

Wren House Limited

# Wren House Residence for the Retired & Elderly - Warminster

## Inspection report

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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

Wren House is a residential care home providing accommodation for up to 14 older people. At the time of our visit there were 10 people living at the home and two staying temporarily on respite. Wren House is a listed Georgian building set on the outskirts of Warminster in Wiltshire. Bedrooms are ensuite and are arranged over two floors. There are landscaped gardens with several seating areas.

At our previous inspection in September 2015 the service was rated as Good, we found that people were receiving good care. At this inspection we have found that these standards have been maintained. This meant that people received good levels of care that responded to their individual needs and preferences. People, relatives and visiting healthcare professionals spoke positively about the staff team; they were described as considerate, caring, helpful and always available. We found that staff were skilled, caring and supported people to live in the way that they chose.

People told us they felt safe. We found the service continued to keep people safe, as staffing levels were appropriate to meet people's needs. Staff knew and understood their responsibilities for safeguarding people against potential risk or harm, and were able to tell us how they would report any concerns. Staff received supervision and training to support them in their role.

Medicines continued to be stored, administered and recorded safely. People were encouraged to self-administer their medicines where appropriate.

People had access to food and drink and were consulted about their likes and dislikes. Menus were changed every four weeks to adapt to seasonal demand. People and their relatives were very complimentary about the food offered.

People were supported to maintain relationships that were important to them. There were no restrictions on visiting and access to the local community was encouraged and supported where possible.

Care and support plans were individualised and described the person's needs in detail. 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.

There were robust auditing systems in place for all aspects of the service provision. People, staff and relatives all spoke very highly of the management team and the support they gave to people and staff.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well-led.

# Wren House Residence for the Retired & Elderly - Warminster

## **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 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 was a comprehensive inspection.

The inspection took place on the 10 and 11 October 2017 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we requested 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. This was returned and completed in full. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are how the service tells us about important issues and events which have happened at the service.

We spoke with eight people using the service and observed the provision of care and support in communal areas. In addition, we spoke with three care workers, one domestic, the head cook, the deputy manager and registered manager. We also spoke with one relative.

We received feedback from two health care professionals about their experiences of the service.

We observed the lunchtime meal, the administration of medicines and an organised social activity. We spent time looking at records, including three staff files and other records relating to the management of the service such as policies and procedures, accident and incident recording and quality assurance

documentation. We 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. In addition we reviewed the care records for a further two people.

# Is the service safe?

## Our findings

People continued to be safe. All of the people we spoke with felt staff supported them in a way that ensured their safety and protected them from harm. Their comments included, "When I need help I just press my call bell and staff always come. I never have to wait which makes me feel safe", "I've had a few falls so the staff are always checking on me. They are extremely understanding of my needs and will always offer me reassurance" and "I get regularly checked at night which makes me feel completely safe."

The staff had a good understanding of safeguarding people from potential risk or harm, and were able to describe the different types of abuse and how they would report any concerns about a person's safety. Staff were confident that any concerns would be acted on promptly by the management team.

There were comprehensive risk assessments in place which people had been involved in developing. People's records included risk assessments for nutrition, choking, pressure area care and moving and handling which supported staff to deliver safe care.

People had detailed personal emergency evacuation plans (PEEPs) which gave information about the support they would need to evacuate the building in the event of an emergency. There was also a comprehensive business continuity plan outlining actions to take in any emergency.

Two people told us of a recent situation when there was a power cut during the night. They said that staff came to check that they were safe and to offer reassurance. One person told us, "The girls brought torches round and kept checking we were alright during the black out. I felt perfectly safe."

The service used a dependency tool to calculate staffing levels based on people's needs, the service was consistently meeting and exceeding their own recommended staff ratio. This meant that people had care and support at times that suited them. A healthcare professional told us, "There are always enough staff on duty and they are very friendly."

The service had safe recruitment practices in place. We looked at the files for three staff members and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines continued to be managed safely. Staff responsible for administering medicines had completed medicines training and had their competency assessed.

People could have the level of support they wanted to manage their medicines, as they were stored in locked cupboards in their own rooms. People were supported to self-administer their medicines following appropriate risk assessments.

