

Wellesley House Nursing Home Limited

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Inspection report

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Date of inspection visit:
28 January 2020
29 January 2020

Date of publication:
17 March 2020

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Wellesley House is a nursing home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 38 people in one adapted building over two floors.

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

Risks to people's safety was not consistently assessed and plans to minimise risks were not accurate. People were not consistently supported by enough staff. Staff were quite task focused and busy and not consistently offering people choice. Governance systems continued to be ineffective in identifying areas of concern and driving improvements.

People had their medicines as prescribed. Staff protected people from the risk of cross infection and there were systems in place to learn when things went wrong. People had an assessment of their needs and a care plan was put in place to meet them. People were supported to have a healthy diet and could choose their meals. People had consistent support from staff who worked in partnership with other health professionals to meet people's health needs.

Staff were recruited safely and had an induction into their role. Staff received support and training to make sure they had the skills to support people effectively.

The environment was adapted to meet people's needs, however consideration of support for people living with dementia as required. We have made a recommendation about adaptations for people living with dementia.

People were 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; however, the policies and systems in the service did not consistently support this practice.

People were complimentary about the staff and staff were caring. People's privacy and dignity was maintained. People received person centred care and staff communicated well with people and there were activities in place which people enjoyed.

People were positive about the home and felt the registered manager was approachable. There were systems in place to seek people's views and the registered manager had developed partnerships with other agencies and the wider community.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 February 2019).

The service remains rated requires improvement. This service has been rated requires improvement for the

last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of risks to people's safety and governance arrangements in place to identify areas for improvement and take appropriate action.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wellesley House Nursing Home Limited

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 was carried out by one inspector and an Expert by Experience. 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

Wellesley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke to one health professional who visited the service. We spoke with 11 members of staff including the registered manager, accountant, two nurses, care workers, administrator and the activities coordinator. We observed peoples care being delivered 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 records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits accident forms and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, feedback from a range of people and updated care plans.

Is the service safe?

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have risks to their safety assessed and plans put in place to meet them. One person was living with diabetes. We found there was no risk assessment and care plan in place for this person to guide staff on the risks which may present. This left the person at risk of harm.
- One person was observed becoming very distressed and upset. The person's care plan offered no guidance for staff on how to manage the person's anxiety. The lack of guidance meant the person remained anxious as staff's attempts to calm the person were not effective.
- Other risks were assessed and plans put in place to meet them. However, we could not be assured the guidance in people's plans had been consistently followed as there were gaps in people's records and some issues had not been escalated to nurses. For example, with fluid monitoring and repositioning.
- Action was taken to minimise these risks at the time of the inspection and the registered manager committed to ensuring this was addressed across the home. We will look at this at our next inspection.

Systems were not robust enough to demonstrate risks to people's safety were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our last inspection we found there were not consistently enough staff to support people. At this inspection people were still having to wait on occasions for their care and support and staff had limited time for social interaction.
- People told us they did not feel there was always enough staff to support them at the times they needed it. One person told us, "The staffing depends on the time of the day. At certain times it is difficult to go to the toilet especially at lunch time and night time." Another person told us, "It is mainly in the morning that the staffing seems to be an issue. That seems to be the worst time."
- Staff told us there were times during the day where there were not enough staff and people had to wait. One staff member said, "It is busy and people have to wait, most people need two staff to help them in the mornings and this takes longer."
- We saw people had their needs met, but staff were not visible in the communal areas unless they were supporting people with their care needs and the interactions between people and staff were limited as a result. A relative told us, "If you need someone and you get their attention they say they can't get waylaid by anyone as they are doing a job. They are busy."
- Recruitment practices included checks on new staff to ensure they were suitable to work with vulnerable people. However, some staff recruitment documentation was not completed in line with the providers

policy. The provider told us they were going to review their systems to ensure recruitment documentation was checked and in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff that understood how to recognise potential signs of abuse and report any concerns. People and relatives had confidence in the staff. People expressed feeling safe and relatives felt staff cared for people safely.
- The registered manager had reported concerns where needed to the local safeguarding authority and could describe how they ensured all concerns were investigated appropriately.

