

Wren House Limited

Wren House Residence for the Retired & Elderly - Warminster

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?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Wren House is a residential care home providing accommodation for up to fourteen older people. At the time of our visit there were ten people living at the home. Wren House is a listed Georgian building set on the outskirts of the town of Warminster in Wiltshire. Bedrooms are en-suite and are arranged over two floors. The gardens are landscaped with several seating areas.

Summary of findings

The service had a registered manager who was responsible for the day to day operation 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

People and their families praised the staff and registered manager at Wren House for their kindness and compassion. People had developed caring relationships with staff and were treated with dignity and respect.

People enjoyed the surroundings of the home. Staff took time to sit and chat with people. The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed.

Staff worked closely with health and social care professionals for guidance and support around people's care needs.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff had received training on how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Regular quality and safety audits were carried out. Staff were encouraged by the registered manager to be involved in improving the service and outcomes for people who live at Wren House.

Summary of findings

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 safe.

There were systems in place to ensure there was sufficient staffing at all times.

New staff were employed following a robust recruitment process which ensured they were safe to work with people before they began their employment.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Good



Is the service effective?

The service was effective.

People received effective care and support to meet their needs.

People were supported to have enough to eat and drink. Where required, people had access to specialist diets.

People were supported by skilled and knowledgeable staff.

Good



Is the service caring?

The service was caring.

We saw that people were comfortable in the presence of staff and had developed caring relationships.

People were very positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Good



Is the service responsive?

The service was responsive.

People received care and support which was specific to their wishes and responsive to their needs.

People said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to.

Care records were person centered and had taken into account the person's individual needs.

Good



Is the service well-led?

The service as well led.

There was an open and transparent culture and the manager and staff welcomed the views of people who lived at Wren House.

Staff told us they felt proud to work at Wren House and felt supported in their work.

Good



Summary of findings

<p>There were systems in place to monitor the quality of the service provided and to promote best practice.</p>	
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Wren House Residence for the Retired & Elderly - Warminster

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 11 September 2015 and was unannounced. This inspection was carried out by one inspector. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We spoke with four of the ten people living at Wren House and spent time observing people in the communal areas. During our inspection we also spoke with the registered manager, a deputy manager, a team leader and care worker, maintenance person, the housekeeper, chef and assistant.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, looking at documents and records that related to people's support and care and the management of the service. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People told us they felt 'very safe' living in Wren House. The service had arrangements in place to ensure people were protected from abuse and avoidable harm. There was a safeguarding and whistleblowing policy and procedure in place which provided guidance to staff on the agencies to report concerns to.

A Whistleblowing poster was displayed in the kitchen and other information about how to keep people safe was strategically placed within the staff areas of the home. All staff had received training in safeguarding people and during our inspection staff were able to describe what may constitute as abuse and the signs to look out for.

Safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Notifications were made to the Care Quality Commission (CQC) as required.

There was enough qualified, skilled and experienced staff to meet people's needs. People had risk assessments which identified risks in relation to their health and wellbeing, such as moving and handling, mobility, nutrition and hydration and social isolation. Risk assessments were updated each month or sooner if required and staff told us they were confident the risk assessments kept people safe whilst enabling them to make choices and maintain their independence.

Medicines were organised and administered in a safe, competent manner. Some medicines were stored centrally. In addition, each person had a lockable cupboard in their room which stored their medicines. Some people took their own medicines and had access to their medicine cupboard. Otherwise, only designated staff had access to the cupboards. Medicines were administered on an individual basis to suit people's needs. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines) and a policy for homely remedies. Senior staff had responsibility for administering and disposing of medicines and undertook training and competence checks to ensure they remained competent to deal with medicines.

There was a low level of incidents or accidents occurring within the home and the records showed that following incidents or accidents, referrals were made to health professionals as required and risk assessments were updated or put into place; staff were advised of the new guidance in place.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event that the home would need to be evacuated. Fire exits were clearly visible with appropriate signage.

Wren House is an older property which was built in 1720. The provider sought to maintain the integrity of the property and an annual maintenance and improvement plan had been put in place to ensure the property was well maintained and kept up to date decoratively. At the time of our visit, the registered manager was sourcing a reputable company to make repairs to the extractor fan in the kitchen. They had notified the environmental health agency of the works who would monitor their progress.

The communal areas of the home were clutter free and accessible to people. The walkways within the gardens were laid with paving stones which were flat and even, this ensured people could safely walk in the garden without the risk of slips and trips from the path.

The home had been rated by the local council as having a five star food hygiene and safety rating. The fridges within the kitchen were monitored to ensure they remained at the correct level to maintain food safety. Opened food had been labelled to ensure food was consumed within its expiry date and all areas of the kitchen were cleaned to a good standard.

