

Veronica House Limited

# Veronica House Nursing Home

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Veronica House Nursing Home is a care home providing personal care and nursing for up to 52 people. The service supported people with mental health conditions, physical disabilities, older people and people living with a learning disability and/or Autism. At the time of the inspection, the service supported 37 people, of whom only a small number required learning disability and/or Autism support.

The home is a purpose-built property set over three floors each separated into two smaller units. Each floor has communal lounge areas and separate dining areas. All bedrooms have en-suite toilet and showers. At the time of our inspection the third floor of the home was not in use, but the provider planned to re-open this again in the future.

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

The provider's oversight of the service had not identified some of the shortfalls we found at this inspection. Systems and process in place to monitor the safety and effectiveness of the service required improvement.

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 assessments and judgements about services supporting people with a learning disability and autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The provider was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

### Right support

People, relatives and staff told us more staffing was required to ensure people's holistic needs were met in a timely way. People also told us the high use of agency staff meant that care was sometimes provided by staff who did not know their choices and preferences. The provider told us they had recently completed recruitment of staff to address these issues. Staff recruitment is a known difficulty across the adult social care sector. People's risks had been assessed; however incomplete records meant we could not be assured all risks were fully addressed. People were supported with their medicines safely.

### Right Care:

Staff received training to support people's individual needs. New processes were in place following previous incidents relating to people's specific dietary needs to ensure they were supported effectively. However, people, relatives and staff all told us the choice and quality of food required improvement. Staff took part in regular testing for COVID-19. People told us staff respected their privacy and dignity when providing care and support.

### Right Culture:

There were a number of areas we identified as requiring improvement during the inspection. Whilst the provider had systems in place to identify these, the systems had not been effective in ensuring the required changes had been made in a timely way. The recruitment process could be improved further to ensure it contained all relevant documents such as staff photographs. Staff had training on how to recognise and report abuse and felt confident that action would be taken. People were supported to access healthcare services where required and we received some positive feedback from healthcare professionals. We saw the service worked closely with healthcare professionals. The environment did not support people living with dementia and the provider had not provided information such as menus in a format that supported people's needs.

We have made a recommendation that the provider implement best practice and follows current guidance on providing dementia friendly environment, communication and care.

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

The last rating for the service was good, (published on 18 December 2019).

### Why we inspected

We received concerns in relation to the safety of people with allegations of abuse and poor care standards. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Veronica House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

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 monitor the service and take further action if needed.

We have identified two breaches of regulation in relation to safe care and treatment and governance processes in monitoring the overall quality of the service being delivered to people.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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 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 team comprised of one inspector and one nurse special advisor (SPA).

#### Service and service type

Veronica House Nursing Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 23 August 2022 and ended on 06

September 2022. We visited the service on 23 August 2022. We agreed with the provider to return on 31 August 2022 to collect further information. We made calls to relatives of people living in the home on 26 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service. 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 also spoke to two relatives by telephone.

We spoke with 11 members of staff including care staff, nurses, the chef, the registered manager, deputy manager and clinical lead. We also spoke with the providers regional manager and Group Head of Quality and Clinical Governance. We spoke with one health and social care professional and received written feedback from three others.

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

# 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 we rated this key question good. At this inspection the rating has changed 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

- Some people were at risk of dehydration. We found systems in place to record fluid intake were not effective, therefore we could not be assured people received enough fluids to maintain their wellbeing. We discussed this with the management team who took immediate action following the inspection to put a new system in place to review this information each day.
- Some people were at risk of developing sore skin. We found systems in place to record application of creams were not effective; therefore, we could not be assured people were being supported as required to minimise the risk of developing sore skin.
- Staff told us communication could be improved to advise them of changes in people's health. A handover was in place at each shift change but did not include care assistants. A staff member said, "[Communication] could definitely improve, it's quite fragmented."
- We found examples where risks in relation to people's care were escalated to the relevant healthcare professionals for advice and support. For example, where people were at risk of falls referrals had been made to the falls clinic.
- Environmental checks were in place, however on the first day of the inspection we found black bags had been left in front of one fire door. This could pose a risk to people exiting the home in the event of a fire. We also 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.