People told us they always received their medicines when required. Their comments included, "I always get my medicines on time" and "They are very good about giving me my medicines."

During our inspection, we found the service to be clean with no odours in any part of the building. We saw cleaning schedules, which outlined daily and weekly cleaning activity. Feedback from a healthcare professional told us, "The place is so clean all of the time."

Staff told us they have received training on how to wash their hands properly, "The manager is hot on handwashing." They told us they often had "spot checks" from the registered manager to make sure they were washing their hands effectively. Good hand hygiene is important to prevent the spread of infection.

The service had recently had an inspection from an environmental health officer from Wiltshire Council who has awarded the kitchen a five star rating. This meant that the kitchen had very good hygiene standards.

Maintenance of the premises and equipment was robust and the maintenance person or an external contractor carries out safety checks. There was a comprehensive set of logbooks recording all safety checks in relation to premises and equipment such as fire alarms, hoists or electrical appliances. Any defects were recorded in the logbook with remedial action taken and a date of completion. Each month the logbooks were signed off by the registered manager and quarterly by the regional manager.

## Is the service effective?

### Our findings

The service continued to be effective. People spoke highly of the food and told us there was plenty to eat and drink. Their comments included, "The food is first class. We are given a menu each day to choose what we want"; "The food is very good. I can have an alternative if I want. I didn't like my sandwich and they asked if I wanted something else" and "The food is fantastic. Plenty of choice."

One person told us, "The cook rings me each day to see if I'm ok and discuss what I would like to eat." During our visit, we were present when the cook contacted this person to discuss what was on the menu. As the person was unable to eat the dessert, they discussed other alternatives the person could have.

We observed people had fresh water in their rooms and were supported to have additional drinks throughout the day. People could have fruit in their water if they wished. People were provided with their own fruit bowls in their rooms, which were replenished twice weekly.

We observed that people had choice of where to eat their meal. Some people chose to eat in the dining room or in their own room. People having any refreshment or meals in their own room had trays that were presented nicely, each tray had a doily with condiments and were laid as the person preferred.

People told us they had access to appropriate healthcare to maintain their health and well-being. A relative told us, "They are managing her health needs very well. When needed they will call the GP or the district nurses. They are extremely good at keeping me up to date with what is happening."

People's care records showed that health and social care professionals had been involved in their care. Feedback from a healthcare professional told us, "They [Wren House] are very good at bringing in the GP if it is needed."

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.

We checked and found the provider was working within the principles of the MCA and the registered manager understood their responsibilities in relation to MCA. People living at the service had capacity to consent to care and support. Care records documented individual choices in all areas and details of how they wished to be supported.

People can only be deprived of their liberty so that they 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 are called the Deprivation of Liberty Safeguards (DoLS). During our inspection we found there were no DoLS in place because people did not require this safeguard.



The needs of people using the service were met by staff that had the right knowledge, skills, experience and attitudes. New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members.

Training records showed staff received a wide range of training and qualifications on core topics required by the provider, and also topics relevant to the needs of the people using the service. For example, staff had received training on topics such as dementia awareness, equality and diversity, safeguarding, safe moving and handling and infection control. A training matrix was in place to monitor the training each staff member had received and when it was due to be refreshed. Training was provided using a mixture of classroom based learning and workbooks.

Records we viewed showed staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings, there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. The registered manager also discussed with staff their understanding of different policies and procedures during these meetings. Staff told us they felt well supported in their roles.

The service was accessible for people living there through use of a stair lift. There were a number of rooms on the ground floor that also had direct access to the garden.

## Is the service caring?

### Our findings

People were extremely complimentary about the care and support they received from staff. Their comments included, "Staff are all very kind and helpful", "They are all so patient and friendly. I am very happy here" and "The staff are brilliant. Always so cheerful."

A visiting relative told us, "They are magnificent here. All staff are terribly caring towards my mother. They are respectful and courteous not just to her but to the whole family. They care for her constantly throughout the day and are very attentive. They are flexible in how they provide her care and I am confident when I leave that she is well looked after and comfortable."

One person told us, "Staff are lovely, cheerful, considerate, very caring, and extraordinarily patient. They are dignified in their support which they carry out quite calmly." Another person told us, "the staff are absolutely fantastic. Everything is done how I feel it should be. They always put us first. It is not a care home it is a family."

