

N and L McCowen-Smith

# Wellesley

## Inspection report

Wellesley  
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Date of inspection visit:  
06 March 2019  
13 March 2019

Date of publication:  
10 April 2019

### 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

About the service: Wellesley is a care home providing care and support for up to 12 people with learning disabilities or who are on the autistic spectrum. At the time of our inspection there were 12 people living at the service. Their ages ranged from 46 to 72.

People's experience of using this service:

- The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received a service which fully promoted their wellbeing; they felt at home. Some people had been resident for most of their adult lives.
- Care and support was led by the registered manager, who was very visible at the service and led by example. People said they would go to (the registered manager) with any issue or concern, and this was witnessed throughout the visits. People's privacy and dignity were supported. The culture of the service was one of respect.
- People were keen to talk about their achievements, such as work experience in the community and how they helped at their home. People were supported to enjoy a varied and interesting life, which promoted their confidence and independence.
- People and their family members felt the service was safe. Risk was understood and managed. Incidents had led to detailed investigation and lessons learned, with positive outcomes which protected people, with minimal restriction. People were protected from abuse and harm by a staff team who were skilled and experienced.
- People's health and care needs were met and their care planned with them, their family or health care professionals, making decisions in people's best interest where necessary.
- People knew staff well. Staff were quick to support people as needed. We saw banter and fun and there was a relaxed and happy atmosphere.
- Staffing needs were under regular review. There was an established staff team, supported by the registered manager and their business partner, who lived on the premises.
- The premises were kept in a safe, clean and fresh state and met the needs of people using the service.
- A health care professional praised the standard of support people received. Medicine management was safe and medicine use was kept under regular review.
- People received a nutritious diet in a relaxed and supportive atmosphere.

Rating at last inspection: Good (Report published May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-led findings below

Good ●

# Wellesley

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Wellesley is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The registered provider was also the registered manager. They were registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day of the inspection was announced 48 hours in advance. This was to give the provider the opportunity to tell people using the service about the visit and what it meant. The second day of the inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People using the service could tell us about their experience of living at Wellesley. However, we also used a number of different methods. This included undertaking observations of the interactions between the 12 people and staff.

During the inspection we met all of the people using the service and spoke with three. We interviewed three members of staff, the registered manager and business partner. We saw comments from people's family and staff. We reviewed three people's care and support records, two staff files, and sampled medicine records. We also looked at records relating to the management of the service such as meeting minutes, policies and audits. We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. They said they would take any concerns to the registered manager. One said that after talking to the registered manager they feel "Over the world again."
- Staff had a good understanding of how to protect people from abuse and harm.
- The service had policies and procedures about whistle blowing and safeguarding in place. Staff referenced them as sources of information.
- The registered manager worked in cooperation with the local authority safeguarding adults team as necessary to protect people.
- Detailed information of people's expenses was produced every month so this was closely monitored.
- Guardianship had been arranged for one person who needed that safeguard.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. Risks to people's health and welfare were assessed and mitigated with as least restriction as possible.
- Equipment, the service's vehicle and the environment were regularly checked. Servicing and maintenance ensured the premises were in a safe state.
- There were arrangements in place should an emergency, such as a fire, take place.
- Safety monitoring was an important part of care review, staff communication and monitoring.

Staffing and recruitment

- People benefitted from sufficient staff to meet their individual needs in a timely manner.
- The providers lived on site, worked with staff and covered any staffing shortfalls.
- Staff ratios were measured using an assessment form, based on individual support needs and staff numbers.
- We saw care interventions being provided in a timely manner.
- Turnover of staff was very low. Checks were completed before new staff worked with people so that staff who were unsuitable were not employed.

Using medicines safely

- An electronic system for medicines management helped to reduce risk to a minimum.
- A pharmacist inspection in June 2018 made only one recommendation. This had been met.
- People's medicines were under regular review so they were not used inappropriately.
- Medicines were received, stored, administered and disposed of in a safe way.
- The service had arrangements in place to minimise mistakes, such as two staff available whilst medicines were administered.

#### Preventing and controlling infection

- People were protected from infection and cross contamination.
- Staff received training in infection control and had protective clothing for their use as necessary.
- Laundry facilities were suitable for people's needs.
- Kitchen facilities were suitable for people's needs. Staff said they received food hygiene training.

#### Learning lessons when things go wrong

- Risk was fully reassessed where there had been an accident or incident. Examples included where a person pulled a water heater towards them, causing scalding and following an incident in a swimming pool. Both events led to changes which protected people.