### Preventing and controlling infection

- We were not assured the provider was promoting safety through the infection control practices of the premises. Cleaning schedules showed one person's bedroom had only been cleaned eight times over a three-week period. The provider stated they would expect rooms to be cleaned each day where people agreed to this, therefore the cleaning standards were not meeting their own requirements.
- People, relatives and staff told us they felt the levels of cleanliness could be improved and we saw evidence to support this. One person commented to us, "Standards are really poor."
- We saw concerns had been raised at the 'Ladies and Gents' meeting on 14 June 2022, when one person commented, "My bedroom used to be cleaned every day and now it is being cleaned every three days."
- Equipment was not always maintained. We saw worn bed ends in three people's room. This meant infection control would not be effective when cleaning the beds. When brought to the attention of the provider they advised the bed would be replaced. One room also had stained carpet. The provider told us this had previously been deep cleaned; but said it would be immediately recleaned and with agreement of the person had agreed to install new vinyl flooring.

- We also found some medical equipment, for example, a blood pressure cuff needed cleaning. This was acknowledged by the nurse on duty and added to the cleaning record.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

#### Learning lessons when things go wrong

- The provider had systems in place to review and take learning from safeguarding concerns, incidents and accidents. However, we found that following one safeguarding incident where it was alleged someone had not received enough fluids, actions taken to monitor people's fluid intake had not been effective.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People, relatives and staff all shared concerns about insufficient staffing levels and the number of agency staff used to cover staff vacancies.
- There were not enough permanent staff. We looked at staff rotas for the last four weeks and this did show high use of agency staff on some days, which we discussed with the provider. They acknowledged this and advised they had recently completed a recruitment drive to employ more permanent staff. They told us a dependency tool was used to calculate staffing numbers and staffing levels were under constant review. Staff recruitment was ongoing and is a known difficulty across the adult social care sector.
- The provider followed safe recruitment practice. This meant checks were carried out to make sure staff were suitable to work in the home. 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. However, improvement could be made to ensure staff photos were kept on file.

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

- Staff had completed safeguarding training and were able to describe signs of abuse and what action they would take. Staff understood their duties to protect people and told us they felt confident to tell the manager if they had concerns. One staff member told us, "I would feel comfortable to raise [concerns] and I 100% know action would be taken."
- Safeguarding concerns had been investigated by the clinical lead, who had also liaised with the appropriate health professionals.

#### Using medicines safely

- Areas of medicine management could be improved. For example, medicines should be stored in a way that means they are safe, however, two medicine trolleys were not secured to the wall. We also found gaps in the temperature recordings for the medication fridge. It is important that medicines are stored at the temperature stated by the manufacturers to ensure they remain effective.
- Stock was not always safely managed. We found out of date needles and sterile water that should have been disposed of. In line with best practice medical tubing stored under the hand basin should also be moved. We also discussed that all records should indicate if people had any allergies or not. We shared these areas with the provider who took immediate action to address them.
- Systems were followed for ordering and receiving medicines. Medicine administration records (MAR) were in place. Detailed protocols to provide staff with clear guidance when administering medicines prescribed to be taken, 'as and when required' were also in place.
- Following the inspection, the provider told us a new daily medication audit had been implemented. We



cannot comment on the effectiveness of this as it only started after the inspection.

#### Visiting in care homes

- The provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

# 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 we rated this key question good. At this inspection the rating has changed to 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

- All staff told us people were safe but said, people would sometimes need to wait for assistance such as; waiting for staff to support with a wash in the morning. This was confirmed by people and relatives we spoke with, who also told us they had to wait for assistance. One person commented, "Not as many staff as there used to be, I feel I have to do stuff myself." One relative also commented, "[Persons name] is frequently not shaved. It's okay if regular staff are on but it's not done when agency staff are on." On the days of the inspection we observed staff to be busy but attentive to meeting people's care needs.
- Two staff also commented that they felt less able to support people in maintaining their independence. One member of staff commented, "You've got no time to spend with people, [so] can't encourage independence."
- We saw people had raised this concern at the 'Ladies and Gents' meeting on 09 May 2022. Minutes from the meeting show one person commented, "One thing I object to, I called the bell and was told they would be back and was left for 20 minutes." The registered manager told the people attending the meeting that this would be monitored going forward.
- People and staff all told us that a number of agency staff were used to cover staff vacancies, and this impacted on the care provided as agency staff did not know people and how they preferred their care to be provided. For example, one person told us staff kept giving them food they did not like. They said, "I've told them again and again I don't like it. It puts me off the meal. They should know by now." Relatives also told us of the impact of agency staff. One relative commented, "[Person's name] has found it really upsetting. There's nobody they feel they can tell things to because they don't know them [agency staff]."
- Following the first day of the inspection the provider had introduced a call bell audit to assess call waiting times. The effectiveness of this audit could not be assessed at the time of the inspection. The provider confirmed they had identified the current call bell system did not produce audit reports and they were now in the process of replacing the call bell system for a new system that would give automated reports on waiting times.

