

Veronica House Limited

Veronica House Nursing Home

Inspection report

1 Leabrook Road
Ocker Hill
Tipton
West Midlands
DY4 0DX

Tel: 01215051110

Website: www.veronicahousenursinghome.co.uk

Date of inspection visit:

25 October 2023

26 October 2023

Date of publication:

30 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Veronica House is a care home providing personal and nursing care to up to 52 people. The service provides support to older people and people living with dementia, younger people, people with a physical disability and people living with a learning disability and autistic people. At the time of our inspection there were 37 people using the service.

People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

There continued to be a high number of agency staff deployed around the home and people, relatives and staff told us this had impacted on consistently meeting people's needs in a timely way. People also told us the high use of agency staff meant care was sometimes provided by staff who did not know their choices and preferences. Risks were assessed and planned for to keep people safe. However, staff did not always have all the necessary skills and knowledge to effectively support people. Medicines were safely managed. Staff were recruited safely. People were protected from the risk of abuse and staff knew what action to take to keep people safe from risk of abuse. People were protected from the risk of infection.

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.

Right Care:

People's social activity needs were not always met. People's mealtime experience was not consistently positive. People had varying levels of access to the community. There was improvement required in communicating with people whose first language was not English. Relatives felt able to raise concerns, if needed. There were processes in place to support people nearing the end of their life.

Right Culture:

Quality assurance system to monitoring and improve the quality and safety of the service were not always effective at identifying the issues identified at this inspection. There had been a number of improvements made to the governance systems, however these needed time to become embedded into practice. We found more work was needed to ensure the service was operating in accordance with best practice particularly in relation to a home environment because it did not consistently support people living with dementia. The provider was trying to develop an open and empowering culture. The registered manager

and deputy manager were person-centred and were working on making improvements with the service. The service worked in partnership with external professionals and organisations.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published on 6 December 2022).

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 improvement had been made and the provider was no longer in breach of regulations, however the service remains requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part by the increased number of notifications of specific incidents, particularly the high number of falls and unexplained injuries. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the Safe question section of this full report.

We initially undertook a focused inspection to review the key questions of Safe, Effective and Well-led key questions only. During the inspection we found there was a concern with a poor and undignified interaction with one person and accessible information so we widened the scope of the inspection to become a comprehensive inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Veronica House Nursing 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. 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 took place over 2 days and consisted of 2 inspectors and a nursing specialist advisor on the first day and 2 inspectors on the second day.

Service and service type

Veronica 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. Veronica House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

The inspection was unannounced on the first day with an announced visit on the second day.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people, 4 people's relatives. We spent time observing care and support. We spoke with 14 members of staff, including the registered manager, deputy manager, area manager, nursing staff, lead, activity, domestic and care staff. We looked at a range of records, including 8 care plans and medicines records, 3 staff recruitment files and the provider's policies and procedures.

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 remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found enough improvement had been made at this inspection and the provider was no longer in breach of regulations.

Assessing risk, safety monitoring and management

- Environmental checks were in place, however on the first day of the inspection we found an unlocked sluice room (room specifically designed for disposal of waste products) in an area that was accessible to people. This should be locked to prevent the risk of the spread of infection. This was immediately addressed by staff at the time.
- Improved systems were in place to record fluid intake.
- Some people were at risk of developing sore skin. We found improved systems were in place to record application of creams and record the frequency people were repositioned.
- A daily flash meeting was held to keep staff informed of changes in people's health.
- One professional we spoke with told us staff were quick to escalate changes in people's health conditions to them and ask for advice and support.

Staffing and recruitment

- People, relatives and staff all shared concerns about the turnover of permanent staff and the high use of agency staff used to cover staff vacancies.
- On the first day of the inspection, the provider had been let down by agency staff that had not turned up for their shift. This had impacted on some people receiving their personal care late. It is acknowledged there is a national issue with the recruitment and retention of care and nursing staff for care homes. It is also acknowledged; the provider had taken reasonable action to try and mitigate the use of agency staff.
- The provider had recruited a number of staff who were in the middle of their recruitment checks. One staff member told us, "The changes to the mental health unit meant we lost a lot of staff and using agency is impacting on care. But the managers are doing their best and staffing is getting better."
- The provider had safe recruitment practices in place. This included references from previous employers, and disclosure and barring services checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People and relatives told us they felt safe living at the service. One person told us, "The staff check on me I'm ok, I do feel safe here." A relative said, "The staff are respectful to [person] and I feel they are safe in care. There's no abuse here."
- Staff knew how and who to report any suspicions of people being abused.
- The provider's processes protected people from the risk of abuse.

