

Beling & Co Limited

Wensley House Residential Home

Inspection report

Bell Common
Epping
Essex
CM16 4DL
Tel: 01992 573117

Date of inspection visit: 16 and 17 December 2015
Date of publication: 20/01/2016

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 21 September 2015. Breaches of legal requirements were found. This was because the provider did not have suitable arrangements in place to ensure that people who used the service received safe care, that their consent had been obtained in line with legal requirements and to ensure effective arrangements were in place to monitor and assess the quality of the service provided.

Warning notices were issued to the provider on 21 October 2015. The provider agreed to voluntarily suspend new admissions to the service until compliance with regulation was achieved.

We undertook a focused inspection on 16 and 17 December 2015 to check that the provider had now met legal requirements of the warning notices. This report only covers our findings in relation to these requirements.

Wensley House is registered to provide accommodation with personal care for 46 older people. People living in

Summary of findings

the service may have care needs associated with dementia. There were 22 people living at the service at the time of our inspection, including two people who were in hospital.

A new manager had been appointed since our previous inspection. They had commenced the procedures to enable them to make application to be registered with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to respecting people's rights and CCTV cameras were only operating in communal areas and not in people's private bedrooms. Further improvements were needed and assessments carried out by the service where people lacked capacity to give consent to ensure that their rights were fully protected.

Each person now had a plan of care in place to inform staff of the person's care needs and how to meet them.

Improvements were noted in relation to the safe management of medicines. Further improvements relating to the detail of the care records and in relation to risk management was required to ensure safe care.

Staff training and development opportunities had been enhanced to help staff to provide safe care. Staff support and competence assessment systems had been set up. However they had not been implemented sufficiently as yet to enable their effectiveness to be assessed.

Systems to monitor, assess and improve the quality and safety of the service were being put in place. The manager had not had sufficient time to establish these and demonstrate their ongoing effectiveness.

The rating for this service will not change at this time. Whilst improvements had been made in several areas, time was needed to further improve the service for people and to embed good practice around the service. You can see what action we have taken in the end of this report.

You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Wensley House on our website at www.cqc.org.uk

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 not safe.

Actions had been taken to improve the safety of the service provided. Food hygiene practices supported good infection control management. People's medicines were safely managed.

Risks in the service were not always assessed, properly monitored and with action plans in place to mitigate their impact on people.

While improvements had been made towards meeting the warning notice, insufficient time had elapsed to reassure the commission of the established delivery of safe care to people using the service.

Inadequate



Is the service effective?

The service was not effective.

Support for staff induction and training had improved. Systems to support staff development and to assess their performance were being established to ensure good practice.

People's rights were better protected and they were no longer subject to constant surveillance. Improvements to assessing people's capacity to consent to restrictive practices and so comply with legislation need to be in place to protect people's rights.

While improvements had been made towards meeting the warning notice, insufficient time had elapsed to reassure the commission of the established effectiveness of the service.

Inadequate



Is the service responsive?

The service is not responsive.

Care plans were in place for each person; however they needed additional information to support safe care.

While improvements had been made towards meeting the warning notice, insufficient time had elapsed to reassure the commission of the established responsiveness of the service in meeting people's needs.

Inadequate



Is the service well-led?

The service is not well led.

An experienced manager had been appointed to lead the service. A system to regularly assess and monitor the quality of the service provided was being set up. Opportunities had been put in place to gather people's views about the service.

While improvements had been made towards meeting the warning notice, insufficient time had elapsed to reassure the commission of established leadership and ongoing monitoring and quality assurance of the service.

Inadequate



Wensley House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was undertaken to check that the provider had now met legal requirements of the warning notices. This report only covers our findings in relation to these requirements.

The inspection visit was undertaken by two inspectors on 16 and 17 December 2105 and was unannounced.

Before the inspection we reviewed the information we held about the service including notifications received from the

provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law. We also looked at information provided to us by the local authority.

