

Beling & Co Limited

Wensley House Residential Home

Inspection report

Bell Common
Epping
Essex
CM16 4DL

Tel: 01992573117

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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 ●

Summary of findings

Overall summary

This inspection was undertaken on 5 January 2017 and was unannounced.

Wensley House provides accommodation and personal care to up to 48 people. People living in the service may have care needs associated with dementia or mental disorder. There were 39 people living at the service on the day of our inspection.

A registered manager was in post. 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.

At this inspection we found a number of improvements had been achieved across the service. The service was led by an experienced manager who had worked with the support of the provider to stabilise the service and demonstrate sustained improvements. Staff morale was high and staff worked as a team to provide care in a friendly and homely environment.

Medicines were safely managed to ensure people received their prescribed medicines to meet their needs. Risk management plans were in place to support people and keep them safe. There were also processes in place to manage any risks in relation to the running of the home. Care records included better detail of people's care needs and staff had information on how best to meet people's needs. Quality assurance systems were better established and effective in support safe, quality care.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Recruitment procedures were thorough. Staff knew about identifying abuse and how to report it to safeguard people.

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Arrangements were in place to support people to gain access to health professionals and services.

People were well cared for by kind and caring staff. People's dignity and privacy were respected. Visitors

were welcomed and relationships were supported. People's care was planned and reviewed with them or the person acting on their behalf. People were supported to participate in social activities that met their needs.

People felt able to raise any complaints and felt that the provider would listen to them. Information to help them to make a complaint was readily available. The provider had listened to people's views and ensured that people were satisfied with the actions taken.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems in place to manage safeguarding concerns and to manage risk for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being met.

People were supported to eat and drink sufficient amounts to help them maintain a healthy diet that they enjoyed. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

The interaction between staff and people living in the service was positive. Staff were able to show that they knew the people they cared for well.

People were involved in making decisions about their care and the support they received. People's privacy and dignity was

respected as were their relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and staff found the registered manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the registered manager to continually improve these.

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 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 5 January 2017 and was unannounced.

The inspection team consisted of two inspectors 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 case, in this case, dementia care.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process, we spoke with 12 people who received a service and five visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the deputy manager, the provider's representative and six staff working in the service. We also spoke by telephone with two healthcare professionals who regularly visited the service.

We looked at four people's care and seven people's medicines records. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.



Our findings

People told us they felt safe living in the service. One person said, "I like living here and feel safe as I can call someone if I need them." A visitor told us, "[Person] is very happy here and we feel they are safe, there is always someone around for [person] if they require help."

The registered manager and the Provider's Information Return (PIR) confirmed that staff had been provided with training on safeguarding people. The provider had policies and procedures available in relation to protecting people from abuse and whistleblowing to guide staff. Information on who to speak with was displayed in the service if people felt concerned for themselves or others. The registered manager and most of the staff we spoke with were able to identify types of abuse and all knew how to report it to protect people. One staff member said, "I would tell the manager or come to CQC. These people are like my family. I could not let anything happen to them." Records showed that the management team had taken prompt and appropriate action to raise a concern to safeguard a person living in the service.

People lived in a safe environment. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies. We noted that one person's leg was very close to the wheelchair of another person seated at a dining table. The registered manager drew this to the attention of staff to ensure that there was no risk of injury to the person. The registered manager told us that they and the provider already had plans in place to arrange more dining space to accommodate more comfortably the increasing number of people coming to live in the service.

Risks were identified and individual written plans were in place to guide staff to manage this safely and to limit the impact of individual risks. A relative of a person identified as at risk of falls told us, "Staff are always aware of [person] moving around, and if the alarm mat in front of their bed goes off, staff are always there." Staff we spoke with were aware of people's individual risks such as relating to falls, nutrition or mobility. We saw that staff used safe moving and handling techniques and the required equipment when supporting people to transfer from one place to another. One person said, "I now can use my walking frame to walk and the staff make me feel safe as they walk with me."

Safe and effective recruitment practices were in place to ensure that staff were of good character and suitable for the roles they performed. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. This included the regular agency staff working in the service while recruitment was ongoing.