Housekeeping staff and care staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which housekeeping staff followed to ensure all areas of the home were appropriately cleaned. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the

Is the service safe?

spread of infection. An audit of infection control was carried out as part of the overall management monitoring system. We found bedrooms and communal areas of the home smelt fresh and were clean and tidy.

A variety of equipment was used by people to support their independence, maintain good health and ensure that staff could support them safely. Such as, the stair lift, a set of sit on electronic weighing scales and walking frames of various types. Before using the equipment, care workers ensured that it was safe and fit to use. There were audits in place to evidence that faults were reported and checks were carried out for correct usage and wear and tear.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Is the service effective?

Our findings

People praised the level of care and support they received. One person commented “It couldn’t be better, this is the best there is”. Another person told us “the staff are very well trained and know exactly how I wish to be supported”.

Compliments in the relative’s feedback book stated “you give such a high quality of care which is very reassuring” and “we are beyond grateful for the care you have given to our relative, they have been looked after beautifully for many years”.

Staff supported people to live well and maintain a good quality of life. Staff delivered individualised care and support which ensured good outcomes for people regarding their health, social and mental wellbeing.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people and support specific needs such as with dementia, epilepsy and diabetes. Staff were supported to maintain their skills through additional training and refresher training. Staff told us they had completed qualifications in health and social care and many staff were now working towards a level three diploma in health and social care. Staff undertook additional training which was relevant to their role, such as pressure ulceration prevention and dementia awareness. The chef and another member of staff were soon to undertake more advanced training in nutrition.

Within the staff team, staff took on the roles of champions in different areas, such as dignity, infection control, nutrition and in dementia awareness. This meant that the member of staff had taken a particular interest in the subject, carried out specific training and shared their knowledge with the team in order to improve the quality of care and experiences of people who live at Wren House.

New staff joining the staff team completed an induction period. This involved familiarising themselves with the home and introducing themselves to people, reading and discussing the policies and procedures they were expected to work to, completing mandatory training as set by the provider and shadowing other staff. We spoke with the newest member of staff who was a kitchen assistant. They were shadowing the chef. They told us they had a training file and would be completing the relevant sections of the new care certificate.

All staff received regular supervision with their line manager and staff confirmed they were very happy with the supervision and support they received. Staff received a copy of their supervision notes which enabled them to plan for their next supervision. Annual appraisals were carried out and a development plan devised for the following year. This ensured that staff had set goals and objectives towards developing their skill base.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards is part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

All staff received training in the Mental Capacity Act 2005 and DoLS. Staff recognised their responsibility in ensuring people’s human rights were protected and described how people could be deprived of their liberty and what could be considered as a restraint. The care plans evidenced that mental capacity was assessed as part of the care planning process and reviewed to ensure people’s best interests were considered. At the time of our inspection there were no Deprivation of Liberty Safeguards in place.

A care worker told us “we all take the view that people are capable of making their own decisions and we get to know people and the way they communicate their wishes. Information is available in people’s care records on how we can enable people to make their own decisions”. We observed throughout our visit that staff sought verbal consent from people regarding their care and offered choices to people.

People were very complimentary about the quality and the variety of food stating it was “beautiful”, “excellent” and “very very good”. The chef told us they sourced food locally

Is the service effective?

wherever possible and people were involved in deciding the menu's which were seasonal. The chef held a record of people's preferences for food and drink along with information about allergies and specialised diets.

Drinks were offered to people throughout the day and people could request a snack whenever they wished. One person told us their relative often stayed for lunch, which they both enjoyed. Before lunch, people met in the drawing room for a pre-dinner drink. Lunch was served in the dining room and tables were laid with linen napkins and tablecloths. A menu was available on each table and people were also advised during the morning of the menu that day. This was to ensure people could choose an alternative dish if they did not like what was on the menu that day. A menu was available in a larger font for people who may have a visual impairment.

Lunch time was an unhurried sociable affair and people and staff chatted with each other. The chef served lunch at the table and explained the different options available to

people. They also asked people if the portion size was sufficient. Wine and other alcoholic and non-alcoholic beverages were available. People who had varying levels of visual impairment were supported to maintain their independence through the use of white crockery. The chef slightly separated the different food items on the plate and explained where each item was. After lunch, people told us they had thoroughly enjoyed their meal.

We looked at two care records which evidenced what people liked to eat and drink and the level of support required. In addition, guidance was available to staff around specialised diets or allergies. Fluid and food monitoring charts were in place for those people who may be at risk of dehydration or malnutrition. People's weights were monitored monthly to ensure any issues were identified early. The staff referred people onto other services if required and staff had access to different health professionals for assessments and guidance such as a dietician.