Using medicines safely

- At the last inspection people were not having their medicines as prescribed. Improvements had been made at this inspection and people now received their medicines safely. One person told us, "They bring me liquid paracetamol four times a day and my tablets. I am happy with them doing the medicines. They bring me the medicines on time."
- Medicines were stored safely. Checks were in place to ensure the storage area was kept at the right temperature. Medicines stock checks were in place and this was effective in ensuring people had enough supply of medicines.
- Medicine administration records (MAR) were in place and completed accurately. Where people had medicines prescribed on an 'as required' basis there was guidance in place for staff on how and when to administer medicines.

Preventing and controlling infection

- People were protected from the risk of cross infection. People and relatives told us the home was clean and fresh.
- Staff had cleaning schedules in place to ensure the home was kept clean. Staff had access to gloves, aprons and hand gel which we saw them use.
- Staff told us they had received training and gave examples of the procedures in place to prevent cross infection.

Learning lessons when things go wrong

- The registered manager had systems in place to review accidents and incidents. When there was an accident or incident this was reviewed and actions taken to prevent a reoccurrence.
- There was analysis in place to assess if there was any learning to be drawn from the incident and where there was action was taken to make improvements.

Is the service effective?

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments undertaken and care plans put in place to meet their needs. One person told us, "I did the care plan with the registered manager." Relatives also confirmed their involvement in care plans as required.
- Nurses completed the assessments, and care plans identified people's needs and how these should be met. We saw care plans were individual and took account of people's individual preferences and needs.

Staff support: induction, training, skills and experience

- Staff had an induction and received training and support to carry out their role. One relative told us, "The staff are well trained, very much so. They look after [person's name]."
- The registered manager told us they had accessed external training for staff. Staff confirmed the training they had helped them to carry out their roles, for example, safe moving and handling techniques.
- Training monitoring was not up to date so we could not be sure if staff had received the required updates to their training. The registered manager had spoken to the provider about accessing a different training provider. We will check this at our next inspection.

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

- People had enough to eat and drink and were supported to have a balanced diet. One person told us, "There are four or five choices of meals. I have diabetes and I still have the choices."
- Staff were clear about the support people needed to maintain a healthy diet. Staff described where people required a modified diet and how this should be prepared.
- Care plans gave detail on how to support people to maintain a balanced diet and about individual preferences. For example, where people required a modified diet, assessments had been undertaken by the speech and language therapy team (SALT) and advice was incorporated into care plans.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to receive consistent care. Health professionals were involved in people's care. Staff followed the guidance to ensure people received consistent care.
- Staff had good communication systems in place with nurses at the home. This ensured information was shared to all staff about people's needs and how to support them.

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

- The service had been adapted to meet people's needs. There was a lift in place, there were ramps available and handrails. There were adapted toilets and bathrooms in place and further adaptations were

underway during the inspection.

- The service supported people living with dementia. Consideration about further adaptations to provide a more effective environment for people living with dementia was required. We will check this at our next inspection.

We recommend the provider review current guidance on adaptations for people living with dementia and adjust the environment accordingly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services and maintain their health and wellbeing. One person told us, "Our GP comes in and they have had the rapid response nurses visit."
- Staff were aware of people's health needs and ensured any concerns were escalated to the nursing staff. We saw prompt action was taken to seek advice from health professionals.
- People and relatives told us they had access to health professionals, for example, SALT, doctors and chiropodists. Records in people's care plans confirmed any concern was escalated straight away and advice was followed by staff.

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.

- People had consent sought before care and support was given. Staff understood the principles of the MCA and were following these when providing care and support.
- Where people were unable to consent to their care and support an MCA assessment had taken place and decisions were made in people's best interests. Other professionals were involved in some decisions. However, the documentation of these decisions was not always consistent. The registered manager told us this would be reviewed and documentation put in place.
- Where people were subject to restrictions the appropriate authorisations were in place and any conditions were followed.

Is the service caring?