Whilst two people stated they would like to have more staff available, people confirmed that there were enough staff available to meet people's needs safely. One person said, "My buzzer is always answered quickly if I press it." Another person said, "I feel safe as there are always staff coming in and out of the lounge." A visitor told us, "There is always plenty of staff around when we come here."

We found that people were supported by sufficient numbers of staff to meet their needs safely. A monthly dependency assessment was completed of each person living in the service. The registered manager showed us how detail was used to calculate staffing levels and confirmed that staffing levels would be increased at any time needed. Staff confirmed that staffing levels were suitable to meet people's needs. We saw that staff monitored communal areas routinely, were available when people needed them and that call bells were answered promptly.

People were protected by safe systems for the storage, administration, recording and disposal of medicines. Medicines were securely kept. Medication administration records were consistently completed and tallied with the medicines available. A system had been introduced to formally record the site of skin patches as good practice following our last inspection. This was to ensure that the application site was rotated to prevent the person's skin reacting to or becoming sore from the patch being constantly placed on one area. We observed staff administering people's medicines and saw this was done safely and with respect. Assessments of staff competence to administer medicines safely were completed. Detailed medication audits were carried out to ensure safe management of medicines.



Our findings

People were complimentary about the staff working at the service. A visitor said, "The staff are wonderful, despite being young, they know their job." Another visitor said, "Staff appear very well trained, and know how to support people who have dementia." A healthcare professional told us that the management team had a very active and positive approach to accessing and supporting all available training for their staff, including the management team. This meant that the management team kept their own knowledge up to date and enabled them to support good care practice from their staff.

People were supported by staff who were suitably trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs. One staff member said about their induction, "It prepared me to do the job well." The registered manager confirmed that staff received a thorough in-house induction training so that staff were clear as to the quality of care practice expected from them and the culture that the service promoted.

The service had recently recruited a number of new staff. Records showed that, following their in-house induction and basic training, staff were completing induction and training to an industry recognised standard within a set timeframe. We noted that, where staff had completed training and their practice was appropriate, some staff had difficulty in verbally showing their knowledge of some areas. The management team confirmed they would arrange additional coaching within staff supervision meetings to help staff to develop their competence and confidence in expressing their knowledge and understanding.

Systems were in place to provide staff with support through observational supervision and one to one meetings. Team meetings and daily handover meetings also provided staff with opportunity for learning and support. A staff member told us that having received training on a topic, they felt able to say they did not yet feel confident and so were given additional support and planned training to ensure their competence in practice before taking on the task. The registered manager also had systems in place to routinely assess staffs' on-going competence. However, as so many of the staff were newly recruited, there was limited opportunity to assess the effectiveness of the appraisal system at this time.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's capacity to make some decisions was assessed and decisions had been made in their best interests where needed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. Where an authorisation was in place, staff were aware of it and able to tell us how it was implemented in the person's everyday life in the least restrictive way. This meant that the provider had acted in accordance with legal requirements. The registered manager had notified us of these authorisations as required. Staff knew how to support people in making decisions and we saw that staff knew to check that people were consenting to their care needs during all interactions. Care records contained confirmation that people had consented to be provided with care and treatment or to have their photograph taken. Records also noted where people had chosen to withhold their agreement. This showed that people's right to make their own decisions was respected.

People said that they enjoyed the food and drinks provided at the service. They told us that they had plenty of choice, including a cooked breakfast and had no complaints at all about the food. A visitor told us, "The food here is very nice but the usual cook is not in today. [Person] never complains about the food and always says they enjoy it." Another relative told us, "[Person] is not good with their food and will refuse a lot of it but will eat the puddings most days. The staff though are very good and will offer something else."

Improvements to people's dining experience were noted overall, however some people were not offered a choice of drinks and condiments at lunchtime. The registered manager addressed this with staff immediately as an oversight. The provider's representative told us that a new and experienced catering supervisor had been recruited and would start work in the next week. People were offered a choice of meals. We noted also that people were, for example, offered a choice as to whether to have gravy or not on their meal, noted improvements from the last inspection. Where people needed assistance with food and drinks, staff provided this in a patient, encouraging and respectful way.

Nutritional assessments were completed to provide a clear baseline to support effective nutritional monitoring for people. Fluid intake charts were in place where people's risk assessment indicated. Improvements were noted to the recording of people's fluid intake which were being totalled and checked twice daily. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed.