Is the service caring?

Our findings

There were only positive comments from people when we asked about the caring approach of staff. People told us “the girls are absolutely wonderful” and “I have a lovely room with my own furniture, books and a lovely view of the garden and am very well looked after”.

One person who had lived in Wren House wrote to the local paper about the quality of care they had received. The article was headed ‘Jewel in the town’ and stated ‘the quality of care is very reassuring, Ellie and Donna and her dedicated team do a brilliant job caring for the residents, and nothing is too much trouble’. Comments from the relative’s book were “Wren House is indeed a special beautiful place with a loving caring atmosphere and impeccable attention to everyone’s needs” and “everyone is so helpful and friendly”. A professional from the education sector visited the home to review the work of staff who were undertaking vocational qualifications, they wrote “I have visited a lot of care homes but Wren House offers a high quality of care in such a lovely home”.

The registered manager told us that staff had worked at the home for many years and that for any new staff it was essential they had the right values to fit in with the culture and philosophy of the home. Staff told us there was a very positive culture in the home of involving people at all times.

We saw that staff promoted people’s independence for example, through encouraging people to take a walk around the garden and making people aware that support was available if they needed it. One member of staff said “would you like to take my hand, or do you feel safe to walk on your own”.

Throughout the visit, we saw that all of the staff treated people with respect and dignity and people told us they felt valued and respected. A care worker told us “there is no discrimination for residents or staff, everyone is treated the same”.

Staff were kind, polite and very approachable. People were called by their preferred name, and staff took the time to listen to people and their views. People looked comfortable with staff and from the interactions we saw, it was clear that positive relationships had developed. We saw that staff sat down and chatted with people and supported people to engage in two way conversations. We observed

that all staff were respectful and asked permission from the person before they carried out any tasks. All staff ensured people’s privacy by knocking on people’s doors and waiting for a response before entering.

Care staff were able to tell us about the people they cared for. Their culture, life history, what work they used to do, what was important to them now and what they liked or disliked. People’s care records reflected what staff had told us. One care worker said “It is so important to find out about people so that we can build trusting relationships with them. Staff told us they knew people well and were able to recognise when they may be in pain or starting to become distressed. The care plans evidenced that staff followed the guidance given to support people appropriately and we found staff treated people with compassion and kindness.

People told us they were involved in the planning of their care and how they wished that care to be delivered. Care records were person centred and evidenced people’s involvement, their expectations and their wishes, particularly for their end of life care and how they wanted to be supported at that time. People told us they thought the registered manager, the deputy manager and the team were “absolutely fantastic”.

Staff told us they “enjoyed coming to work” and “it’s like one big family”. They would ‘definitely be happy for any of their relatives to live at Wren House’. Staff said they were close to people’s families and often shared information about how their own families were doing, including visiting the home with their children. People and their relatives were invited on days out and staff took people out in their own time, such as going to the pub and attending the remembrance Sunday parade. Staff had also raised funds in their own time for extra trips out.

Information was available to people if they requested it or if the staff team felt it would benefit the person and their family to have a fuller explanation. Such as, leaflets on dementia, epilepsy or diabetes, advocacy support or funding queries.

There were regular resident and relatives meeting where people could express their views about how the home was run. Staff also asked people for their views on particular aspects of their care. During our visit, a care worker sat with

Is the service caring?

people and asked for their suggestions on the menu. One person wanted 'stronger cheese dishes'. The member of staff thanked the person and said they would look into new dishes where they could use a stronger cheese.

Is the service responsive?

Our findings

People received personalised care and support. We looked at the care records of two people. They were person centred and had taken into account the person's wider individual needs, including: personal care, emotional needs, medical and cultural and spiritual needs. The records clearly identified how people wished their care and support to be given. Staff told us they felt the guidance in the care plans was detailed and enabled them to give timely and appropriate care. Records were personalised with a photograph of the person and included their next of kin details and other important relationships.

Staff had received guidance on how to record information in a way which enabled the staff team to evaluate that person's day and take preventative measures if required. For example some of the questions asked were, if the person had walked around that day, how they walked and were there any concerns with mobility. What the person's appetite was like and what size of meals the person had eaten. What the person's emotional wellbeing was like and was there a change in their day to day demeanour.

Before people moved into Wren House, they could visit with their family to see if they liked the home and to speak with other people who lived there. An information pack about Wren House and the service and facilities it offered was available. The registered manager carried out an initial assessment to ensure they could offer appropriate care and support and meet the person's needs. When a person moved into the home, the registered manager carried out an admission assessment to determine the requirements and preferences of the person regarding their care and support.

