

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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 8 March 2017 and was unannounced. At our last inspection on 20 July 2016 we found three breaches of legal requirements. This was because with continued to have concerns regarding the management of medicines, systems were not in place to ensure the appropriate recruitment checks were in place prior to employing new staff and there were a lack of systems or processes in place in order to ensure the service operated effectively and complied with the requirements of the regulations.

Following the inspection, the provider sent us an action plan, telling us how they intended to meet the legal requirements in relation to the breaches identified.

We undertook this unannounced focused inspection on 8 March 2017. This inspection was to check that the provider had followed their action plan and to check that they were meeting the legal requirements. At this inspection, we found that the areas for improvement identified on the action plan had been met. This report only covers our findings in relation to the regulations that had not been met at the previous inspection.

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

Veronica House provides accommodation for up to 52 people who require nursing or personal care, for younger or older people, people with a learning disability or a physical disability. At the time of the inspection there were 21 people living at the home.

There was a new manager who had been in post since November 2016 and had recently become registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made in relation to how medicines were managed and administered to people. People received their medicines safely and effectively and staff practice was regularly observed and additional training provided where required.

There was a robust recruitment system in place to ensure that people were supported by staff who were safely recruited.

People and relatives were complimentary about the care and support received. People and staff all told us that the registered manager was approachable and supportive and commented positively on the improvements made to the service since his arrival. The registered manager had worked hard to engage staff and bring them on board with his vision of the service. There was a positive and open culture and staff were enthusiastic about the improvements planned.

The registered manager had introduced a number of audits in order to assess the quality of care delivery. The audits covered all aspects of care delivery and provided the registered manager with the information required to enable him to identify any areas for improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of the service.

People received their medicines safely and effectively. People were supported by staff who had been safely recruited.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve the running of the service.

People and staff were complimentary of the new registered manager and the improvements he had introduced to the service. Staff were on board with the registered manager's vision for the service and felt supported and listened to. Areas for improvement were identified and regularly reviewed. There were a number of audits in place to effectively assess and monitor the quality of the service delivered.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

# Veronica House Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following our comprehensive inspection in July 2016, we met with the provider in September 2016 to discuss our concerns and the lack of progress to address some of the issues raised. We discussed the importance of action being taken to improve where ratings of Requires Improvement are made and our concerns that there continued to be areas for improvement found. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting legal requirements in relation to those questions.

We undertook an unannounced focused inspection of Veronica House Nursing Home on 8 March 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of July 2016 had been made.

The inspection was undertaken by one inspector and a pharmacy inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also spoke with the local authority commissioning team.

We spoke with five people living at the home and one relative. We also spoke with the provider, the registered manager, the clinical lead, two nurses, three care staff, the administrator and a training officer.

We looked at the care records of three people living at the home, seven staff files, training records, accident

and incident recordings, 10 medication records, staff rotas, action plans and quality audits.

# Is the service safe?

## Our findings

When we inspected the service in July 2016, although we noted some improvements in the management of medicines at Veronica House, we continued to have concerns regarding this and the service remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. An action plan was put in place and at this, our most recent inspection, we found that the areas for improvement identified on the action plan had been met.

People received their medicines safely and when they needed them. We spoke with one person who required one of their medicines to be administered at specific times during the day and they told us, "Yes I get my medicine on time". Another person we spoke with said, "I asked them if I could look after some of my medicines and I was really pleased as they agreed, however they do keep a close eye on me".

We sampled the Medication Administration Records (MARs) and found that they had been correctly completed and demonstrated people were receiving their medicines as prescribed. Where medicines were prescribed to be administered 'when required', there was robust information available for the staff to be able to administer these medicines safely and when people required them. We saw that medicines were kept securely and at the correct temperature. We found that where people needed to have their medicines administered directly into their stomach through a tube, the provider had ensured that the necessary information was in place to ensure that these medicines were administered safely.

We found body maps had been introduced to show the trained carers where topical preparations were to be applied to the body. However the corresponding topical application record was not always being completed and therefore these records were not able to demonstrate that the topical preparations were being applied as prescribed.

At our last inspection in July 2016, we found that references had not been obtained for a number of staff who were employed by the home. This meant the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this, our most recent inspection, we found that all staff employed by the service had the appropriate checks in place, including two references, prior to commencing in post. The registered manager had introduced a new system to ensure that these checks were carried out by a designated member of staff, for each potential employee, before a formal offer of employment was made. We saw evidence of the new system in place and the appropriate checks being made for new members of staff. This meant systems and processes were now in place to ensure people were supported by staff who had been assessed as being appropriately experienced and skilled in order to meet their care needs.