Using medicines safely

- People were supported to receive their medicines safely.
- Where people used creams to protect them from sore skin, we found some of the dispense labels were not always clear for staff to read the instructions. There was some inconsistency when writing an opening date on some creams. This is good practice because some creams need to be disposed of within a set period of time.
- The use of 'as required' medicines to support people who could become upset or anxious was limited. Staff were seen to use alternative techniques to help people become calm and more relaxed.
- Medication was stored safely and at the correct temperatures.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider had improved systems in place to review and take learning from safeguarding concerns, incidents, and accidents.

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 remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and/or their relatives were not consistently involved in discussing the care and support they received. One person told us, "The permanent staff know me very well, but I have to keep an eye on the agency staff because they don't always know how to support me how they should."
- The provider had processes in place to assess people's needs prior to them joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- Care records had been reviewed and updated to reflect people's changing needs.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff told us about the difficulties faced by the service regarding the use of agency staff. However, they felt supported by the management team and recognised the provider was trying to recruit more permanent staff on an ongoing basis.
- People we spoke with, and their relatives, all told us they had confidence in the permanent staff's abilities to provide safe and kind care. However, this was not always the case when it came to the agency staff. One relative said, "Every time we come in there's new faces. All the staff are lovely, but they (agency staff) don't always know [person] needs."
- Staff told us the induction and training they received prepared them for their role. One staff member told us, "There isn't any training I haven't done. I have had all the training I need to do my job."

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

- The overall feedback regarding the mealtime experience for people was mixed with some people we spoke with saying the food was 'bland' and 'the same'. One person told us, "I have sometimes found lumps (should be pureed) in my food." We discussed this with the registered manager. They told us this had been identified immediately with the person at the time. Equipment was purchased to make sure, where required, food was correctly pureed.
- The provider had undertaken their own survey to assess people's mealtime experiences. The survey had identified shortfalls in the temperature of the food being served to people with 5 responses referring to the food being 'cold' or 'warm'. This was supported with 2 people telling us their food would be sometimes cold. The survey had also identified a shortfall in meeting people's cultural dietary requirements. The feedback had only just been collated and assurances were given by the provider all the areas identified in the feedback would be addressed and changes implemented.

- People told us they were offered choices of different meals.

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

- Staff understood the importance of working with others to maintain the health and wellbeing of the people who lived at Veronica House.
- We saw people had access to a variety of health and social care professionals and appropriate referrals were made promptly as required. For example, Speech and Language Therapist for people at risk of choking.

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

- At the last inspection a recommendation had been made for the provider to implement best practice and follow the guidance on providing dementia friendly environment, communication and care. We found at this inspection there was still some improvement required.
- Some improvement had been made to the ground floor environment with appropriate dementia signage. However, this was not the case throughout the home with improvement needed for the first floor. Post inspection, the provider has consulted with an interior designer with a view to assessing what improvements could be made.
- We found the corridors and doorways were spacious enough to accommodate mobility equipment and walking aids.
- The provider had repaired and re-opened a hydro-therapy pool. One person told us, "I love the pool, it helps my mobility and eases my pain."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The service was meeting the MCA and records demonstrated this.
- Where people's capacity was in doubt, this had been assessed through a decision specific, mental capacity assessment.
- Appropriate DoLS applications had been made and a process was in place to monitor when DoLS expired and needed new applications to be submitted.
- Staff knew the importance of gaining consent from people. One staff member told us, "You assume people have capacity and if they don't you always offer a choice, like a choice of clothes to wear."