People's care was reviewed monthly and also if there were any changes to the persons care needs. Relatives were encouraged to be involved if that was the wish of the person. Daily records were thorough, accurate and updated appropriately; completion of nutrition, fluid, continence management and re-positioning charts were accurately completed in relation to the needs as set out in the care plans we reviewed. This demonstrated people received the support and care identified in their care plans. Each person had a personalised care plan regarding their health and medicines from the GP who visited the home on a regular basis.

The registered manager had introduced two new initiatives to further strengthen their person centred care. There was a buddy scheme in place where the main care worker for a person would jointly work with the team leader to review and update that person's care plan. As the main care worker knew the person well, this exchange of information enabled staff to consider the changing preferences of people and adapt the care around the person's needs and wishes. Another new development was the introduction of a one page profile which people and staff were developing together. The registered manager told us this profile should enable staff to quickly pick this up the document and know exactly what was important to the person and their care, their character, values and beliefs. This would be particularly important if agency workers were used, although at the time of our visit there were no agency workers.

We looked at a schedule of social activities that appealed to a range of interests. People told us they were free to take part in the activities if they wanted to or sit in the garden or drawing room, chat with others or read. People were supported to maintain their faith and the local vicar visited the home to offer spiritual support and guidance. People who live at Wren House put forward suggestions for activities and events. Wren House has its own choir and sings with the local junior school choir at different times during the year. The registered manager told us the military wives choir would soon be visiting to sing for people. A cocktail party had also been planned.

In the mornings, people could participate in 'exercises with Hannah' which staff told us people really enjoyed. Staff were also to hold a 'bake off' where people would get to judge the cakes the staff had made with the proceeds going to the Macmillan cancer research charity. Other regular events were a pianist who visited and played classical music. One person told us "we all enjoy that so much". People visited local places of interest, the library and attended church on a Tuesday for a coffee morning. On the day of our visit, people were sat in the garden playing a game of scrabble. The scrabble board was a specialist one which was bigger with a larger print. This enabled people with a visual impairment to take part. A member of staff told us that people really enjoyed scrabble and that it was good to see people getting involved and becoming 'quite

Is the service responsive?

competitive' to get the longest word with the most points. On a monthly basis an activities newsletter was produced telling people what events were on offer and various other news items.

The staff team kept in touch with people who had previously lived at Wren House and supported them to visit to say hello to everyone.

A copy of the complaints policy was available within the foyer of the home, along with a suggestion box and a book in which to write comments and compliments. There were only compliments and constructive suggestions in the book. People told us they did not have any complaints about the service they received or the way in which it was run. However, people knew how to make a complaint and who this should be addressed to.

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability. Staff were able to tell us about their roles and what their responsibilities were individually and as part of a team. All of the staff we spoke with were very positive about the provider and the management team. Staff told us they felt proud to work at Wren House and felt supported in their work.

Staff were aware of the organisations visions and values. They told us their role was about treating people as individuals, with compassion, dignity and respect. The registered manager told us “we have a very open and transparent approach. We are very welcoming, with a family atmosphere and have very good relationships with people, family and our staff. It’s a home and everything we do is for the people we care for, we endeavour to be led by the residents”.

The culture of the service was promoted through training and monitored through supervision. Discussions took place on the values of the service and ensuring staff were aware of putting people using the service first. The registered manager told us they always thanked the staff for their hard work and considered the home were fortunate to have such a caring team.

The provider had a system in place to monitor the quality of the service. This included submitting statutory notifications to the CQC as required. In addition, monthly and quarterly audits were completed by the regional manager, the management team and senior carers. This

ensured that the management team had a good understanding of how they were maintaining and improving the quality of the care and support people received. The audits covered areas such as staff training, supervision and appraisals, care plans, management of medicines, incidents and reporting on the levels of falls. The registered manager carried out unannounced night visits to the home as part of the quality monitoring process.

The registered manager had more recently implemented a change in the management structure of Wren House. Four senior carer posts had been introduced. Each senior carer had a specific role in supporting care workers, reviewing care plans, taking on some quality audits and arranging GP and district nursing visits. Staff told us they were very happy with the new changes and said it had worked very well.

In line with the new fundamental standards of care Health and Social Care Act (Regulated Activities) 2014, a Duty of Candour policy and procedure had been written and was now in place. The registered manager told us they felt very supported by their regional manager and provider and the expertise which was available to them.

The registered manager worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The manager was proactive in working with local initiatives such as the Wiltshire Care Partnership and promoted best practice through research, staff training and supervision.