Wellesley House Nursing Home Limited

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## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 June 2016. We also received information in relation to safe care and management of people's skin care at the home in June 2016. We took account of those concerns during this inspection.

The home is registered to provide accommodation and personal care for adults who require nursing care. A maximum of 38 people can live at the home. There were 35 people living at home on the day of the inspection. There was a registered manager in place. 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.

In response to concerns raised in June 2016 the provider was working with external agencies to make changes to reduce the risk to people's skin care. Whilst changes had been made these will need to be reviewed by the provider to ensure they improve the risks to people's safe care and treatment.

People told us that they felt safe in the home and felt the staff helped to keep them safe. People were not concerned about the risk of potential abuse and staff told us about how they kept people safe. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People told us there were enough staff to support people at the home and they did not have to wait for care to be provided.

People told us staff knew how to look after them. Staff felt their training reflected the needs of people who lived at the home. Nursing staff had clinical supervision which they felt supported and helped them in providing care to people who lived at the home.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity.

People had not always been involved in the planning of their care due to their capacity to make decisions. However, relatives felt they were involved in the care of their family member and were asked for their opinions and input.

People told us they had limited abilities and chose not to maintain their hobbies and interests. However,

staff offered encouragement and supported people to read or join in group activities and outings. Relatives we spoke with told us they were confident to approach the registered manager if they were not happy with their care. The provider had reviewed and responded to all concerns raised.

Management and staff had implemented recent improvements and these would need to be regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people and relatives liked.

## 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.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks. People had received their medicines where needed and were supported by staff that meet their care and welfare needs.

### Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

### Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if

required.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Improvements were needed to ensure effective plans were in place where changes were made to better support people's care.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

# Wellesley House Nursing Home Limited

**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.

This inspection took place on 22 June 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse advisor and an expert by experience with experience of older people's care. 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 provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Wolverhampton Clinical Commissioning Group.

During the inspection, we spoke with nine people who lived at the home and five relatives. We also 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 with six care staff, one activities co-ordinator, the registered manager and the deputy manager and one registered general nurse. . We reviewed five people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes. We looked at four records about people's care, two complaints, falls and incidents reports and audits completed by the manager.

Good

# Is the service safe?

## Our findings

All people we spoke with felt the home offered a safe environment and had no concerns with the staff in the home. One person said, "I don't worry, they [staff] make sure I keep safe and well". Relatives were confident their family members were kept free from the risk of harm. One relative said, "We are confident that mum is safe here". One member of care staff told us, "We always make sure that when people choose to stay in their room they have access to the call button", so they could call care staff if needed.

Care staff we spoke with were able to tell us what they understood by keeping people safe and when they would report concerns to the manager. One member of care staff said, "I love it here and the residents are very safe". All staff said they would not leave a person if they suspected or saw something of concern. Care staff were also aware of people who may become anxious or upset.. Care staff ensured the person remained safe and free from potential harm. For example, by offering an alternative area or by chatting with a person until they were settled. Individual plans were in place to support people which showed staff possible ways to support people to reduce their anxiety. One person said, "Staff look after me and make me feel safe".

People managed their risks with support from staff if needed. Nursing and care staff we spoke knew the type and level of assistance each person required. For example, where people required the use of lifting aids or assistance with eating and drinking. One relative said, "It [lifting aid] makes it so painless to move her, it's a great help". In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the nurse in charge for action and review. Care staff were clear about their responsibilities in reporting changes to a person's risks to nursing staff. Nursing staff told us the care staff were good at advising of any changes.

All people and relatives we spoke told us nursing and care staff were always around and attentive. We saw that care staff were able to spend time with residents and respond in an appropriate manner to them. For example, care staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they wanted care staff.

We saw staff remained present and available for people in the communal areas, with only short periods where staff left to assist elsewhere in the home. One care staff told us that "We work as a team so both floors are covered and one of us in the lounge".

Nursing staff told us there were days where the care staff levels would increase when needed. For example, if there was an increase in people's health needs or a person needed a period of one to one care. The registered manager reviewed the staffing levels regularly by assessing people's needs.

People were supported by nursing staff to take their medicines when needed during the day. One person said, "I always get them on time". We saw people were supported to take their medicine when they needed it. Two people also said that if they needed additional medicines for pain management they were given on request.

Nursing staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. Where people had continually refused their medicines, appropriate action had been taken. For example, advice sought from the GP to review the person's needs. People's medicines records were checked daily by nursing staff to ensure people had their medicines as prescribed. Nursing staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked clinical area and unused medicines were recorded and disposed of.