# 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.

Good: 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's needs were under regular review. These were considered when delivering care and support.
- The registered manager ensured best practice methods were used because they sought information from established sources. This included clinical sources, such as NICE and also local care forums where information was shared.
- Frequent staff meetings were used to discuss people's needs, what was working well and where improvements could be made. Staff said these meetings were very informative and they knew their feedback was taken into account.
- Staff had policies and procedures to inform them how to undertake their role effectively.

Staff support: induction, training, skills and experience

- Staff said of training, "Its good." Really well organised. (One of the providers) keeps on top of this. All mandatory training is provided. Some on line on social care TV and some with DVDs and some in house at staff meetings."
- Staff received an in-depth induction when they began at the service. This included orientation to the service and shadowing a more experienced staff member.
- Staff received training in conditions relevant to people's health care needs. This included, autism, swallowing difficulties and epilepsy.
- Staff were encouraged to progress in their career.
- Staff received regular supervisions and appraisals, to support them to deliver care to the expected standard.
- Staff felt fully supported. They said they could take any query to the registered manager.

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

- People's comments about the food included, "Very nice" and "I like the food. My favourite meal is pasta bake."
- People told staff about their food preferences during resident meetings.
- There was a good balance of different foods available to people.
- We saw people eating a healthy diet.
- People said they sometimes enjoyed eating out. This was often mentioned by people.
- Any dietary concerns were followed up.
- Mealtimes were relaxed and sociable. People were fully supported to eat and enjoy their food.

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

- The service worked closely with community services to promote people's health.

- A health care professional said, "There is good communication. Staff are good at letting you know things and how they feel about things. I'm really happy with the home."
- Records showed that people received regular health care, such as dental and eye checks.
- The registered manager said that each person had, as a minimum, a yearly GP health check.

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

- The premises was not purpose built or adapted but met the needs of people using it.
- People's individuality was expressed in the way their room was designed.
- People had access to all parts of the building and the extensive, well maintained gardens.
- The premises were homely and comfortable for people's use.
- People shared communal spaces, happily chatting, working and resting.

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

- People lived next door to their GP surgery and were supported to visit when necessary.
- A resident's family member had recorded, "We all feel that (the resident) needs, physically, mentally and emotionally, are all very well met. We are delighted with (the resident's) new keyworker who attends to their needs."
- A health care professional said, "Staff have done some really, really good work with (the resident)." They said that multiagency behavioural plans were produced to promote the person's mental health. The service then carried the plan forward, adjusting it as necessary. Where needed staff sought further professional advice.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- A person's family member had recorded, "Our daughter has definitely gained so much confidence and is able to make decisions in a much more calm way. We feel she is listened to if she has a problem, and helped to resolve it.
- We found there was a good understanding of how to protect people under the legal framework of MCA and DoLS. The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care where possible.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's family members had frequently described the service as 'homely' in their feedback.
- One person's visitor had written in a quality monitoring survey, "In all the years I have visited Wellesley I have never experienced any negative atmosphere. Residents are always happy, proud of their bedrooms and spacious common areas. What would I change? – Nothing!"
- A health care worker said how well people were supported to present as they wanted to and express their individuality.
- The service policies addressed the requirement for equality and diversity to be understood and met, the age and gender differences of people using the service for example.
- The registered manager said, "When recruiting staff, the main character trait we seek are those individuals who show compassion, care and patience."
- We observed lots of banter, fun, smiles and positive engagement between people using the service and staff.
- People were very keen to tell us about their room and the work they did. They were proud of how they lived and what they had achieved. They made us very welcome.
- People were supported to maintain important family connections. One family member had written, "They support (the person) to 'Facetime' my parents rather than phone."

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

- Regular resident meetings gave people the opportunity to talk about what mattered to them, such as activities and food. One person said how much they liked the meetings where they, "Talk about things."
- Each person had a key worker with whom they made a close attachment. One person said, "My key worker (named) is my favourite staff."
- A health care professional said, "The staff communicate well with (the person)."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was paramount to the ethos of the service. To this end, the service's transport did not advertise that people were living in a care facility. The registered manager monitored, and followed up on, where they thought staff performance could be improved.
- People had individual rooms, which they could lock if they preferred. Their rooms were individual to their preferences and included furniture and fittings which they had chosen.
- People's rooms were not entered without their agreement.
- People's consent was sought always, to use their photograph, for example.
- The registered manager said, "We are always looking for opportunities for residents to be less reliant on the service and more independent. This may be as simple as encouraging them to make their own drink or

attend routine dental checks."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Examples of this compliance included pictorial information about going to hospital, behaviour and bereavement. Tools, such as talking mats and pictorial menus helped people understand information. The registered manager said, "I talk about communication skills to staff at meetings and in supervision. I help them understand not to use ambiguous language, but to be clear in what they say."