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

- People, relatives and staff all told us that menus could be improved to give more choice. On the first day of the inspection the lunch menu showed a choice of roast chicken or vegetarian option. People we spoke to felt this was a limited choice, compared to previously when they were offered a choice of two hot meals. We were told people could ask for a jacket potato or sandwich if they preferred but one person commented, "I've had so many baked potatoes I'll end up looking like one!"
- Meals not were not effectively spaced throughout the day. For example, the main lunch time meal was at

12-12;30pm and then dinner was at 4pm. People and relatives told us this meant they did not have access to snacks or food from 4:30pm through to the next morning. We spoke to staff who showed a stock of snacks that they told us were available if people asked. The chef confirmed that there was no specific reason why mealtimes were at the current times. The registered manager had sought resident's agreement to move the main hot meal from lunch time to later in the day when dinner would now be trialled at 5pm. Following our inspection, we were advised that the staff met with people to collate information on their meals preferences and menus were being reviewed to include new meal choices.

- We saw people had raised concerns at the 'Ladies and Gents' meeting on 09 May 2022. One person commented, "The meals have not been good this week." Concerns had also been raised at the 'Ladies and Gents' meeting on 14 June 2022, when one person said, "On Sunday, I didn't have a pudding I asked for yoghurt, and we didn't have any." Another person added, "There is not many options on the menu."
- We spoke to the registered manager and the chef about the concerns raised by people. We were told some problems had been addressed and the kitchen was now fully staffed. The chef also advised delivery problems had meant some foods were not available on occasion. However, the provider had arranged for a new ordering and delivery system to be in place from early September and stated this would address these issues.
- People had nutritional care plans in place. These stated the person's nutritional needs, any specific requirements and how to meet them. Following recent incidents where people were at risk because food had been given that did not meet their dietary requirements, the provider had put additional measures in place and retraining for staff had been arranged.
- We saw people were supported with meals that reflected their cultural and religious needs.
- Best practice to support people living with dementia was not followed. We observed the midday meal and found food was not plated and shown to a person so they could make a visual choice and picture menus were not available. We found staff made food choices for people living with dementia based on what they liked. This meant people living with dementia did not have the same opportunity to have a choice as others.

We recommend the provider implement best practice and follow current guidance on providing dementia friendly environment, communication and care.

Staff support: induction, training, skills and experience

- People and relatives spoke highly of the permanent staff. One relative told us, "They [staff] are very good. They are kind and caring and know what they are doing."
- People were supported by staff who were suitably trained, and staff confirmed they received regular supervision meetings where they had the opportunity to discuss their work.
- Staff had completed training in core subjects to support them in their role. Following the more recent admission of people with mental health conditions, staff were being supported with specific training. Staff were not able to work with people requiring this support until they had completed the training. One member of staff said, "Face to face training, was really good and has made us feel more confident in supporting people."

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

- Veronica House was a purpose-built care home. The environment was suitable for the needs of the people who used the service and corridors and doorways were spacious enough to accommodate mobility equipment and walking aids. However, there was limited dementia signage around the home. Signage benefits people with dementia and supports their independence, confidence and wellbeing as they navigate around the home.
- People's bedrooms were personalised with objects and pictures of their choice.
- There were comfortable places for people to sit and socialise or spend time quietly.

We recommend the provider implement best practice and follow current guidance on providing dementia friendly environment, communication and care.