Records indicated that people's health was well managed within the service. A healthcare professional told us that the registered manager and staff did not hesitate to seek professional advice and acted on it fully to ensure people's health and well-being. People's care records showed that they were regularly attended to, for example, by the visiting chiropodist or by the GP where this was needed. Relative's felt that they were kept informed about any concerns regarding their family member's health. One relative said, "We always have a telephone call to say if there are any health issues which have arisen."



Our findings

People felt well cared for by kind and caring staff. Ten people told us that the care provided was very good and that staff were very kind to them. Comments from people living in the service included, "I like it here. The staff are kind and friendly", and "The staff here are lovely, they are caring." Another person said, "The staff are very friendly and I am looked after well here."

People's care documents showed that people and their relatives had been involved in the assessment, planning and review of their care. A relative said, "We have been involved in the care plan and are always involved if anything changes with [person]." Relatives had been able to visit on people's behalf to check if the service was suitable for the person. One relative said, "We did at the time of [person] moving in here look at smaller homes but this was the best."

Staff interactions with people were positive and the atmosphere in the service was calm, friendly and welcoming. Staff were attentive to people's needs and communicated well with people living at the service. This included, for example, calmly talking to people where equipment was used to move the person from their armchair to their wheelchair and providing people with reassurance. Staff took time to kneel beside one person who expressed some anxiety and staff explained and reassured the person in a clear but quiet and gentle way.

We saw that people had positive relationships with all designations of staff, including care staff, ancillary staff and the management team. One person approached a staff member on a number of occasions for comfort and this was given freely in an appropriate way. People knew all the staff by name, including the provider's representative. Staff were noted to have a good rapport with the people they supported and we saw that staff regularly interacted and chatted with people. Many people greeted others and were greeted themselves, with hugs and affection. A visitor said, "Staff make a fuss of [person]." People remarked on the 'family-like' atmosphere and genuine caring approach of the service.

People's privacy and dignity was respected. People who needed support with personal care were assisted discreetly and with dignity. We saw staff talk quietly to people about their personal care needs and to close doors when people were receiving care. People were supported to maintain their personal appearance so as to ensure their self-esteem. This included being supported to wear clothes they liked and that suited their individual needs and having opportunity to be clean shaven or to have their hair done regularly.

People's relationships were valued and supported. Two people told us that they had become friends since

coming to live in the service and that they liked to sit next to each other which was always possible. They also told us that staff encouraged them to befriend another person who had come to live in the service. Visitors told us they felt welcome to visit anytime. One visitor said, "When you walk in the door here you are always greeted with a warm welcome from staff." Another visitor said, "We can visit here at any time and are always made welcome."



Our findings

People received care and support that was individually planned and appropriate to their needs. One visitor said, "[Person] does not always accept change but has settled in here really well, far more than we ever thought they would, and the family are very happy with their care here. We feel [person] has settled in well because of the good care provided." People's individual needs were assessed as they moved into the service and this was used to inform their plan of care. We noted one area that had not been fully documented for one person to confirm very recent changes. The registered manager addressed this before the end of the inspection. We also noted improvements from the last inspection, for example, care plans were in place for specific healthcare conditions so that staff had clear guidance to support these.

Care plans showed regular review to ensure that that staff had up to date information on people's current needs and how to meet them. One visitor said, "If you feel the care plan needs looking at again you only have to see the manager." Staff knew about the people they cared for and their needs, personalities and preferences. One person had recently started to refuse food and had lost weight. Staff were aware of this and told us of the actions taken to support the person and to access additional support from healthcare professionals. Staff knew which people were at risk of falls. We saw that staff responded to this by monitoring people carefully and being there to walk with and guide the person when the person chose to move around.

People received care that was responsive to their needs. Three people told us they could have a bath or a shower any time and they only had to let the staff know. Another person said, "When I moved here I missed my clock that was in my lounge at home. I told the carer this. The next day the carer told me to look up from where I was sitting in the lounge and there was a nice big clock." Relatives also found the service to be responsive and considerate of their wishes in supporting their family members. One visitor said, "They telephoned to say [person] was not eating very well, and I said I would come in and encourage them with their meal. Staff told me I did not have to do this but I feel [person] eats better with me around. The staff are so kind and will listen to your concerns."