Staff spent time with people ensuring their care needs were met in an unhurried manner. People told us their care was not rushed and staff had time to spend with them. One person told us, "I told them (staff) I was not too quick today. They said don't worry. Just take your time. I cannot fault them. They are all so friendly." Another person told us, "They always take the time to reassure me when I am feeling unwell. They will sit and hold my hand until I am feeling better and not so worried. They leave me feeling they care and will always come back to check on me. It is such a relief to have their care."

When staff came into people's rooms they were patient with giving care and explained to people why they were there. They supported people to move around their room at a pace appropriate to them. We observed a staff member bringing one person's lunchtime meal to their room. As the person had a sight impairment, they explained they had put their meal on the table. They then supported the person to move from their armchair to the table. They did not rush the person and encouraged them to "take your time."

We observed staff speaking with people in a kind and caring manner. Staff knocked before entering the person's bedroom and explained why they were there. One person spoke to staff about the importance of drinking water. The staff member, in a kind manner, explained that it was "good for them" and gently prompted the person to be aware where their water glass was. In the person's care plan, we saw it was noted, that for health purposes, it was important for the person to drink plenty of water.

Staff told us that privacy and dignity was respected and gave us examples of how they do this day to day. Staff told us they always knock on people's doors, they make sure curtains are closed for privacy if needed, they respect how people choose to live, they respect people's personal preferences, they use appropriate language and never talk over people. A healthcare professional told us, "With regard to dignity and respect, whenever I am in the home, the residents are always asked whether they would like a member of staff to be present or not, if not I will see them alone. When examining patients the staff will always draw the curtains, ensure that we are not interrupted and that we cannot be overseen or overheard."

People told us that staff respected their dignity and privacy. One person told us, "I can call staff if I have had an accident. They come to help clean me up. They treat me with respect. They never ridicule me, never criticise and never crack a joke. They just get on and help me at a time I feel humiliated. They look after me very well." Another person told us, "They are very dignified with the support they give me. I am completely in control of my care and they respect this."

We observed and heard friendly conversations between staff and people living at the service. People were referred to by their preferred name and this information was recorded in people's records. We observed and heard interactions between people and various staff that was respectful and caring. This included conversations that were communicated over an intercom system. People had an intercom in their rooms, which they could use to talk to the kitchen. We heard people using this system to request changes to their menu or to ask for a hot drink. Staff were always thoughtful and kind in their response. A healthcare professional told us, "The care and compassion shown by the carers in this home is outstanding." Another healthcare professional told us, "All the staff are very positive and incredibly welcoming and it [Wren House] generally feels like a very relaxing place to be."

We saw that all staff working at the service had developed caring relationships with people. This was demonstrated at all levels. We observed that one person requested their PRN medicines for pain. PRN medicines are prescribed for people to take as and when they need them. The registered manager saw that the care worker was busy at this time and administered them immediately. This made sure the person had their medicines at the time they needed them.

The head cook told us they had developed good relationships with people involving everyone in menu planning. There were documented minutes from 'Food Forums' held in March and June 2017. There was also discussion around menus recorded in residents meeting minutes in April and August 2017. Where people had not been able to attend these meetings the head cook had visited them in their rooms and recorded these discussions so that their views and wishes were considered.

People were supported to maintain relationships, which were important to them. Their comments included, "I can have visitors here anytime. They can just pop in. My nephew often stays and has his supper here", "Visitors can come here any time. Some people visit with their dogs which is lovely" and "Visitors can come any time. They are always made welcome."

People were supported to develop new relationships where appropriate. There were two local schools that the service had developed relationships with. We saw pictures of visits from the schoolchildren and pictures of when people have visited the schools in return. Where people had wished, they had the opportunity to 'buddy' with one of the schoolchildren who visited. They met weekly and talked to each other - sharing their news. The registered manager told us she wanted people to think of the move to Wren House as a new beginning.

We saw that people were supported to maintain their independence. Care records demonstrated that people were encouraged and supported to access their community independently, complete activities of daily living and manage their own medicines. One person was still driving their own car, which gave them the freedom and independence to visit friends and family or access the wider community.

