

Wellesley House Limited

Wellesley House

Inspection report

10 Wellington Road
Bury
Lancashire
BL9 9BG

Tel: 01617616932

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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 unannounced and took place on 9 December 2015. The last inspection of Wellesley House took place in June 2014 when we found all the regulations we reviewed were met.

Wellesley House is a care home providing support for up to four people who have a learning disability who may at times present behaviour which can be challenging. At the time of our visit, three people were using the service. A fourth person who had lived at the home for many years had moved to another property with the organisation that had been adapted for them to support their changing physical needs.

Wellesley House is a large terraced house located close to the centre of Bury and opposite a local park.

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. The registered manager was also one of the registered providers for the home.

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, "I feel safe because I have got staff here. I could talk to any of the staff if I have any worries or concerns."

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with staff who were potentially unsuitable to work with vulnerable people. There were enough staff on duty to meet people's needs.

People's medicines were managed well and the home was seen to be clean and tidy throughout. Some maintenance concerns were seen on the day of our inspection visit relating to the roof, which was in the process of being reroofed.

People who used the service had the capacity to make decisions about their day-to-day lives and what they did with their time. Staff we spoke with demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people appropriately to make choices and decisions.

We saw that staff worked hard to ensure people had active and fulfilling lifestyle's to minimise challenging behaviours with strategies and consistent support approaches by staff.

Staff received the training and supervision they needed to support people safely and effectively.

People told us that the food was, "Nice" and "I like hot curries." There was a weekly menu in place which showed a varied and balanced diet was available to people.

Arrangements were in place to request health and social care services to help keep people well and advice was sought when needed.

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received. People we spoke with told us they got on well together as a group. One person said, "You won't get a better home than this. I have been in places before and it was a nightmare."

We saw that to ensure people's right to privacy they had keys to their bedrooms and the front door, where appropriate.

People told us they had a range of individual activities that they participated in at the home and in the local community; these included, for example, working as a volunteer in a charity shop, going to college and Gateway.

We found people who used the service were encouraged to maintain their independence, wherever possible.

Systems were in place to regularly assess and monitor the service provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff reported the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

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.

People who used the service felt safe and able to raise any concerns. The staff were confident they could raise any concerns about poor practice and these would be addressed by the providers to ensure people were protected from harm.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with staff who were potentially unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

Is the service effective?

Good ●

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People were supported to maintain good physical and mental health through attendance at routine appointments, for example, with doctors, dentists, chiropodists and opticians.

Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and staff were warm, frequent and friendly. The atmosphere was calm and relaxed.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

Is the service responsive?

Good ●

The service was responsive.

We found people who used the service were encouraged to maintain their independence wherever possible.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to regularly assess and monitor the service provided. The provider had notified us of any incidents that occurred as required.

People who used the service and staff told us that the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

Wellesley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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. We also reviewed all the information we held about the service including notifications the provider had made to us.

We also contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by an adult social care inspector.

We visited the home on 9 December 2015. We spoke with two people who lived at the home and briefly to a third person. We also spoke with a support worker, the registered manager and another manager from within the organisation who had delegated responsibilities that covered the home.

During the inspection we spent some time with people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included one person's care records, which we looked at with them, as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, "I feel safe because I have got staff here. I could talk to any of the staff if I have any worries or concerns."

The term safeguarding is used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was available on the notice board for people to view in the entrance hall.

Records showed that staff had received training in the safeguarding of vulnerable adults and policies and procedures were available for them to refer to. The support worker we spoke with confirmed this. They told us what action they would take if they saw any signs of abuse or their responsibility to 'whistle blow' should they see a colleague mistreating a person who used the service. The support worker was confident they could raise any issues and discuss them openly with the providers.

We looked at the recruitment files held for two staff who were employed within the organisation. We saw there were robust recruitment and selection procedures in place, which met the requirements of the current regulations. It was noted that there had been no changes in the staff team for many years.

People we spoke with who used the service said that they thought there were enough staff to help support them. One person said, "They are here morning and night." The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home, for example, hospital appointments or activities, additional staff came in to support people. No agency staff were used at the home and staff would cover for each other. This meant that people were always supported by staff that knew them well and ensured good continuity of care.