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind staff; however, staff were task focussed and had little time to spend time speaking with people. One person told us, "The staff couldn't be friendlier, but they are just busy."
- Staff were observed supporting people in a kind and caring way. One person told us, "The staff are all very, very pleasant. I can't fault any of them. If they can do it they will." Staff were observed only speaking with people when supporting them with their care needs particularly in the morning.
- People and relatives were positive about the staff attitudes towards people and how they behaved. One person told us, "It is never a dull moment. I have a laugh and a joke. They treat me the way I want to be treated." A relative told us, "[Person's name] is contented and happy. The staff look after them really well."
- Some care plans lacked detail on how to meet people's protected characteristics. Staff however were knowledgeable about people's needs in this area and could share how they supported people as individuals.

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

- People did not consistently feel able to make choices for themselves. One person told us, "They decide what time we go to bed or get up. They decide it not us. They have to work it amongst themselves. There are only four or five people on duty." Another person told us, "You have a choice. I could stop downstairs until 7pm if I wanted but I choose to come upstairs early."
- When speaking with staff we found staff were focussed on routines and ensuring care needs were met. One staff member said, "We have a routine, but we will move this if people want a choice they can have this we alternate [people going to bed/ getting up]."
- Care plans lacked detail about how people should be encouraged and supported to make their own choices. We saw people were not consistently offered a choice. For example, about where they sat during the day or where they ate their meal. Staff were offering choices about food and drinks throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People did not consistently feel supported to maintain their independence. One person told us, "I would like to do more walking but they haven't got enough staff. I know I am losing my independence and it makes me cross. I want to do as much as I can for myself while I can. I don't go out of this place."
- Staff told us they were able to support people with getting some exercise and going for a walk but not in the mornings as this was a busy period. We saw people were given specific cups and plates to enable them to eat and drink independently.

- People were supported to maintain their dignity and privacy. One person told us, "It is never a dull moment here. I have a laugh and a joke. The staff treat me the way I want to be treated."

Is the service responsive?

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was person centred and their individual preferences were understood by staff. One person told us, "It is home from home. What you can do at home you can do here." One relative told us, "The staff know us as a family."
- Staff were able to describe people's individual preferences. One staff member described people's preference for food and drinks. Others gave detailed descriptions of preferences with personal care. Care plans however, were not consistently documenting preferences in all areas.
- Reviews were undertaken and relatives confirmed their involvement in care planning and reviews. One relative told us, "[Person's name] had the care plan when they first came in and are due a six-monthly review."

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.

- People had their communication needs assessed and plans put in place to meet them.
- The registered manager understood their duties and responsibilities under the Accessible Information Standards and were meeting these.
- Staff followed people's communication plans and ensured people were able to communicate their needs.

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

- People were supported to engage in activities and social events. One person told us, "They have different things on. There was a male vocalist. They had lots on over Christmas." Another person told us, "They had rescue owls, barn owls about three weeks ago. They have something once a week from outside." A relative told us, "[Person's name] loves word searches and the TV. Sometimes they have entertainment on."
- People were supported to maintain relationships which were important to them. One person told us, "There are a lot of visitors that come here to visit and we all get on with everyone." A relative told us, "You can come anytime [to visit people]. They ask you not to come at meal times."
- However, people and relatives felt there could be more opportunities for engaging in activity at the home.

Improving care quality in response to complaints or concerns

- There was a complaints system in place to manage complaints. There had not been any formal

complaints since our last inspection.

- People and relatives understood how to make a complaint and felt these would be addressed. One person told us, "I have made no complaints. There is nothing to complain about."
- There were opportunities for people and relatives to give feedback about the service. We saw people and relatives had given positive feedback in thank you letters to staff. Concerns had also been raised about staffing levels and the registered manager told us this was under review with the provider.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. Peoples future wishes had been considered and documented where appropriate.

Is the service well-led?

