

Beling & Co Limited

Wensley House Residential Home

Inspection report

Bell Common
Epping
Essex
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Tel: 01992573117

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wensley House is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 48 people. Wensley House accommodates people in one adapted building across three floors.

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

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people were identified and assessed to keep them safe. Sufficient numbers of staff were available to support people living at Wensley House and to meet their needs. Recruitment practices were robust to make sure the right staff were recruited. Medication practices were safe, and people received their medicines as prescribed. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were being learned and improvements made when things go wrong.

Improvements were required to ensure enough members of staff were appropriately trained relating to first aid and medication. The latter specifically related to night staff. Improvements were also required to make sure all staff received regular formal supervision. The dining experience for people using the service was not always as positive as it should be, however this improved on the second day of inspection. People received enough food and drink to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support.

People were in general 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.

People and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

Though each person had a plan of care detailing their care needs and how these were to be met by staff, shortfalls were identified with some of the information recorded. People were supported with 'in-house' social activities, but improvements were required to enable people to access the local community,

particularly as the service's proximity to Epping town centre and Epping Forest is close. The service is not fully compliant with the Accessible Information Standard to ensure it meets people's communication needs. People and those acting on their behalf were confident to raise issues and concerns and felt listened to. At the time of this inspection, no-one was requiring end of life care support. The management team knew how to seek support from the local palliative care team.

Governance arrangements were much improved, but progress was still required to make sure improvements made were sustained in the longer term.

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

The last rating for this service was 'Requires Improvement' (published February 2019) and there were three breaches of regulation. Enforcement action was completed whereby the Care Quality Commission imposed conditions on the provider's registration. The provider completed an action plan after the last inspection in December 2018 to show what they would do and by when to improve.

The service remains rated requires improvement, but the Commission acknowledges significant improvements have been made. This service has been rated requires improvement for the last three consecutive inspections. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, but some improvements were still required.

Why we inspected

This was a planned inspection based on the service's previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Wensley House Residential 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an assistant inspector. An Expert by Experience accompanied the inspectors on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wensley 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five family members about their experience of the care provided. We spoke with five members of staff, including care staff, the person responsible for facilitating social activities and the deputy manager. We also spoke with the registered manager and the provider.

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



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure risk assessments were consistently completed to evidence how risks for people were managed and any risks identified, reduced. Not all freestanding wardrobes had a retaining bracket to prevent the furniture falling, with a potential to cause significant injury and harm. Medication practices were not as robust as they should be. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks assessments were carried out to identify those risks associated with people's care and healthcare needs.
- The provider had taken appropriate steps since our last inspection to the service in December 2018 to ensure risks for people were mitigated for their safety and wellbeing. Freestanding wardrobes were now secured to the wall to prevent them from falling.
- Information showed not all staff had participated in a fire drill. Specifically, night staff had not participated in a fire drill since January 2018. Following a discussion with the registered manager they confirmed steps would be taken to rectify this.
- The service's fire risk assessment was reviewed in January 2019 by the deputy manager. However, the deputy manager was not competent to undertake this task as they had not received adequate training or attained enough knowledge to enable them to properly carry out this duty. The provider told us appropriate action would be taken to address this.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure effective safeguarding procedures and processes

were in place to keep people safe. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People told us they felt safe. One person told us, "I do feel safe here, yes. I never go out of the home on my own anymore, there's always plenty of staff around to take care of us." A relative told us, "[Relative] is safe here, there is staff around all the time."
- Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Most staff employed at the service had attained up-to-date safeguarding training.

Staffing and recruitment

- People and their relatives told us there were enough numbers of staff available to meet their or their family member's needs. People confirmed their care and support needs were attended to in a timely manner. One relative told us, "There's always staff around, and I know they [staff] do regular checks on the rooms each night."
- The deployment of staff was appropriate and there were enough staff available to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in good time.
- Required recruitment checks on staff were robust to ensure all records as required by regulation had been sought.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice was suitable with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.

Learning lessons when things go wrong

- The inspection highlighted some lessons had been learned and improvements made since our last inspection in December 2018. This referred specifically to the management of risk, medicines management, care practices and the development of 'in-house' activities. The registered manager was aware of the improvements still required within the service.



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 remained the same.