Good

# Is the service effective?

## Our findings

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.

All people we spoke with said that care staff provided them with choice and listened to their request or decisions. All care staff and nursing staff we spoke with understood people's right to choose or refuse treatment and would respect their rights. They told us any concerns over people's choice would be passed to nursing staff for assistance. We looked at two records where nursing staff told us people did not have capacity to make a decision to check how decisions had been made. The records showed that care plans and risk assessments were in place where needed to show how the decision had been made.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us that they currently had no one living at the home who were being deprived of the liberty. The registered manager provided examples of how people were supported to live without having their liberty restricted and would talk to external professionals in the first instance if they were concerned that a person was being restricted in order to protect their safety.

All people we spoke with said the care and nursing staff knew how to look after them. One relative said, "We are very satisfied with mums care. They [care and nursing staff] seem to know what they are doing". Care and nursing staff demonstrated that they understood the needs of people they supported and had responded accordingly. All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, they felt confident and knowledgeable in how to provide care for people who had complex care needs. One nurse told us they were supported by additional courses and support from the registered manager and provider and were getting support to maintain their professional nursing registration number.

Care staff felt supported in their role and had regular meetings with the manager to talk about their role and responsibilities. This included talking about people's care needs. They also knew the provider who visited and felt comfortable to approach them. Care staff told us they had access to training when needed. For example, staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had achieved.

All people that we spoke with told us they enjoyed the food and were always offered three main meal

options or a meal they requested. People also had the choice when they ate their main meal during the day. People's food preferences and dietary needs were known by the cook and recorded. Where people required one to one support to eat their meals care staff were attentive and unhurried in their assistance.
Where people required additional support to maintain a healthy diet, a dietician had provided them with a nutritional assessment. The chef told us they had also met with nursing staff and talked about fortified diets and some additional food types that reduced the risk of chocking. The chef provided examples of how each person's nutritional needs were considered. For example use of soft foods and by encouraging people by offering smaller potions if needed.

People had seen opticians, dentists and were supported to see their GP when they required it. Other professionals had attended to support people with their care needs. For example, external nursing staff to help with wound management and prescription requests. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. Nursing staff and records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

# Is the service caring?

## Our findings

All people we spoke with told us the staff were kind caring and attentive to them. One person told us, "Staff here are outstanding. They have compassion running through them". They also told us they enjoyed living in the home and one person said, "She [care staff] is lovely that one. She looks out for us". One relative we spoke with told us, "The staff are very good and will do anything for us". All relatives told us the nursing and care staff were approachable and friendly with everyone. People told us their friends and relatives visited they were always welcomed by staff at the home. One relative said, "They are all lovely here whenever you come. We couldn't ask for anything better. There are no restrictions on when you visit".

The atmosphere in the two communal lounges was quiet, calm and we saw people had developed friendships with the care staff. One person told us, "Everything is good". People were comfortable with staff who responded with fondness. All care staff we spoke with told us they got to know people and what they were interested in by spending time chatting with them. One staff said, "I have a chat, take time and let them get used to us". Where people were quiet, care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us that they were able to tell the care staff about what they wanted during their daily care. This included how much assistance they needed and where they wanted to spend their day. One person said, "They talk to you, they involve you and they care for you". One person told us they felt involved and were supported by staff in discussing their care and support options.

People told us they had their preferences and routines met. For example, the time they got up or their morning routines. One person said, "I can get up early or late. It depends on my mood". One relative said the care was right for their family member. Nursing and care staff frequently checked and asked if people required anything. For example, when a person may like a drink or some company.

Three care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. They said they respected people's everyday choices in the amount of assistance they may need. One person said care staff were, "Sensitive to my needs and make me feel at ease".

People told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. Two people felt staff would offer encouragement and guidance when needed. Staff were aware that people's independence varied each day depending on how well people felt.

People received care and support from staff that were respectful. Two people we spoke with felt the level of privacy was good. One person said, "Staff respect us and look after us". When staff were speaking with people they addressed them respectfully. One care staff explained that some people preferred a certain way of being addressed which respected their cultural preferences. One relative said that care staff were good and "I didn't expect to ever see mum as well as she is". We saw that care staff were careful to ensure people

were covered when using a hoist or when they sat in the communal areas. One person was pleased with the cleanliness and said, "We have clean sheets every day. The laundry is lovely, so white".