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. At this inspection the rating has changed to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us overall staff treated them with kindness and respect. However, this was not always consistent when agency staff were on duty. One staff member told us, "I've had to tell agency to get off their phones and talk to people."
- Our observations found people were not always supported as they needed. One person was distressed, crying and shouting. We observed staff members standing in the corridor or doorway while the person cried and shouted. We intervened and determined the concern and directed staff accordingly. The person's care plan was amended immediately to reflect their preferred gender of care staff to provide personal care. It was recognised this was an isolated incident during the inspection. However, staff should have responded more compassionately to the distress of the person.
- We did see many positive and kind interactions between staff and people. Relatives told us they could not fault the permanent staff members. One relative told us, "Nothing is too much trouble (for the staff), some of the agency, are good but this is not always the case."
- Staff facilitated access to ensure people's religious needs were met. One person attended their place of worship on a regular basis.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's independence was not always promoted. For example, one person wanted to access the community more to meet people their own age and gender. We spoke with the registered manager about how this could be facilitated. Post inspection, additional support has been provided for the person to meet people outside the care home environment.
- Some relatives of people using the service felt involved in their care. One relative told us: "I would recommend the home. The staff are lovely and genuinely caring people."
- People's privacy was respected.
- Feedback surveys, for example, the catering surveys, were in an easy read format that enabled people to share their mealtime experiences.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

- Some people were involved in decisions about their care, but this was not consistently practiced. One person told us, "I am very involved in my care and tell the staff what it is I need." Another person said, "I haven't seen my care plan, I'd like to see what's written, and I haven't been involved in any care reviews."
- One person shared they had requested support to meet people outside the home, but support with this had not materialised. We spoke at length with the registered manager about how they could help the person with his. Post inspection, the staff have been able to support the person in a more positive and proactive way.

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.

- The provider had not consistently met the requirements of the AIS. While care plans included hospital packs, those living with a learning disability did not have an easy read care plan.
- We were told by the registered manager flash cards were used by staff to help people communicate their needs. During our time on site, this was not observed, and staff had not confirmed these forms of communication were used.
- People whose first language was not English did not always receive support from staff who were able to communicate with them. Post inspection, the provider told us they had engaged the services of advocates who were from the same cultural background and would be making arrangements for them to support these people.
- Feedback surveys were in an easy read format for people to use.

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

- There was a team of dedicated staff delivering activities throughout the home 7 days a week. We saw people genuinely enjoyed the activities they were doing. However, there was room to develop more person centred activities, hobbies and interests for younger people living at the home. This had been identified by the team themselves which they were trying to address.

Improving care quality in response to complaints or concerns

- The service had systems in place to improve care in response to complaints. We saw evidence of the service responding to complaints and concerns.
- People and relatives spoken with were comfortable raising concerns with the registered manager.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death

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. At this inspection the rating 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's systems and processes had not effectively monitored the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements to their governance systems and the service was no longer in breach of the regulation.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improved systems had been introduced to assess, monitor and improve the quality and safety of the service.
- Audits had improved to identify people's daily care needs such as fluid intake which were monitored and targets were met.
- The provider's systems had improved to monitor DoLS authorisations and ensure conditions were actioned in a timely way.
- The provider's systems had improved to ensure staff maintained the required standards of privacy for people and all personal information was kept secure in line with GDPR (General Data Protection Regulations).
- There had been an improvement in gaining people's views about the service and we saw what action had been taken to address any concerns.
- The provider's board had recently changed and an action plan was in place to address the issues identified through their own audits. This included the environment and developing the service to be more person-centred.
- The management team had worked hard to create a learning culture at the service to improve the care people received. New systems and processes had been introduced and we saw the positive effect these were having on the service. However, these new processes required time to become embedded into practice.
- Managers and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.

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

- There had been an impact on the service from the use of agency staff. This had meant people had not always received person-centred care or achieved the outcomes people wanted. The provider was aware of

the challenges this had presented to the service and was taking proactive action to address them as quickly as they could.

- Staff we spoke with felt supported by the management team. One staff member told us, "I'm happy with everything but it would be nice to have stable staff team."
- Regular staff, resident and relative meetings were held and we saw the information gathered through feedback was incorporated into the provider's action plan.

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 registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications [notices registered providers must send to notify CQC about certain changes, events and incidents that affect their service or the people who use it] had been submitted to the CQC promptly.
- Staff understood their roles. There was an organisational structure in place and staff were clear about when and how to raise concerns. One staff member told us, "The managers are excellent, you can always go to them and if I had any concerns, I wouldn't hesitate in telling them."

Working in partnership with others

- The provider was open to working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals. One health care professionals told us the staff team worked well with them.