During the inspection process, we spoke with the manager, the deputy manager, the provider's representative and four staff.

We looked at 11 people's care records, six people's medicines records and records relating to five staff. We also looked at the provider's arrangements for obtaining people's consent, supporting staff and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

During our inspection of the service in September 2015 we found the provider did not have suitable arrangements in place to protect people against risks in the service including unsafe medicines management, environmental and individual risks and those relating to staff recruitment procedures, staffing levels and deployment. We served a warning notice to the provider on 21 October 2015 requiring them to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 November 2015.

At this inspection, on 16 and 17 December 2015, a current fire risk assessment or Legionella risk assessment and action plans remained unavailable to confirm that people were protected from the risk of fire, or infection from Legionella. The manager advised they had requested these from the provider but they had not yet been made available. The existing fire risk assessment had not been updated since 2012. It relied upon people's personal emergency evacuation plans [PEEPs] to help them to leave the building safely in the event of a fire. The manager confirmed that PEEPs were not available for any of the people living in the service currently.

While checks of the temperature of the water were completed routinely in some areas, they were not in other areas, potentially putting people at risk. Water outlets used infrequently were not recorded as flushed or descaled. This increased the risk of Legionella infection. The manager told us that they had not yet had opportunity to review and update any of the risk assessments pertaining to the environment in the service but planned to do this.

We found improvements in the way that food was handled, reducing the risk of cross infection. Staff used proper equipment when handling and serving food. Each person had access to a call bell handset in their bedroom to enable them to call for staff when they needed assistance, potentially reducing the risk of falls. Falls and accidents were recorded and follow-up actions were put in place. We saw that in all but one case, staff used safe moving and handling techniques, so as not put people at risk of injury. The manager confirmed this would be dealt with immediately.

The manager had introduced a number of improvements in the limited time they had been in post. The commission

has taken account of this time limitation; however, not all areas of concern had been addressed within the previous breach for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore the service remains in breach at this time.

At our last inspection we found that some people's pressure relieving equipment was not being used properly or checked regularly to ensure it promoted their safety and well being. At this inspection we found again that some people's pressure relieving equipment was not at the correct setting or that the equipment was indicating a fault. This had not been identified by staff to ensure the risk could be mitigated. We reported this to the manager who arranged for immediate attention for the faulty equipment. The manager had a recording system prepared and put this in place during the inspection to show that staff checked the equipment routinely to protect people. Senior staff confirmed that the manager had made them aware of their responsibilities in relation to this risk management strategy.

We reviewed the files of five staff recruited since the last inspection. A file was now available for each of the staff members. Most of the required records were available to demonstrate safe recruitment procedures. The manager confirmed that they had seen the records that we found not available, such as an application form with the person's employment history and these were most likely with the provider and so not properly filed. Clear records were now available to demonstrate that suitable checks had been completed on agency staff working in the service and that they had received up to date training.

During this inspection, on 16 and 17 December 2015, we observed that there were sufficient numbers of staff available who were appropriately deployed to meet people's needs. The manager demonstrated how they identified the required number of staff to be on duty throughout the day and night. They also told us that they were working with the local authority in accessing a new dependency assessment tool to inform staffing levels. Higher staffing levels had been maintained despite the reduced numbers of people living in the service. This was confirmed in the staff duty roster. Staff told us that staffing levels enabled them to meet people's needs safely.

The manager had introduced a system to support safe staff deployment. This identified where each member of staff was to work during each shift and the tasks they were

Is the service safe?

required to complete. Staff were aware of areas of the service they were allocated to be working in and confirmed that this was discussed with them in the handover meeting prior to each shift. We noted that the deputy manager was present at times in communal areas and monitored staff deployment and practice.

At this inspection, we found that most medicines were stored safely for the protection of people who used the service. Topical creams, with active ingredients, were found in two people's bedrooms. The manager confirmed that these would be removed immediately. Records relating to people's medicines were in good order, provided an

account of medicines used and demonstrated that people were given their medicines as prescribed. This included prescribed creams, which were recorded on people's medication administration records.