We saw that there were risk assessments in people's care records that gave information to staff about how to support people to keep them safe and minimise any presenting risks. Risk assessments included, for example, behaviours that may challenge, use of the kitchen and laundry, travelling in cars and going out independently.

A person who used the service showed us around the communal areas of the house. We saw that the house was comfortable, homely and well maintained. We saw that building work was in progress and a new roof was in the process of being fitted to the house.

Staff members were responsible for cooking and cleaning, as well as supporting people with daily living skills. Both people we spoke with told us that they liked to keep their bedrooms and ensembles clean and tidy.

The kitchen was seen to be clean, tidy and well organised. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections and a foot pedal bin.

In the bathroom, we saw that people had access to handwashing liquid and paper towels. Handwashing information was available that distinguished the difference effects of good handwashing and the use of alcohol hand sanitizers.

People had their own ensuite showers. One person told us that their ensuite shower had recently been refurbished and they had a new toilet, sink and shower.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

People told us that they got their medicines on time. One person said, "The pharmacy brings my medication and I have never run out." Medication was seen to be securely held in the office. People's medicines were checked daily and the pharmacist had also carried out a full audit in November 2015 and no actions were required. There was also a Standard Operating Procedure that had been written in consultation with a local clinical commissioning group (CCG).

Staff were responsible for the administration of people's medicines we saw systems were in place to record what medication people had taken. Staff had undertaken training in the administration of medicines.

We looked at the Medication Administration Record (MAR) charts for people who used the service and found there was a photograph of the person to help identify the person. No controlled drugs were being used and no one was receiving their medicines covertly or without their knowledge.

Is the service effective?

Our findings

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).

We checked whether the service was working within the principles of the MCA. All the people who lived at the home had the capacity to make their own decisions about their day-to-day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS). One person who used the service had a DoLS in place at the time of our visit. An annual review of the DoLS had recently taken place to check that the least restrictive practices were in place for the person.

There were no behavioural management concerns at the time of our visit and physical intervention techniques were not used. We saw that staff worked hard to ensure people had active and fulfilling lifestyles to minimise challenging behaviours with strategies and consistent support approaches by staff.

One person had consented to a restriction being put in place around their money being given to them on a daily basis. The person told us that they were happy with this arrangement. We also saw on the support plan that there was information about the person's behaviours and what might indicate they were becoming unwell.

There was a staff handover and a record of the handover was maintained. On the day of our visit, one person who was on a day off from work and college was going out to lunch with their key worker. A support worker we spoke with said, "We are all very happy here."

We saw that staff had received the basic training that they needed to carry out their roles safely and effectively. Records we saw supported this. Records we saw showed that staff received regular supervisions with the manager and the staff member we spoke with confirmed this.

We looked at the staff team training record. This showed that the staff had received basic training in first aid, fire safety, infection control, food hygiene, medication and safeguarding. The registered manager held a Registered Manager's Award Level 4 in health and social care. All the staff held a National Vocational Qualification (NVQ) Level 3 except one who held NVQ Level 2.

People told us that the food was, "Nice" and "I like hot curries." There was a weekly menu in place which showed a varied and balanced diet was available to people. All service users have their own personal

cookery books, which had been devised with support from our staff. They detail health and safety carried out, items cooked etc. We saw that there was plenty of food available for people to eat. People told us they could go to the local shops if they ran out of anything.

People told us that they could access the kitchen at any time. The service was monitoring people's caffeine intake in tea and coffee and encouraging people to drink more water or fruit juices. Fresh fruit was also available.

Some people told us that they were involved in helping to prepare and cook snack meals. There were no concerns about people's weight and no special dietary needs were in place. We saw that one person had lost a significant amount of weight, which would benefit their health needs, through healthy eating and attending the gym.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. One person said, "I have a doctor and a dentist. I have got glasses now for watching the telly." People were supported by staff to attend their health care appointments.

Health action plan and information about what people would want to happen at the end of their life. We saw that there was a 'grab file' available for staff to use in case of an emergency which included a hospital admission form and information about a specific health issue for a person.

Is the service caring?

Our findings

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received. People we spoke with told us they got on well together as a group. One person said, "You won't get a better home than this. I have been in places before and it was a nightmare."

We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. There was a lot of good humour and laughter. People we spoke with said, "Yeah they are alright the staff I like all of them" and "I like the staff they are not rude or nasty."