We saw where accidents and incidents took place, they were recorded, reported and acted on appropriately. Systems were in place to analyse these incidents to identify any trends. For example, the registered manager had identified three medication errors in January which prompted him to ensure nurses' competencies were reassessed and we saw evidence of additional training being provided to nurses.

## Is the service well-led?

### Our findings

At our last inspection In July 2016, we found there were a lack of systems or processes in place in order to ensure the service operated effectively and complied with the requirements of the regulations. The provider at that time, had failed to ensure the requirements of the action plan that had previously been submitted, had been met. This meant the provider was in breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) 2014.

At this, our most recent inspection, we found that improvements had been made to address the areas of concern. Since the last inspection, a new registered manager had been appointed to the home. We saw that the registered manager had taken on board all areas of concern that had been previously raised and had put in place a number of actions to address these. For example, there was now a robust recruitment process in place to ensure all appropriate checks were made before staff commenced in post, including the taking of references to establish that staff employed were of good character. We saw that accidents and incidents were logged consistently and analysed for any trends. Where trends were identified, lessons were learnt and actions were taken. We saw that care plan audits had been completed and plans were in place to move across to a new electronic care recording system. Arrangements were in place to obtain feedback from people regarding the quality of care received through meetings and there were plans for a customer satisfaction survey. We saw work was in progress to ensure people's care plans held personalised information to assist staff in providing people with a service that met their individual needs. We saw that induction for new staff was supportive and provided staff with the assistance, guidance and training they required in order to support people safely and effectively. Formal staff supervision was taking place and staff told us they felt listened to and had a 'voice'. The registered manager had told us when they first arrived in post, one of the first things they did was arrange to have a one to one meeting with each member of staff in order to introduce himself and get to know them individually. A member of staff told us, "I had a 1:1 meeting when he [the registered manager] came in, it was good, he got to introduce himself and got to know staff".

Staff told us they felt supported and listened to. A member of staff described how supportive and fair the registered manager had been when they had some personal issues to deal with. Other comments from staff were equally as positive, for example, "I've had a supervision meeting. I can express any concerns I have or request any training. We had a meeting with [registered manager's name] about the shift patterns. Everyone felt confident they were able to speak their mind" and "[Registered manager's name] has brought in lots of improvements; you can talk to him he is really approachable".

There was a positive and open culture within the home. The registered manager had a good relationship with the providers who were complimentary about the improvements he had introduced. The registered manager told us "They [providers] are absolutely 100% supportive, anything I think is important they will listen to me".

We asked people living in the home about the new registered manager, they knew who he was and told us he had introduced himself to them. We saw he had a visible presence in the home and a good knowledge of



the people living there and the staff who supported them.

The registered manager had also introduced a number of audits and quality assurance systems throughout the service, providing opportunities to learn from any errors or any other concerns that had been raised. For example, concerns regarding medication management had been addressed and systems were put in place to closely monitor the administration of medication on a weekly basis. The registered manager told us, "I believe in monitoring [medication records] weekly has helped tighten up any medication gaps". The registered manager told us [when referring to the medication errors], "Staff are encouraged to come forward and be open and honest and they were".

From our discussions with the registered manager, it was clear that he had worked hard in a short space of time, in order to get an understanding of the service and what needed to be done to improve the delivery of care. When he first arrived in post, as well as introducing himself to people living in the home and speaking to all staff, he wrote to all families to introduce himself and invite them in for meetings. A relative told us, "[Registered manager's name] is very open, he had a relatives meeting to introduce himself. Communication is very good, any problems and he will sort them". We saw evidence of the registered manager making a number of changes in how the service was run, which had a positive impact on the day to day running of the service. For example, the registered manager told us of his plans to ensure all care staff were involved in daily handover meetings to improve communication across the home. A member of staff told us, "He [registered manager] said at the staff meeting it's a good idea for carers to sit in on handover and everyone is ok with it". It was clear from our conversations with staff that the registered manager had made great efforts to get staff on board with his vision for the service. Staff were engaged in the vision for the service as it was clear they felt included and were motivated to work alongside the registered manager in order to provide a quality service for the people living at the home. A member of staff told us, "[Registered manager's name] is more organised, any problems and it's dealt with straight away. His office is always open, you can go in and he will deal with whatever the problem is and then tell you what he's done".