We looked at the training records for three staff members who were authorised to handle medicines. We found that these staff had recently received appropriate training and they had been assessed that they were competent to handle medicines. We were therefore assured that people would be given medicines safely by suitably qualified and competent staff. The manager had put in place weekly checks on the quality and accuracy of medication records. This reassured us that safe practice would be maintained.

Is the service effective?

Our findings

During our inspection of the service in September 2015 we found the provider did not have suitable arrangements in place to ensure that systems to gain people's consent followed the requirement of the Mental Capacity Act 2005 or that people were supported by staff who were suitably competent and skilled. We served a warning notice to the provider on 21 October 2015 requiring them to become compliant with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 November 2015.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection of 16 and 17 December 2015 we found that nine of 14 staff involved in care had attended training on the Mental Capacity Act 2005. The provider's representative confirmed that the CCTV cameras sited in all service user's bedrooms, and which monitored all the activities that took place in their bedroom, were not currently operational.

Records showed that assessments in relation to people's capacity to consent to care and treatment were completed; however this was only in relation to personal care. They were generic and not individual for each person. We noted that one person had a lap strap in place while they were in their wheelchair and other people had, for example, bedrails on their beds or sensor mats placed next to their bed. There were no assessments in place as to people's capacity to consent to these restrictions, or as to why, if decisions had been made in their best interest.

The manager confirmed that none of the people using the service were receiving their medicines covertly. The manager also advised of a lack of understanding in relation to completion of assessments where such decisions needed to be made in people's best interests. This meant that all the requirements of the Mental Capacity Act 2005 and of the warning notice had not yet been complied with.

There had been a number of improvements in the limited time. The commission has taken account of this time limitation; however, not all areas of concern had been addressed within the previous breach for Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore the service remains in breach at this time.

The manager had put an induction process in place to support new staff. This included a three-day on site induction being mentored by a senior member of staff. We saw this being implemented during our inspection. The manager showed us evidence that new and inexperienced staff had been registered on the Care Certificate, an industry recognised induction programme. This meant that new staff were being supported to develop skills and competence in providing good practice.

Staff had been provided with a range of training since our inspection of September 2015. This included safe moving and repositioning of people, infection-control and safeguarding of vulnerable people. Specialist training had also been accessed for staff, including in relation to pressure area care, dementia awareness and nutrition and hydration. The manager confirmed that this would be an ongoing provision and that staff would now also have access to a range of electronic training, to ensure their ongoing knowledge and skills development.

A system to provide staff with formal supervision and to assess staff competence had been set up. The manager had trained senior staff in supervision and appraisal practices. Individual recording sheets were in place, as was an identified allocation of staff to supervisor. Initial supervisions were taking place during our inspection.

Is the service responsive?

Our findings

During our inspection of the service in September 2015 we found the provider did not have suitable arrangements in place to protect against risks. This included assessing risks to the health and safety of service users receiving care or treatment and planning to mitigate these risks. We served a warning notice to the provider on 21 October 2015 requiring them to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 November 2015.

At our inspection of 18 and 21 September 2015 there was no assessed plan of care in place for 13 people and no current risk assessments in place for 15 people whose records we reviewed. This meant there was no clear guidance for staff on how people's needs or how to respond to them in the way the person needed or preferred. This approach to managing risk was impacting on service user's safety and putting them at risk of harm.

At our inspection of 16 and 17 December 2015 a plan of care was in place for each person living in the service, a noted improvement. The manager told us that since coming into post they had provided training to senior staff and supported them to write a care plan for all of the people using the service. This meant that staff had information on people's needs and how to meet them.