Another person had hand written their own nutritional care plan telling the staff what they liked to eat and how they liked their meals presented. This person had hand written other parts of their care plan, which had been incorporated into the document. We saw one person had changed their care plan to include the support they wanted to be able to do their own ironing. This had been risk assessed and now the person

was able to iron their own clothes.

We reviewed compliments and found many letters of praise for the staff at Wren House. One person wrote 'Staff were kind, respectful and cheerful to everyone'. Another had written 'Wren House was very friendly and welcoming and the staff were lovely.'

The service had a stable staff team, many of whom had been working at the service for a long time and knew the people and their relatives well. This provided a continuity of care, which meant that people had care and support from a team that knew their individual needs. Even with this knowledge staff told us they never assume people's likes or dislikes they always asked. A staff member told us, "Needs change, habits might change."

Staff told us they liked working at Wren House. Their comments included, "It feels like another family" and "I enjoy coming to work as it is like a family here" and "It is like a little community." Another staff member said that Wren House was, "A beautiful home, unique and safe, it is a home from home." Staff liked the ethos of the management of Wren House, they felt person-centred values were promoted. Staff told us one of the best things about working at Wren House was, "Residents needs are carefully considered, no-one is treated the same, care is individual to them."

One staff member told us that whilst the managing companies of Wren House might have changed the service had always kept "The essence of Wren." This staff member wrote down what this meant to them, 'The Essence of Wren is the little things, the attention to detail and the timeless elegance of the buildings and surroundings.' This attention to detail included making sure knives and forks were in position according to the person being right or left handed.

The service was passionate about ensuring people received quality end of life care. One person told us how the service had supported her to have her husband home from hospital so they could spend their last days together. They told us the registered manager had liaised with professionals "to bring him back home to die." They said, "he was so happy. They were just wonderful. "

We checked care and support plans and found there was detailed information about people's wishes regarding their end of life care arrangements. For people who were nearing the end of their life we observed staff being attentive and respectful. They also were supportive of visiting relatives making sure they had privacy and were comfortable.

Where required emergency medicines were available to support people with managing their pain and to be as comfortable as possible in their last days. A healthcare professional told us "Staff here appreciate that residents often come into their residential care to die, their level of palliative care is exceptional."

One relative told us, "Staff are wonderful. They have taken a huge amount of effort to get to know my mother well and her interests. My mother has been involved in discussions about her care including the end of life care she wishes to receive. This was all done with good humour and not a painful difficult conversation. They are magnificent. The communication here is very good."

The service had received many compliments about their end of life care from relatives who have taken the time to write a letter of thanks. One relative had written 'I cannot thank you enough for all the never-ending care, love and support that you not only showed my mother in her final weeks, but also our family.' Another relative had written expressing thanks that their mother had been 'surrounded by love and caring.'

## Is the service responsive?

### Our findings

People told us they felt there were enough activities on offer throughout the week. One person told us, "There is a timetable of events. You can just say no if you don't want to attend. I like to sit in the garden and chat to people. You can always have a bit of fun." Another person said, "There are things to do during the day. The vicar comes and gives holy communion once a month. There are other things such as making the Christmas tree and bingo. A girl comes on a Friday and teaches us exercises. She's absolutely excellent. One lady comes regularly and has improved her movement by exercising."

Another person told us, "There is lots going on. Everyone is told about it but some people choose not to attend. I try to go to everything. We tend to go out once a month. I went out for lunch not so long ago. If we have day trips then extra staff are brought into support. They did this when we went to see the Christmas lights. We can give staff suggestions on what we would like to do."

During the first day of our inspection, we observed a reminiscence group, which took place after lunch. A staff member had brought in objects from the past such as a typewriter, rolling pin and old books. A small group of six people attended this activity. The staff member handed round each object and asked people if they remembered what it was used for. There was much discussion and laughter from the group. The atmosphere of the group was relaxed and friendly with the staff member ensuring that all people were involved. They took the time to explain to those people who were visually impaired what the object was.

The registered manager told us they had secured funding to buy the service a mini bus, which will support people who live at the service to better access the wider community.

People and their relatives told us they were actively encouraged to put ideas forward and share their views. A relative told us, "There are relatives meetings held regularly. They have an agenda and ask for the items you want to raise. They are very open and welcome suggestions to improve the home. They are very responsive."