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's needs were assessed prior to their admission and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Most staff had completed mandatory training. Nevertheless, no-one at the service was first aid trained and only one member of night staff had completed medication training. The provider confirmed the above training would be sourced for staff as soon as possible.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited or no experience in a care setting, staff had commenced or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff told us they felt supported and valued by the registered and deputy manager. Whilst this was positive, not all staff had received regular formal supervision, and this included the registered manager. The provider confirmed formal supervision arrangements had not been conducted with the registered manager following their appointment in January 2019. This was despite the service having an overall quality rating of 'Requires Improvement,' breaches of regulation cited in December 2018 and enforcement action taken. We discussed this with the provider. The provider stated they would look at ways to manage this as they did not feel confident and able to undertake this task themselves.

We recommend the provider seeks independent advice and guidance to ensure robust systems are in place

for the supervision of staff employed at the service and the registered manager.

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

- The dining experience for people on day one of the inspection was variable. One person who was supported to eat their meal by a member of staff, repeatedly stated they did not want any more food. The person removed their apron, kept pushing the staff member's arm away and stated, "I've had enough." The member of staff persisted with the task, not considering the person's wishes or verbally engaging with them. Another member of staff assisted one person to eat their meal but also provided little verbal interaction or encouragement. This was in contrast to the second day of inspection where there was a marked improvement and people were provided with appropriate support.
- People's comments about the quality of meals provided was positive. One person told us, "The foods very good, it's lovely." A second person stated, "The foods good, you can choose what you want."
- People could choose where to have their meal, for example, in the dining room, sitting in a comfortable chair within the communal lounge or in the comfort of their bedroom.
- Where people were at risk of poor nutrition, their needs were assessed, and appropriate healthcare professionals were consulted for support and advice, for example, a dietician or the local Speech and Language Therapy Team [SALT].

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One person told us, "I know if I want to see a doctor or dentist, I can go to the office and they will sort it out for me."
- The service was part of the 'Red Bag Care Home Scheme'. This is a national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS hospital; enabling relevant healthcare information about a person to be shared.

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

- People had personalised rooms which supported their individual needs and preferences.
- People had access to communal lounge areas and separate dining facilities.

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.

- Staff asked for people's consent before providing care and support. Improvements were required to make sure people were offered choice. This referred to people not always being given a choice of drinks or biscuits. People were very often given a drink based on staff's knowledge of the people they supported

rather than their personal preferences. People were handed biscuits despite there being a choice of biscuits. This significantly improved on the second day of inspection.

- Although some staff had not yet completed MCA and DoLS training, staff demonstrated a practical understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.



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 requires improvement. At this inspection this key question has now improved to good.

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

At our last inspection people did not always receive person centred care that was appropriate to meet their needs. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People told us they received good care. People's comments included, "They [staff] look after me very well indeed." Another person told us, "I would have no hesitation in recommending this place to any of my relations." A third person told us, "I can only say that I wouldn't have been here for 10 years if I didn't like it. If I had a relative that needed this kind of care I would not hesitate to recommend this home."
- The care provided for people by staff was variable on the first day of inspection. Some staff interventions were very good, and we observed many examples whereby people were treated with kindness and compassion and had a good rapport with the people they supported. Other interactions were task orientated and not always person-centred. However, there was a noticeable improvement on the second day of inspection.
- Staff demonstrated a good rapport with the people they supported and there was much good-humoured banter which people appeared to like and appreciate. Staff understood people's care and support needs and the things that were important to them in their lives. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone with their nutritional and hydration needs, assisting people to mobilise safely within the home environment or answering people's questions and queries.

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

- We asked people if they were aware of their care plan and the information contained within the document. Not all people were able to tell us about their care plan or could remember if they had seen it. However, relatives confirmed they had been involved, particularly at the pre-admission stage.
- The registered manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. Improvements were required to enable people using the service and those acting on their behalf to have sight of their care plan and know the purpose of this document.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private and staff were discreet when asking people if they required support to have their comfort needs met.
- People's independence was promoted and encouraged. People told us they could manage aspects of their personal care independently or with limited staff support. Most people living at the service could eat and drink independently.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome. One relative told us, "I usually come in the evening but [family member's] other relatives come during the day. We can come whenever we want and there are no restrictions."



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

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

At our last inspection care plans did not include all of a person's specific care needs and people were not given regular opportunities to participate in social activities. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People had a care plan in place detailing their care and support needs and how these were to be met by staff. Information showed that since our last inspection in December 2018, improvements to the service's care planning arrangements had been made. Information recorded relating to specific healthcare needs was generic and not very person-centred. Information did not consistently provide enough guidance on the interventions to be provided by staff when supporting people using the service. For example, the care file for one person referred to them having a mental health condition which could impact on their general wellbeing. No information was recorded depicting staff's interventions to ensure positive outcomes and what to do if the person's behaviours should escalate. However, we found no evidence to suggest the person had been harmed or received unsafe care and support.
- The care file for another person recorded them as having a religious faith which could impact on their health and wellbeing should they require significant medical attention. Information relating to the person's or their family member's wishes were not recorded and there was no guidance for staff about what to do should the person's healthcare needs deteriorate. We brought this to the registered and deputy manager's attention and were advised this would be addressed.

