

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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible life outcomes for themselves that include control, choice and independence.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People did not always receive safe care and were not always protected against financial abuse.

Health and safety checks on the building were not regularly completed to ensure risks to people's safety were minimised. We brought health and safety issues to the attention of the manager on the inspection visit where we had immediate concerns to people's safety. They contacted us following the inspection detailing changes and improvements they had arranged to meet these safety concerns. There were no adequate infection control checks in place which resulted in a heightened potential for cross infection and cross contamination of infections.

There was little consistent evidence that any quality monitoring had been undertaken. The audit systems that were in place were not operated or overseen by the provider to ensure people received a quality service. Staff had limited access to policies and procedures to enable them operate systems effectively and protect people in the home.

Staff recruitment procedures were adequate which ensured people were cared for by staff who had been assessed as safe to work with them. Medicines were stored and administered safely. Staffing levels were adequate to provide good levels of care.

The provider had effective systems in place to assess the needs of people prior to being admitted to the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the Mental Capacity Act 2005 (MCA). Staff had supervision from the manager to ensure they met people's needs. There was enough staff on duty to respond to people's health and care needs.

People were provided with a varied menu which met their dietary and cultural needs. Staff promoted people's privacy and dignity.

People's needs were assessed, and they were encouraged to develop their independence skills, which allowed people to move out of the home to independent living. Staff had concentrated on increasing people's social care, pastimes and independence which were seen as positive areas of change and had a positive effect on people's outlook.

Care plans provided information for staff that identified people's support needs and any risks to their safety and well-being. There was a complaints process in place and management had responded to complaints. Staff had considered people's end of life choices and made reference to this in care plans.

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

#### Why we inspected

The inspection was prompted in part due to concerns received about allegations of financial irregularities. A decision was made for us to inspect the home but not look at the allegations and incidents that were subject to Police and Local Authority investigations.

#### Enforcement

We have identified breaches in relation to the safety of people in the service and safety and monitoring of the environment they live in. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### 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 not 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. 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.

The inspection was prompted in part by the information shared with Care Quality Commission (CQC) about a safeguarding incident that placed people at risk living in the home. We had concerns over people's safety.

#### Inspection team

The team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of experience was mental health services.

#### Service and service type

Venetia House is a care home. People in care homes receive accommodation and nursing or personal care as 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 CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager has been appointed and has commenced the process to register with CQC. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

#### Notice of inspection

The inspection was unannounced. The inspection site visit activity started on 6 August 2019 and ended the same day. We visited the service on 6 August 2019 to see and speak with the people living there, the manager and office staff; and to review care records and policies and procedures.

#### What we did before the inspection

Before the inspection we spoke with local authority safeguarding, contracts and commissioning teams. We reviewed notifications of incidents we received and used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

#### During the inspection

We spent time observing the care and support being provided throughout the home. 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 seven people who lived in the home. We also spoke with the manager, a senior carer, two support staff and the provider.

We looked at the care records for two of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

#### After the inspection

We asked the manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

# 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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- Risks had not been assessed to protect people. Risks around hot water were not assessed to ensure people were safe. Hot water was circulated around the home below the recommended 68C. This allowed a potential for the hot water system to be infected with Legionella. The hot water temperature was then reduced at the outlet. In a ground floor bath this was recorded at 31C. The recommended temperature for full immersion bathing is 43C. Staff recorded these temperatures but had not been trained to recognise potential discrepancies or pass the information on to managers so that action could be taken to remedy the shortfalls.
- Some fire doors were ill fitting and others were propped open. Though regular 'fire checks' were in place, staff had not recorded any issues. This would not protect people in the event of a fire.
- Information and data sheets for the Control of Substances Hazardous to Health (COSHH) were not available for staff. This meant that staff would not have vital information if a chemical accident occurred.

Preventing and controlling infection:

- People were not protected by the control of infection. People were not protected from the risk of infection because systems and processes did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- Mops and buckets used to clean and disinfect the floors in toilets and public areas were stored outside the kitchen door, uncovered and open to the elements. These posed a clear cross infection and cross contamination issue. The colour coded mops, used to distinguish which area they should be used in, were stored in the buckets. The way the mops were stored would not allow them to 'air dry'. There was no plan of mop head replacement or disinfection programme. All these issues increased the potential for cross infection and cross contamination.
- We asked the manager for the cleaning schedules and infection control audit, but these could not be found. We asked the manager to urgently undertake an infection control audit to ensure people were protected. This meant there was no planned intervention in place to improve the environment. This placed people at risk from the potential for cross infection and cross contamination issues.
- We asked the manager to send us the training records, so we could confirm what infection control training had been undertaken by staff. This indicated 10 of the 21 staff had been trained. This meant we were not assured staff provided a safe service for people. We asked the manager to show us the policy and procedure and cleaning protocols on infection control. They stated these did not exist. Therefore, staff remained without adequate training or instruction on how to keep people safe and the home clean and hygienic.