We looked at four care and support plans, which documented all aspects of people's care. People's involvement was evident throughout their care plans. People had signed to say they agreed with the information in their care plans. Records of discussions between staff and people about their care and support were clearly documented. Where people had requested information was changed in their care plan this had been actioned. For example, during a discussion with one person it was noted in the review about them preferring to eat in their room. The person had requested that this be added to their care plan, which was done. We spoke with this person about their care plan. They said, "I have a care plan where I can tell them how I want care. For instance, I like my pants on first, then shirt and trousers."

In addition to care plans care workers completed daily notes, which recorded the day-to-day care and support provided. At the front of this file was a one-page summary giving an overview of the persons likes and dislikes. The summary recorded 'How best to support the person' and 'What is important to the person.' This supported care workers to have the information required to deliver personalised care knowing what

was needed and important to the person. A healthcare professional said, "It [Wren House] is not an institution residents are not numbers, they are treated as individuals."

The service had a complaints policy and had received one complaint this year. There were comprehensive records of this complaint including an investigation record, the findings and conclusion. There was a letter of response sent within the provider's timescale and we saw that learning points had been shared with the staff team.

People and relatives told us they felt comfortable about raising any concerns. Their comments included, "I can raise a complaint. The boss is very nice. She impresses upon you to talk about different things. I'm free to talk about anything. They (staff) will always make time", "I've never had to make a complaint but I know I could make one either formally or informally to either of the managers. They always make time for you" and "I have never had cause to complain but could speak to any of the staff if I needed to."

One person told us that when they had some concerns about "Some girls (staff) don't know how I like things." They had spoken with the registered manager who responded by organising some training for the staff concerned.

## Is the service well-led?

### Our findings

There was a registered manager 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.

People spoke positively about the management of the service. Their comments included "The (registered manager) is very approachable. If I think something has gone wrong I can mention it to her and she will do something. She is very sympathetic" and "The manager is lovely. So helpful and approachable. I have been here two years and it's absolutely wonderful."

One person told us, "The managers are always visible. If there is an issue with staffing then they will always cover a shift."

Staff told us they enjoyed working at the service and it was well managed. They told us, "The manager is 100% supportive, tries their best to resolve any issues no matter how big or small" and "The manager is brilliant, very fair and I can go to them with any problems." One local healthcare professional told us, "The manager is brilliant and very dedicated."

The registered manager and deputy manager were both present during both days of the inspection. We were told by a relative that after the first day the registered manager had stayed on at the service until 9.30pm in order to discuss their relatives changing needs with them. The relative told us, "I was travelling back late last night and the manager was here when I arrived. She updated me with what was happening with my mother. The manager is always supportive and accessible. She is very visible around the service." A healthcare professional told us the management team are "Always approachable."

We observed that the registered manager and deputy worked well as a team. They supported each other and communicated with each other and the staff making sure people had what they needed. They were knowledgeable about people's individual's needs and modelled good practice by delivering hands on care where needed.

People met with the registered manager regularly. Pre-lunch drinks were served in the drawing room for anyone who wished to attend. The registered manager had a regular presence at this social event. We saw records of the conversations, which were documented daily. Where people were unable to come to the drawing room, if they wished the registered manager visited them in their rooms. These discussions were also recorded so that their opinions, concerns and wishes could be considered in any meetings regarding the service.

There were comprehensive quality assurance systems in place to cover all areas. During our inspection the provider arrived to complete an unannounced 'impact audit' completed by a member of the quality team. These audits were completed every six months to review all aspects of service delivery. This meant the

provider could regularly check systems and processes were being followed. The registered manager told us that in addition to the 'impact audit' the provider also completed a finance audit every three months, an annual full facilities management audit and there was a monthly visit from the regional manager. Records showed the pharmacist had also completed a comprehensive medicines audit on the 3 October 2017. This helped to provide assurances about the safety and quality of the service.

The results of these audits were then transferred to the services development plan. The registered manager then allocated actions to various members of the team to complete and inputted all data on the providers care portal. We were able to review the service development plan via the care portal which is an online tool. The system made sure the provider, as well as the registered manager, kept track of outstanding actions.