Overall people were provided with suitable social opportunities. A number of people told us they did not have any particular hobbies that they were interested in attending. Three people told us they used to enjoy dominoes but this had not happened recently. Two people told us they were happy as there was always a newspaper for them to read. The service employed a part time activities co-ordinator and had a planned programme of activities displayed. We saw that many people had opportunity to take part in a planned group activity in the main lounge both in the morning and in the afternoon. We noted that while there were

no additional activities provided in the smaller lounge other than watching television, care staff did spend time talking with people there. We also saw that the provider's representative took one person out for a walk which the person told us they enjoyed and would like to do more often. The registered manager told us that they were continuing to try to recruit another suitably skilled person to better support additional activities for people.

People told us they felt able to express their views about the service and felt they would be listened to. One visitor told us, "[Person's] needs are met here, you only have to let the manager know of any concerns and they act." Four people told us that their needs were fully met by the service and that they had no complaints. The provider had a clear system in place to manage complaints and to show they were investigated and responded to. Information on how to access the complaints procedure was displayed. Records showed that complaints received had been listened to, fully investigated and responded to the person's satisfaction.



Our findings

The service was well led, managed effectively and demonstrated clear improvement since the last inspection. This included the management of risks to ensure people's safety, clear records to support good care, treating people with dignity and the systems to monitor and improve the quality of the service. One healthcare professional said, "The registered manager has done very well in improving the service and often gets hands on. They and their deputy are very knowledgeable. The [provider] takes an active interest in the service and [the provider's representative] has done all the training too. The service has come a long way."

The manager had registered with the Commission as required since the last inspection. The registered manager, the deputy manager and the registered providers had clear values that included offering person centred care in a family style approach. This helped to provide a service that ensured the needs and values of people were respected. Another healthcare professional said, "This service is extremely well led. The owners really care about people personally. The manager and deputy manager are first class, very professional and knowledgeable. This is one of the best homes I go to without a doubt."

There was an open and empowering culture in the service. Copies of inspection reports and the service's current rating were displayed in the service to provide people with information in an open and transparent way. Staff told us the registered manager was always available and listened to them and that they felt well supported and appreciated. Staff spoke positively about the registered manager and the providers, describing them as 'very caring and like a family'. A member of the management team told us, "[The providers] are here almost every day. Whatever we need, we get it immediately." Visitors told us they were able to speak with the registered manager at any time. All of the 17 people who responded to the provider's 2016 satisfaction survey said they were able to speak to the registered manager at any time if they had any concerns or questions.

The registered manager demonstrated that they were fully aware of all aspects of the service. We saw that the registered manager spent time in the service talking to people and staff. They knew the people who lived there, their current individual needs and the staff supporting them, well. People and staff told us they had confidence in the registered manager and in the way the service was managed. Staff were clear about their roles and responsibilities. Systems to support good communication and accountability in the staff team were well established which impacted positively on the quality and safety of the service people received. The management team told us they were very proud of the staff who worked well together as a team. Records and documents relating to the running of the service were clear and well organised.

The manager demonstrated that they were open to working with other organisations to improve the safety and quality of the service people received. The PIR told us that the service was part of a project to improve safety, reduce harm such as from falls and pressure ulcers, and to reduce emergency hospital admissions for people living in care homes. Training to support this was provided by the Local Authority in agreement with the provider. The registered manager told us that two staff had won an award linked to this initiative relating to a change in culture in the service and a reduction in falls. The manager also told us of their plans to be part of other local initiatives to improve the quality of the service people received.

People had opportunities to share their views and influence the service. People using the service and their relatives had opportunity to participate in an annual satisfaction survey. The outcome of the survey of August 2016 showed that people were satisfied with the service they received.

Residents and relatives meetings were held which reviewed issues such as food and social activities. We saw for example that a clear plan of activities was displayed following people's suggestion.

The registered manager had a number of systems in place to monitor the standard of care people experienced. The registered manager and the deputy manager had carried out a range of audits and checks to assess the quality and safety of the service and to ensure continuous improvements. Where audits showed that improvements were needed, action plans had been produced. These had been reviewed and updated to ensure that the actions were completed and the improvements achieved.