last inspection.
- An external quality consultant was supporting the provider in learning lessons when things had gone wrong, however staffing challenges have reduced the impact of this work to date. The provider was still positive they can make the improvements long lasting.

# 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 the last inspection this key question was rated as requires improvement.

At this inspection this key question has remained the same. 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.

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

At our last inspection, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our previous inspection we found the provider had not provided effective oversight and governance of the service. At this inspection the oversight of staff practice still required improvement.
- The provider did not have effective oversight of the quality and safety of the service. For example, as described under the safe section of the report, the fire risk assessment was out of date. There was no record that the previous defects identified in March 2019, had been rectified.
- It was unclear to inspectors when people's PRN protocols, (guidance for staff on the administration of this type of medication), were last checked, to determine if they were appropriate and safe.
- The provider was unable to show inspectors staff had completed audits of infection, prevention and control regularly within the service.
- Policies were out of date with scribbled out creation and review dates. This meant that staff had inconsistent guidance to keep people safe.
- The provider had not ensured the effective oversight of staff practice. The staff training records were not up to date and all the areas of mandatory training had been allowed to lapse.
- There had been limited supervision of staff. From discussions with staff and recent records of grievances in the service, this allowed for unprofessional behaviour in the service to grow, impacting on the performance of staff. The provider had recently taken action to rectify this.
- There were no records to evidence that staff were carrying out daily checks of emergency escape routes and final exit doors or weekly inspections or monthly checks.
- Systems and processes around recruitment required some improvement to ensure staff were recruited safely into the service.
- As a result of the above, despite an action plan received from the provider following our last inspection, similar concerns were found at this inspection. Some areas requiring improvement had been identified by

the provider prior to our visit, but remedial action was still in progress.

We found no evidence that people had been harmed however, the above shows that systems were either not in place or robust enough to demonstrate that the provider was adequately managing the quality and safety of the service. This placed people at risk of harm. This was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and new manager told us they wanted to provide quality care and had already identified that the governance and leadership within the home needed to improve.
- The provider was working with an external care quality consultant to provide the new manager and staff, with support and guidance. The consultant had introduced an infection control audit and identified areas of improvement needed in the recruitment of staff. These tools and actions needed to become embedded within the culture of the home and the practice of staff to ensure people consistently received positive outcomes.

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

- Since our previous inspection, a new manager was now in post. They have been supported by the provider to make the required improvements within the home, along with newly recruited staff.
- The new manager was working hard to improve the culture of the home for the benefit of the people living there. Progress was still to be made to ensure the culture at the service was an open one, in line with up to date practices. Staff told inspectors they wanted more opportunities to develop their practice, in order to provide the best level of care to people.
- Staff were confident to report concerns and speak up if anything worried them. All staff told us the management team were approachable and they felt they were listened to, things had happened from discussions at team meetings.
- Relatives spoke positively about the service and most felt fully informed during the COVID-19 visiting restrictions. One relative told us, "I keep in contact with [my relative], through the [house]. [My relative] had a COVID-19 test, [they were] off their food and felt unwell. It was negative but [the staff] acted really quickly".

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

- Staff had supported people to understand the COVID-19 pandemic. Staff told us they had worked with people in the service to not be nervous when staff started wearing face coverings, by trying different approaches each person, until they were comfortable. One person living at the service told us they had to self-isolate when they came back from the hospital recently and they understood the reasons why.

Continuous learning and improving care

- The provider and management team were open and transparent throughout the inspection and accepting of findings that identified a need for improvement. An action plan was in place promptly following inspection to address concerns raised from our feedback.
- Staff had utilised the garden space during the COVID-19 pandemic and organised an outdoor cinema company to come to the people living in the service, as their regular activities had been put on hold due to local COVID-19 precautions.

Working in partnership with others

- The provider was working with the local hospital, GP, the local authority, social care and safeguarding

teams to support the management and development of the service.

- Professionals involved with the service told us how they worked closely with the provider and staff. One professional told us about their contact with the new manager, "Over the past few weeks have been very positive, on the face of it, it would appear [the management team] are working hard to pull things together.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to effectively assess and mitigate risk, ensure health and safety checks and systems were in place to ensure staff training was maintained and have robust PRN protocols, infection, prevention and control procedures, put people at increased risk of harm. Reg 12 (2) (a) (b) (c) (d) (g) (h)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Failure to have oversight of the service, to ensure systems and processes were effective to assess, monitor and mitigate any risk relating the health, safety and welfare of people using services and others, put people at increased risk of harm. Reg 17 (1) (2) (a) (b) (c) (f)

### **The enforcement action we took:**

Warning notice.

The provider continued to fail to ensure sufficient arrangements were in place to monitor the quality and safety of the care and support provided to people.