Good

# Is the service responsive?

## Our findings

All people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. There were examples they provided that showed how they felt nursing and care staff had done this. This included, improving wounds, noticing ear infections and getting medicines to treat the condition and providing pain relief. People's health matters were addressed either by nursing staff at the home or by referring to other professionals. One person said, "Absolutely wonderful. I didn't think I would be here by now but they really do look after me so well". Two relatives told us they were confident that their family member's health was looked after by the care staff and nursing staff had the knowledge needed. One relative said, "The nursing staff are very good and know what they are doing". One relative said staff were good at providing comfort to people if they were upset. Care staff took time to talk with family members about how their relative had been.

Care staff told us they supported people and would record and report any changes in people's care needs to nursing staff. They were confident nursing staff then followed up any concerns and took any necessary action. People's needs were discussed when the nursing staffs' shift changed. The nurse leading the shift would share any changes and help manage and direct care staff. All staff we spoke with knew where people required skin care or diabetic care and the changes to look out for that may indicate a concern. Nursing staff told us they were able to notice if people were unwell. Nursing staff held a diary, of appointments and reminders were available for all staff to refer if needed.

Three people we spoke with said they were involved overall in their care and in the care plan documents. One relative said, "They keep in touch. Let us know what they are planning and then discuss it with us". We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

Three people we spoke told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that they liked the group singalongs or were able to listen to their favourite music. People could also choose to take part in group activities which some people enjoyed and took part in. For example, movement with music where care staff encouraged people to sing and try gentle stretching exercise. One person told us they enjoyed being read to and chatting to staff and said, "[Staff member] will come over and have chat with you".

The registered manager had employed a member of staff dedicated to providing activities and engagement with people. This member of staff told about the ways in which they encourage and involve people in activities. For example they felt that people particularly enjoyed music and said, "It brings a smile to their face and they will suddenly start singing and remembering all of the words". They also arranged day trips and a day out had been planned for this month.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. They

said the registered manager always asked them how they were or if they wanted to talk about anything. All staff we spoke with and the registered manager said where possible they would deal with issues as they arise. This reflected the views and opinions of people, their relatives and staff. One relative said, "We are very satisfied with our mums care, I can knock the manager's door and speak to her anytime". However, they told us they were very content and had no issues to raise.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had recently had received support from external agencies to enable them to evaluate and reflect on where improvements were required in relation to preventable pressure area care. This highlighted that improvement and leadership needed to be strengthened in some areas to promote the safety and wellbeing of the people who lived at the home. Care staff were aware of the changes and we saw that progress had been made to implement the changes. Nursing staff and care staff had been reminded about the procedures during team meetings and through additional information in people's care plan recordings. One nurse we spoke with said alongside the other changes that, "We are now looking at making external referrals quicker" where there were concerns about a person's skin care.

Nursing staff we spoke with were not aware of additional information in people's records. For example, the registered manager provided examples of instructions for nursing staff of administering PRN medicines and how to assess a person's level of pain for people who were not able to tell nursing staff. However, nursing staff told us they followed the written guidance on the MAR sheet and were not aware of further guidance when a person required medicines 'when required'.. The registered manager agreed to review this with all nursing staff so there were consistent in providing 'as required' medicines as expected.

Audits were undertaken to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated. We found that these had been reviewed every month by nursing staff but had not always matched best practice or care staffs current practice. For example, a relative had signed consent forms for the use of bedrails. However the registered manager had not known if that relative had the legal authority to make the decisions. The registered manager told us records needed to reflect an accurate account of where people had a nominated person appointed to make legal decision on their behalf.

Many of these concerns had already been identified by the registered manager but no clear plans were in place to make the changes. Given the nature of the concerns raised and the systems put in place, the provider needed more time to embed the changes. The provider would then be able to demonstrate that the changes made had a positive impact and had been maintained and sustained to ensure the safety of people living at the home.

All people we spoke to felt involved with the manager and knew the provider. People and relatives also had the opportunity to raise or discuss aspects of the home at meetings the provider held. One relative said, "There is a massive difference, positive from when mum was at home". The provider had questionnaires available for people to provide their views on the care provided. There was a high proportion of satisfaction with no concerns raised. However, no analysis or feedback had been completed to let people know the outcomes. The manager spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Resources and support from the provider were available and general maintenance to the home was in progress.

All care and nursing staff felt the manager was visible and supportive to ensure they provided a good service.

They were committed to supporting the provider to improve the service. Care staff felt able to offer suggestions for improvements. They told us there were regular staff meetings which provided updates for staff and the opportunity for the manager to ensure staff were confident in caring for people. For example, the staffing team and staff were clear about the standard of care they were expected to provide and for people to be treated as individuals living in their own homes.