We found no evidence that people had been harmed. However, these systems were either not in place or

robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 – Safe care and treatment – of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from abuse. Our inspection was prompted in part by allegations of people's finances being mismanaged and not used appropriately. We found that failures within the management systems and oversight of people's finances had been poor. This had led to incidents where people's personal finances had been used to pay for things not related to them, and without their knowledge or consent.
- At the time of our inspection, there was an ongoing investigation into these concerns by the police.

This was a breach of Regulation 13(1) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe in the home. One person said, "I've got a bedroom and bathroom downstairs because it's easier for walking. I'm not allowed upstairs as the stairs are dangerous. I feel safe where I am." A second person said, "I feel safe."
- People were supported by staff who were now aware of the signs of abuse and knew how to report any concerns. Staff completed safeguarding training during their induction and received regular refresher training.

Using medicines safely

- People were supported with their medicines by staff who had been trained in the safe administration of medicines. One person said, "I prefer staff to give it [medicine] to me, I might mix it up."
- Staff were regularly supervised by the manager to ensure they followed the medicines training and ensure people were provided with their prescribed medicines. Staff completed a record of each medicine, which allowed systematic audits to ensure people had received the correct medicines.
- Medicines were safely stored, and we saw staff had correctly completed medicine administration records. The manager showed us a cabinet for additional medicines which had yet to be permanently fitted in the medicines room. They said this would be completed promptly.
- Temperatures had been recorded where medicines had been stored in a fridge. All the recorded temperatures were within the limits set for medicines storage.

We recommend the provider consider current guidance on medicine storage and record storage temperatures of the medicines store.

Staffing and recruitment:

- Staff were employed in numbers that allowed staff to complete care in a relaxed and unrushed way.
- Staff told us people had their rostered hours reduced. We spoke with the manager who confirmed they had reduced staffing hours in line with reductions imposed by the local authority. They said there had been some impact on individual people, but this had been minimised by people being encouraged to go out in small groups.
- Safe recruitment and selection processes were followed. Robust pre-employment checks were carried out before staff were employed. Staff personnel records included competency assessments, verified references and right to work in the UK checks.
- 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.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The range of training offered to staff was previously ineffective and failed to ensure staff were trained to safeguard and protect people from abuse.
- The manager had planning in place for all staff to attend face to face refresh training to ensure their knowledge was enhanced and updated.
- Staff told us they felt induction training was good and enabled them to commence their roles effectively. One person said, "They most certainly do have [training] skills. It's good the way they do things, I'm happy and contented." A staff member said, "Induction training was good, I completed that before I started shadowing other staff in the home." Another member of staff said, "I've done all my training. I would like to do dementia training." We spoke with the manager who said additional staff training was being looked at.
- Staff now had regular supervision with the manager, which also included spot checks to ensure staff adhered to the revised training provided.

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

- People's needs and preferences were assessed prior to their admission. The assessments included information about their physical and health needs, emotional needs, ability to communicate; relationships and how best to support them to make choices.
- This information was then used to inform people's care plans. Most people had been re-assessed and changes were clearly recorded and communicated with staff.

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

- People were offered a suitable diet that met their nutritional and cultural needs. One person said, "Food is good and there are good choices." A second person said, "The food is alright, yes."
- People's requirements around eating and drinking were clearly documented. Changes to menus were discussed at regular meetings. The home had a varied menu which was planned in advance taking people's choices and preferences into consideration. The menus were not currently produced in an 'easy read' or pictorial format. We spoke with the manager who said they would consider this in the future but currently there was no one in the home who would benefit from this.
- When people required support to eat, staff did this sensitively and discreetly.

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

- Staff helped people access healthcare services.

- People living at the service had regular access to a range of healthcare professionals in the community or who visited the home.
- People were supported to receive good care when they had to transfer between services. For example, each person had an 'emergency grab sheet' which included information for a hospital admission. This contained vital information including their health conditions, medicines and communication needs.

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

- The home was in a good state of repair and equipped to meet people's needs. Communal areas were bright and comfortable and led to an outside area with a large pleasant garden.
- People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. The manager said people could bring in items of furniture as long as they met the fire regulations.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been considered at the time of their assessments and was updated regularly. We heard care staff seeking consent from people before offering support to them.
- Care plans included consent forms for a range of areas including personal care and sharing information with other agencies. We saw evidence that staff had consulted with relatives and professionals involved in people's care to ensure that all decisions were made in people's best interests.
- Staff demonstrated they were aware of how to safeguard people. One staff member said, "I've been employed here for over 10 years and had training in safeguarding, you don't discriminate against people."
- Where people's freedom was restricted we saw the manager had applied for, or been granted a DoLS. Where these had been granted we saw that none had conditions set by the local authority.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness and compassion by a caring staff group. Interactions with people throughout the inspection showed that people were treated respectfully. One person said, "[Named staff] is lovely and [named staff] is very caring."
- We saw that people living in the home had the opportunity of involving of an independent advocate, though there was no evidence of advocate's contact details displayed in the home. We were assured that people were supported adequately to make informed choices due to the increased visits from staff at the local authority. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives.