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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not taken enough action to address the concerns we found at the last inspection. Staffing had not been reviewed to make time for people, and staff remained focussed on tasks which limited people's choice and affected their experience of the service.
- Systems in place to ensure risk assessments and care plans were up to date had failed to identify where plans were not in place to manage risks to people's safety.
- The system to check people had their needs met and these were adequately recorded in their care records had failed to identify where there were gaps in records which gave limited assurances people's care had been delivered.
- Systems to consider staffing and staff deployment had failed to identify where people were waiting for their care and support and staff having limited time for interaction.
- The systems in place had not identified where assessments had not consistently considered people's protected characteristics and identified there was a lack of consistency in recording best interest decisions.
- Systems to monitor staff training were not effective in ensuring training for staff remained up to date.
- The systems in place to check the environment had not identified risks to people from a room which was unlocked and storing items which could cause harm.
- People's care records were stored in an unsecured storage area.
- Immediate action was taken to reduce the risks associated with these concerns. We will check the sustainability of the actions taken at our next inspection.

Governance systems were not effective in identifying concerns and this limited action taken to make improvements to the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives, staff and visiting professionals were positive about the home. A relative told us, "I am very impressed. [Person's name] doesn't settle well in new places but they are content here." A visiting health professional told us, "I find the care here to be excellent. Staff are caring and compassionate and the place is friendly and homely."

- There was positive feedback about the registered manager. One person said, "The registered manager is very approachable. If I was unhappy I'd go see them." A relative told us, "The registered manager is very good. I am very impressed with them. I won't have [relatives name] here otherwise." A visiting professional told us, "This is a place I would recommend. The registered manager knows everything about the people here and it is good quality care."
- Staff told us they were well supported through a variety of means and the registered manager was always available to them and approachable. One staff member said, "The registered manager is always about. This is a lovely place to work. People here have a good quality of life."
- The registered manager understood their responsibilities with duty of candour and demonstrated they were open and honest with relevant people when things went wrong. Relatives and other agencies were informed when people had accidents or something went wrong with their care and support. One person told us, "The registered manager is very good. They do not miss a thing. They are very compassionate."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff shared their feedback with the service in a variety of ways. One relative told us, "I don't think there are family meetings. I just go into the office and have a word and I have filled in two questionnaires."
- We saw people and relatives had sent written feedback to the registered manager about their experience of the home. The comments were all positive and included for example, one relative said, "[Person's name] was included in your family and you went over and above to meet their needs. You provided equality of opportunity and celebrated Diwali in style. [Person's name] really enjoyed the event. Thank you for making this a special time and bringing [person's name] back to health."
- The registered manager told us they received feedback and reviewed this to look for ways to improve. There were a range of different mechanisms in place including regular meetings and questionnaires.
- We saw questionnaires had been used to discuss peoples experience of activities and seek suggestions.

Continuous learning and improving care

- The registered manager told us they looked for ways to learn and improve the care people received. They told us they were looking at using a skills network to access training for staff in supporting people living with dementia.
- Staff meetings were used to provide learning opportunities for staff. For example, one staff meeting had focussed on reminding staff about the requirements for preventing peoples skin breaking down. Another had been used to focus on improving staff knowledge of the MCA and its application.
- The registered manager told us they were also looking at whether introducing a senior care role would support them with addressing issues relating to staffing levels and enable staff to have more time with people and were in discussion with the provider about this.

Working in partnership with others

- The registered manager worked in partnership with other agencies. We saw they worked with a range of health professionals including doctors, chiropodists and SALT teams.
- There was feedback sought from visiting professionals using a survey tool to ask for their views on the quality of care people received. Surveys checked on the environment, responsiveness of staff, communication and documentation. The registered manager used this to monitor the quality of care people received.
- The registered manager encouraged people from the community to visit the home. For example, visitors were regularly around from local churches. Feedback was also sought about the quality of care from all visitors in the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to people's safety had not been assessed and plans put in place to meet them.
Treatment of disease, disorder or injury	Documentation was not in place to show people the support they needed to minimise risks to their safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not made improvements to all areas identified in the last inspection and governance arrangements had not identified concerns and driven improvements to the service.
Treatment of disease, disorder or injury	