People looked well cared for and were well dressed. We saw that to ensure people's right to privacy they had keys to their bedrooms and the front door to the house if they were able to use them safely.

Reference to dignity and respect was made in people's support plans. For example, 'I am a private person and staff must respect my personal space, ask if I need support and knock before entering my room.'

We saw that where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

People told us that they were busy with Christmas parties at various organisations they were involved with, for example, day centres and Gateway. The organisation also held an annual Christmas party at a cricket club for people who used the service, staff and their families and friends. The service also celebrated people's birthdays. One person showed us the new suit and tie they had bought for a forthcoming party, which they were very pleased with.

It was clear from discussion with staff members that they had a good understanding of people's individual care and support needs.

We saw that personal information about people who lived at Wellesley House was stored securely which meant that they could be sure that information about them was kept confidential.

Is the service responsive?

Our findings

One person told us that they that they had been involved in developing their plan and they had signed to confirm their agreement to it. They also said, "Staff do all that. I am not bothered about it." We looked at their support plan with them. We saw that the support plan was written in a person centred way and reflected what the person had told us about what they did in their day-to-day lives and their likes and dislikes. Staff signed to say that they have read and understood the support plan, which was kept under review. People's care records were discussed and reviewed with the person's keyworker at their supervision session every eight weeks unless the person's needs changed.

We saw that the activities room had a person centred planning wall, which outlined people's strengths and goals. The plans were collages that people had helped to make using photographs and pictures.

The activities room had a pool table and other resources, which were available to use. We saw that another person was very busy with his own preferred activities, for example, following football teams and television celebratory. This person had access to a desk and a computer. One person we spoke with said, "I have got a new television. I am busy all the time so like to watch my television lying on my bed or play on my Xbox."

People told us they were involved in a range of individual activities that they participated in at the home and in the local community. One person told us that they had been successful in getting volunteer work at a local charity shop for three days a week and that they were really enjoying it. They told us that they were also busy with college three days a week. They said that they liked to keep busy. It was noted that the person had maintained 100% attendance for the past two years. They also said that they liked going to the home's allotment.

Another person had recently returned to college with the support and encouragement of staff. They came home from college proudly with meat pies that they had made that they were going to have for their tea.

People told us that they had been on holiday I have been to Skegness this year but it was windy, wet and raining so I want to go back to Spain again. I liked sitting in the front of the car with [the support worker]."

We found people who used the service were encouraged to become as independent as possible with staff support tailored to meet their individual needs. Wherever possible, people took responsibility for household tasks. This helped to support people to maintain or develop their independent living skills. One person told us, "I do jobs around the house and keep my room clean and tidy. I out my washing in the machine and take it out to dry."

There had been no complaints about the service. People told us that they could speak to any of the staff if they had any worries or concerns. Residents meetings were held regularly and a record kept. This gave people the opportunity to raise any issues and also to address any support needs, for example, help to buy a Christmas present for a girlfriend and buying winter clothes.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately, with the support of the providers and managers.

Is the service well-led?

Our findings

The registered manager was also one of the providers [owner] of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered manager for this service had done this appropriately when required.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service. Rochdale MBC had also carried out a quality assurance review and no concerns were noted.

People who used the service and staff told us that both owners were approachable and supportive. We saw that people were able to speak openly and freely with the registered manager in order to express their views and opinions.

The registered manager was clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community.

Records showed that regular staff meetings were held regularly which gave staff the opportunity to share information and raise any concerns they may have about the service.

The home was externally audited by Investors In People in September 2013 and is due to be reassessed by them in 2016. The providers kept up to date with good practice by attending a local partnership safeguarding and training boards, Skills for Care and fire safety training.

Records we saw throughout our inspection showed that there was a robust system for checking health and safety procedures throughout the home, which included, for example; environmental checks, finances, medication and reviews of support plans.

The providers set out an annual business plan, which sets out the aims and objectives for the home. Annual satisfaction surveys were carried out to check that people and their families were happy with the service provided.

The providers also carry out a review of the service and the organisation as a whole every six months. We saw a copy of the 2014 'End of the Year' report, which was both detailed and user-friendly showing photographs of events that had taken place throughout the year. The people who use the service sign the report to show they had seen it. The providers commented in the report that they "Greatly appreciated the staff and would like to thank all the staff for their dedication and caring attitude."