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

- People told us they were involved in reviewing their care plan. However, we could not evidence this as there were no written records of people's involvement or where people had signed to agree their care plan.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity of a front door and bedroom door key. This provided people with a feeling of ownership and promoted their wellbeing. One person said, "They respect and care for us. I know they do respect us."
- We observed staff respected people's privacy and dignity, and heard staff knocking on people's bedroom doors before announcing themselves and entering. That demonstrated staff were aware of the need to ensure people's privacy and dignity.
- The home provided two double bedrooms for people. Those people that shared these rooms had done so for an extended period of time. The manager stated anyone new that had to share a room would have to agree as part of the assessment process, which would include the agreement of the person currently living in the room.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Care plans we reviewed were well detailed, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission paperwork was included in most people's plans. Where this was missing from the original document, additional information was included in the re-assessment paperwork that had been recently updated. There was detailed information about people's past history, likes, dislikes, wishes and aspirations and an up to date photograph in people's files. Staff demonstrated they were aware of people's individual needs. One person said, "I get the care I want, they help me with showers and they are very good at that."
- We spent time and observed people in the public areas of the home. Some sat around watching television with staff, whilst others remained in their bedrooms. Several people were taken out to a day centre for a regular pre-planned art class and another person went out shopping. One person said, "I go to college sometimes and the day centre, I do art work and cooking. I do my own cooking here now, I cooked fish myself last Friday."
- People had regular planned activities which in part have developed their self-help skills and provided them with meaningful pastimes, with a number of people having a front door key and so could come and go independently. People were supported to follow their hobbies or interests and there was evidence where a person's self-help skills had been used to support a move to independent living. One member of staff said, "I love this job, its homely. We do things with people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were communication passports in care plans for those who required them. Communication passports are a means of communicating people's support needs, where the person is unable to express those needs verbally or has a cognitive impairment that reduces their ability to communicate on a temporary or permanent basis.
- We asked the manager about the accessible communications standards. The accessible information standards allow staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and /or sight loss, or communication debility caused by a life changing event. The manager was aware of the need for assessment but said no one currently required this.

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

- People were supported to maintain relationships with people who were important to them.
- Relatives and friends could visit the home at any time and told us they were made welcome by the staff team.

#### Improving care quality in response to complaints or concerns

- People were aware they could make a complaint about the service. "One person said, "If I have concerns I'd speak mainly to [named staff] the manager, or all of the staff if they are not there. They're all very good - I can't fault them." A second person said, "I've no complaints - there is really nothing to complain about."
- The provider had copies of the complaint's procedure placed throughout the home.
- The provider had systems in place to record complaints. Records demonstrated the service had received two written complaints, which had been responded to by the manager in writing.

#### End of life care and support

- End of life planning had been recognised in care and support plans. The manager said discussions had taken place with everyone in the home, but some people did not wish to participate in this process.

# 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 Good. At this inspection this key question has now deteriorated to 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.

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

- The provider had undertaken limited governance or audits of the systems used to support people and staff in the home. There were no audits of infection control or the environmental safety within the home. Temperatures of hot water were not adequately monitored or regulated which placed people in danger.
- There was limited access to policies and procedures. This meant the staff had inconsistent guidance to keep people safe or operate processes in the home. The staff training records were not up to date and many courses had been allowed to lapse. There was limited supervision of staff to ensure the safety tests they carried out were effective in protecting people.
- The provider lacked the oversight to ensure the safe and effective running of the home, which impacted on the quality and safety of the service offered. Quality assurance and governance were not used effectively to drive continuous improvement in the home.

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 a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The recently appointed manager had commenced a number of processes to ensure people were cared for and supported safely in line with current legislation. At the time of our inspection visit, the manager had only been in post a short time and had commenced the process of updating staff training and providing consistent guidance for the staff. One person said, "The atmosphere's changed since [named previous manager] has gone. [Named new manager] is approachable and nice."

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

- People who used the service confirmed they were provided with questionnaires to rate how well the service performed.
- The manager said they were aware questionnaires had been provided to people in the past by the previous registered manager, however, they could not find these. The manager showed us the

questionnaires that they had prepared to distribute to people in the home and others to people's relatives, staff and visiting professionals.

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 manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently from the last inspection.

Continuous learning and improving care

- People told us there were regular meetings to discuss any issues that had arisen at the home, which had been acted on. One person said, "There are regular house meetings, I always attend." Another person said, "The meetings are about house rules and food etc."
- Staff said the manager was accessible and approachable and dealt with any concerns they raised. They added they felt confident about reporting any concerns or poor practice to the manager or senior care staff.

Working in partnership with others

- The manager demonstrated how they worked in partnership with local hospitals, the local authority social care and safeguarding teams and other healthcare professionals.



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  Systems were not robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not protected against abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were inadequate systems and processes to enable the provider and staff to oversee the quality of service provided.