- Each person's personal history was known. This helped staff to understand the individual and what mattered to them.
- People talked about the work experience they enjoyed, such as helping in a charity shop, helping in a supermarket and keeping the house notice boards up to date.
- People had a variety of activities available to them. These included arts and crafts sessions, café visits, swimming, a local visiting singer, visiting local places of interest and clubs.
- One person's family member had written, "My family member enjoys weekly supermarket trips with staff to buy provisions. He attends a church of his choice as well as numerous social activities with other residents."
- A health care professional said how over the years there had been much more individual activities and a lot less joint activity. They felt this showed more detail to person centred care.
- People enjoyed parties and events, such as a BBQ in the summer and a firework party in the autumn. Family members said how much they enjoyed sharing this with people.
- The service provided people with a well-equipped gym. A personal trainer worked with people once a week. The provider told us they had helped to fund the purchase of a commercial grade rehabilitation treadmill to help one individual's health improve.

Improving care quality in response to complaints or concerns

- A complaint procedure was available for people's use.
- People told us they would take any concern to (named staff) or the registered manager.
- Staff said that any concern would be fully investigated by the registered manager.
- There had been no complaints received by the service in the previous 12 months and the Care Quality Commission had received no complaints about the service.

End of life care and support

- People had been supported with care and compassion when receiving end of life care.
- People had been fully supported when presented with ill-health and the death of their family members. All end of life care had been managed with the needs of the person using the service as paramount.
- People had chosen, and planted, a tree in the garden in memory of people who they had known who were

no longer living with them.

- One family had commented, "As a family we had always been most grateful for the care (the person) had received from you at all times. You cared for (the person) so well."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- 99% of people completing family questionnaires said the service was well-led. 1% did not respond.
- An email to the service dated July 2018 said, "As far as we are concerned you are brilliant." All other feedback from people's family members was similar in its praise.
- The provider had introduced an electronic care planning system. This helped reduce paperwork and improve risk management systems.
- Regular staff meetings gave staff a platform to discuss each person's care needs. They said they valued that their input was important and considered. This showed teamwork and how the openness benefitted people using the service.

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

- The service had a manager, who was also the provider, registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of how the service is provided. The service had been family run for many decades. Some people had known the registered manager since he was a child. Relationships and trust were solid.
- The registered manager knew about the 'Registering the Right Support' guidance, which promotes people's independence, and reduces the possibility of institutional care. Although people's independence was promoted, some people had lived closely together, sharing mealtimes for example, for much of their adult life. This was what they knew and where they found acceptance, support and care.
- The registered manager looked for ways to improve the service, introducing the role of team leader, for example.
- The provider had displayed their assessment rating at the service and on their website, as they are required to do.
- Notifications were submitted as required.

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

- Questionnaires were sent out annually to family, stakeholders and people using the service. The results were collated and published in newsletters. The service had a closed Facebook page that allowed family to see pictures of their relatives, with their agreement. This helped with communication because families could ask relevant questions with less need for staff to intervene.
- There were regular staff and resident meetings. These were considered valuable.

- The registered manager understood that people had diverse needs. The service worked hard to meet people's individual requirements.

#### Continuous learning and improving care

- The registered manager used an audit tool to review the standards provided and find ways to improve. The tool was based on the Care Quality Commission standards.
- A medication checklist and monitoring form showed that a 'weak area' was identified. This was to be discussed at the next staff meeting. The NICE website was to be consulted for reference. The registered manager said they liked the audit system they used and they had found that including staff in its completion gave those staff a valuable involvement.
- Where any incident or accident had occurred, this was robustly and openly investigated and safety measures put in place.
- Best practice guidelines were followed. External professional advice was sought appropriately.
- The registered manager used all feedback to look for ways to improve the service and followed up on any actions required. This included monitoring the temperature of the medicines storage cupboard for example.

#### Working in partnership with others

- A health care professional said, "I really like the service...communication is good...they've done some really good work."
- The registered manager had run a local 'Gateway' club for the last eight years. This provided a social outlet for people with a learning disability in the local community.
- The service worked closely with multidisciplinary community health and social care professionals.