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

- People's healthcare needs were recorded. Care records included details about people's medical history and ongoing health needs.
- The provider involved health and social care professionals when needed and responded to recommendations from them. One healthcare professional commented "The staff make appropriate healthcare referrals and all [provide] the relevant information for referrals." They added, "I know the staff well and they implement changes immediately."

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully.
- We found a record was maintained when DoLS authorisations were in place. However, we discussed the need for the provider to ensure any conditions that form part of the approval are completed in a timely way. For example, we found one condition had not been actioned until eight weeks after the approval was made.
- Although staff confirmed they had received MCA and DoLS training, some staff we spoke with had limited knowledge. However, throughout the inspection, we saw staff asked for people's consent before commencing any support tasks.

# 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 we rated this key question requires improvement. The rating for this key question has remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture did not always support the delivery of high-quality, person-centred care.

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

- At the inspection we found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. The provider had processes in place that identified some of the issues highlighted in the inspection, however, the processes had not been effective in ensuring action was taken in a timely way.
- Actions identified were not completed at the time of the inspection. Provider processes had not been effective in making timely changes when people raised concerns with care waiting times and food choices at the 09 May 2022 and 14 June 2022 'Ladies and Gents' meetings.
- Wide ranging quality assurance processes were not effectively completed. For example, people's daily care needs such as fluid intake were not monitored to identify where targets were not met. Environmental checks such as bedroom and equipment cleaning were not completed frequently. This meant opportunities to improve people's care and experiences were not identified.
- The provider systems were not effective in ensuring conditions attached to DOL authorisations were actioned in a timely way.
- The provider systems not been effective in ensuring that that staff maintained the required standards of privacy for service users and that all personal information was kept secure in line with GDPR (General Data Protection Regulations). On the first day of the inspection we found six daily record folders showing service users personal details were on display in the ground floor communal corridor. This was addressed immediately by the provider.
- The provider systems had failed to identify where windows restraints required maintenance. On 31 August 2022 the inspection found two windows where restraints had been disengaged. This was addressed immediately by the provider.
- Staff training was not effective in ensuring that staff maintained a safe environment. On the first day of the inspection we found black bags placed in front of a fire door and a sluice [locked room specifically designed for disposal of soiled items] was unlocked.
- People felt their views were not always listened to. Two people told us the two most recent residents' meetings had been cancelled which they felt gave them less opportunity to feedback about the service. On the second day of the inspection, one person said, "The last two [have been] cancelled..... but yesterday [29 August 2022] we had one arranged at short notice. No use anyway it falls on deaf ears."
- We looked at resident meeting notes for 09 May 2022 and found people raised concerns about waiting times for care. They were advised this would be monitored. However, the inspection found that a call bell audit was not started until 23 August 2022.

- Relatives also told us they felt meetings could be more frequent and include representatives from the provider to give more oversight to the changes being made. for disposal of soiled items] was unlocked.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were open and very receptive to our feedback. They acknowledged where improvements could be made and took immediate action on some matters. For example, where we raised concerns about the environment a managers walkaround record was immediately put in place. These will record checks made by the management team each morning and the actions to be taken.
- The provider had a system in place, where incidents reports and concerns were escalated to senior managers who had oversight of the service.
- The provider representative was carrying out a routine visit of the service at the time of our unannounced site visit. We saw there was a close working relationship between them and the management team.
- The provider told us they had regular meetings and events with managers from the providers other registered services, from across the region. They told us these meetings provided an opportunity to share learning and good practice.

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

- People and relatives told us they felt care at the home needed to improve. Although they appreciated changes had been made, which needed time to settle in, they now wanted to start to see some improvements.
- Staff felt supported by the registered manager in many aspects but felt more improvement was needed. For example staffing levels; cleanliness and more support from the management team out on the floor to ensure standards of care where maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a registered manager in post. 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. However, some staff felt there needed to be better deployment and management of staff on each unit to ensure consistency of care.

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 which promoted positive outcomes for people. Three health and social care professionals told us the staff team worked well with them.

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
Treatment of disease, disorder or injury	We found the improvements were required to ensure people's safe care and treatment.

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  Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.

**The enforcement action we took:**

A warning notice was issued.