We noted however that not all areas of people's assessed needs were included in their plan of care and not all of their individual risks were assessed. Records showed that some people were routinely refusing their prescribed medication. This had not been risk assessed and a plan of care put in

place to support the person and mitigate this risk. Another person had recently been prescribed a thickener for their drinks due to swallowing difficulties. No risk assessment was in place with regard to their risk of choking. Records showed that one person had lost a significant amount of weight in recent weeks. There was no care plan or risk assessment in place for the person's medical condition or their nutritional needs to support improved nutrition and well being.

Care plans and risk assessments were not always updated as people's needs changed. One person was identified as a very high risk of developing a pressure ulcer. The person's plan of care had not been updated to reflect instruction from a healthcare professional that the person was to go to bed every afternoon for bed rest. Bed rest is prescribed to reduce the pressure on certain areas of the body so as to help prevent or improve pressure ulcers in that area. The person had been assessed as having a grade two pressure ulcer three days before our inspection, which was reassessed as a grade three pressure ulcer on the day before our inspection. This meant that staff did not have clear information to guide them on ensuring that the person received care in line with their current needs and to limit risks.

There had been a number of improvements in the limited time. The commission has taken account of this time limitation; however, not all areas of concern had been addressed within the previous breach for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore the service remains in breach at this time.

Is the service well-led?

Our findings

During our inspection of the service in September 2015 we found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. We served a warning notice to the provider on 21 October 2015 requiring them to become compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 November 2015.

We reviewed compliance with the warning notice at our inspection of 16 and 17 December 2015. While a number of improvements were noted, aspects of the warning notice were not yet complied with. The provider had appointed an experienced manager on 1 October 2015 to lead the service. The manager told us that the provider had purchased a package of new policies and procedures to guide the manager and staff on the standards expected. These were not yet in place in the service as the provider wished to review them before formal implementation to ensure there were suitable for the service.

The manager had begun to implement quality assurance systems in the service. This included procedures to ensure that there were sufficient staff on duty to meet people's needs safely and ensure the staff team were led by a suitably experienced member of staff, including at night. Systems to support safe staff recruitment, skills development and competence assessment in providing quality care were now in place. The manager had trained staff on care planning and each person now had an individual plan of care in place. Additional work was required in relation to these to ensure the identified all areas of the person's needs and risk management plans. Accidents and incidents had been clearly recorded and analysed by the manager who told us that a more formal system for this would follow.

A weekly medication audit had been completed to check the safety of medicines management. Audits had not been completed in relation to any other aspect of the service including care or recruitment records. The manager showed us audit forms that they had ready to use in relation to infection-control and health and safety. A detailed report format was also available to provide information on the service to the provider on a weekly basis, including, for example in relation to pressure sores, complaints and statistical analysis from audits. The manager told us they had not as yet had opportunity to implement the quality assurance systems fully within the service as they had not been in post long enough to achieve this.

There had been a number of improvements in the limited time. The commission has taken account of this time limitation; however, not all areas of concern had been addressed within the previous breach for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore the service remains in breach at this time.

Opportunities were being provided to gain people's views on the service. Minutes showed that a meeting had taken place with people and their relatives as well as the management team during October 2015. The next meeting was planned for mid-January 2016. Invitations for this were ready to be issued and accompanied by a satisfaction survey. The manager advised of their plans to support the activities coordinator to hold routine meetings within the service with the people living there so that their views could be obtained and actions taken. Quarterly reviews of people's care had been implemented. Records showed that both the person using the service and their relatives had participated and been asked for their views. People were also reminded about their right to make complaints which the service would view positively.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment were not provided with consent of the relevant person.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (1) (2) (a,b,) HSCA (RA) Regulations 2014

Care and treatment were not provided in a safe way because the provider had not assessed the risk to the health and safety of service users receiving care and treatment and doing everything reasonably practical to mitigate risks to people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1) (2) (a) (b) (c) (d) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have systems or processes established and operating effectively to assess, monitor and improve the quality and safety of the service. The provider did not have effective systems in place to assess the risks relating to health, safety and welfare of service users. The provider did not have accurate and completed records for each service user.