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

- Since our last inspection in December 2018, the provider had appointed a member of staff to facilitate social activities for people living at Wensley House.
- People confirmed they were able to participate in 'in-house' activities but did not have the opportunity to enjoy community-based activities despite the service's proximity to the town of Epping and Epping Forest. People's comments included, "We can go for walks around the grounds", "I would love to go out on trips. I think I'm an active person, I love gardening but there's nothing here like that for me to do. I would like to go into Epping for a coffee or a cup of tea, sitting here all day is too much" and, "They [activities facilitator] do a lot of things, we do bingo, singing, dancing and go to the hairdressers. They [activities facilitator] encourage you to get up and have a go. Sometimes we go into the garden, but we don't go out."
- During both days of inspection people were given the opportunity to play with a balloon, participate in a game of skittles and to sit in the garden. The hairdresser on the first day of inspection was very popular and many people were supported to have a hair wash, their hair blow dried or styled.

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.

- We did not see enough evidence of how the Accessible Information Standard had been applied. The service's activity programme and menu were not in an easy read, large print format or pictorial to enable people with a disability, living with dementia or sensory loss to understand the information.
- Though other items of assistive technology, for example, everyday aids like walking frames and wheelchairs were in use, digital technology like an iPad or laptop were not being used or considered.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. A low incidence of complaints was noted since our last inspection in December 2018. Each complaint had been responded to and investigated in an open and transparent way.
- People and their relatives felt able to raise issues with the service. One relative told us, "I feel if I did make a complaint, it would be listened to. Last week I said there was no hand towels in the bathroom, they [staff] dealt with it. They [staff] do listen to you when you complain."
- Compliments were readily available to capture the service's achievements. Since December 2018, six reviews relating to the overall standard of care and facilities provided at Wensley House, had been posted on a well-known 'care home review' website. All comments were favourable, with a rating of between four and five stars recorded. One relative wrote, "When [relative] first came here there were a few concerns raised but these have now been addressed. I cannot praise the home and staff enough."

End of life care and support

- The registered manager confirmed no one was currently requiring end of life or palliative care. However, they were aware how to access local palliative care support and healthcare services if needed.
- Not all staff had received end of life care training. The provider told us this would be completed in due course.



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 inadequate. At this inspection this key question has now improved 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.

At our last inspection effective arrangements were not in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- The provider appointed a new manager following our last inspection to the service in December 2018. Prior to this the deputy manager had been in day to day charge of the service with support from the provider. The new manager commenced in post in January 2019 and was formally registered with the Care Quality Commission in March 2019.
- Staff told us they felt supported and valued by the registered and deputy manager. Staff consistently described the registered manager as supportive and approachable. Staff's comments included, "I like the manager" and, "The manager is fine, seems very nice." Staff stated they could go to the registered and deputy manager if they had any concerns.
- Throughout our inspection, the registered and deputy manager were receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service, making sure people received safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Governance and quality monitoring arrangements were significantly improved. Audits and checks relating to infection control, health and safety, staff personnel files and care plans were now in place and completed at regular intervals. However, improvements were required to ensure staff received first aid and medication training and regular formal supervision. Improvements to care planning information and community access for people using the service was also required.
- People and their relatives were positive about the service. Relatives comments included, "Things are much better, and I get on with the new manager" and, "We did get to the point where we were going to move [relative] but things are getting better now."
- Six reviews relating to the overall standard of care and facilities provided at Wensley House, had been posted on a well-known 'care home review' website since our last inspection in December 2018. All reviews were positive and suggested they would recommend the service to others. One relative wrote, "Wensley House is a very well-run residence. Their best asset is their staff who we found to be faultless in their attention and care given to my relative, who I felt was extremely well looked after all of the time."
- Although there had been no incidents when the registered manager had needed to act on the duty of candour, they were aware of their responsibility.

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

- Arrangements were not in place for gathering people's, relatives or staffs views of the quality of service provided or what it was like to work at Wensley House. The rationale provided by the registered manager was that following the last inspection in December 2018, improvements had been primarily focused on developing staffs practice and ensuring people using the service received a better level of care and support. They told us a satisfaction survey would be initiated in the future.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Meetings were also held for people using the service and for those acting on their behalf, to enable them to have a 'voice'.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.