Victoria Nursing Group Limited

Wells House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 took place on 26 and 27 April 2017 and was unannounced. Wells House Nursing Home is registered to provide accommodation, personal and nursing care, for up to 21 people. There were 18 people using the service during our inspection. People were living with a range of care and health needs, including diabetes, Parkinson's disease and dementia. Most people were highly dependent on staff and needed total support with all of their personal care and some with eating, drinking and mobility needs.

Wells House Nursing Home is a large detached house with accommodation spread over three floors accessible by stairs and a passenger lift. Although the service provides a communal lounge/dining area and a seating area, most people were too frail to use these areas and received bed care. Nine bedrooms had ensuite facilities. There was a large garden which some people could access.

A registered manager was in post, although they were not present during the inspection. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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.

Although a long established service, this is the first time that Wells House Nursing Home has been inspected while under the ownership of the Victoria Nursing Group Limited. This inspection highlighted some areas where regulations were not met and other aspects which required improvement.

We found some aspects that were not safe and required improvement to address them.

The method used to assess people's needs against the number of staff needed to meet those needs was not meaningful and had not been reviewed for over six months. Particularly at night, some people told us staff had not come when they needed support.

A survey of people living in the service found they felt safe. People received medicines safely and how and when they were supposed to.

Assessments had been made about environmental risks to people and actions had been taken to minimise them. Staff knew how to recognise signs of abuse and how to report it.

Proper pre-employment checks had taken place to ensure that staff were suitable for their roles.

Staff had received training in a wide range of topics and this had been regularly refreshed. Supervisions and appraisals had taken place to make sure staff were performing to the required standard and to identify developmental needs.

People's rights had been protected by assessments made under the Mental Capacity Act (MCA). Staff

understood about restrictions and applications had been made to deprive people of their liberty when this was deemed necessary.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, health and social care specialists, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Staff treated people with kindness and respect. Staff knew people well and remembered the things that were important to them so that they received person-centred care. People and relatives gave mainly positive feedback about the service.

People had been involved in their care planning and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves as much as possible.

Staff felt that there was a culture or openness and honesty in the service and said that they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to encourage feedback from people, relatives and staff and were subject to continuous review.

People's safety had been protected through cleanliness and robust maintenance of the premises. Fire safety checks had been routinely undertaken and equipment had been serviced regularly.

People enjoyed their meals; any risks of malnutrition had been adequately addressed. There were a range of activities.

The registered manager was widely praised by people, relatives and staff for their commitment to improving the service. There was an open, transparent culture amongst staff and management.

People knew how to complain if they needed to; most complaints were addressed in line with the services' policy.

We found a number of breaches of Regulation. You can see what action we told the provider to take at the back of the full version of the report.

We have also made the following recommendations:

We have made a recommendation that the service fully review the operation, checks and use of the staff call system.

We have made a recommendation about the prioritisation and completion of all personal emergency evacuation plans.

We have made a recommendation about the guidance for staff to support effective hydration of people.

We have made a recommendation about updating some contact details in the complaint handling information.

We have made a recommendation about putting in place a robust audit tool to ensure the numbers of staff on duty is reflective and responsive to 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?

Requires Improvement

The service was not consistently safe.

There were not always enough staff to meet people's needs.

Risk assessments recorded suitable measures to keep people safe.

Incidents and accidents received suitable oversight to promote learning and reduce the risk of them happening again.

Medicines were safely managed, people felt safe and staff knew how to recognise and report abuse.

There was a safe recruitment process in operation.

Is the service effective?

Good

The service was effective.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings with the registered manager to support them in their learning and development.

People received care and support from a team of staff who knew them well.

Is the service caring?

Good

The service was caring.

People spoke positively of the care they received and staff were kind and caring.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Relatives and people's friends told us they were made to feel welcome when they visited the home.

Is the service responsive?

Good

The service was responsive.

The service involved people and their families or advocates in planning and reviewing care.

Care plans were individual and person centred.

There was a variety of activities, functions and outings on offer.

An accessible complaints procedure was in place.

Is the service well-led?

Good

The service was well-led.

Regular audits and checks were undertaken to make sure the service was safe and effectively run.

Policies and procedures were available.

People and staff were positive about the leadership at the service. Staff told us that they felt supported.

Meetings and surveys ensured people were able make their views known should they wish to.

Wells House Nursing 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 planned 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 26 and 27 April 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience who is with experience of social care for older people.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 10 people who lived at Wells House and observed their care, including the lunchtime meal, some medicine administration and some activities. We spoke with two people's relatives, a visiting clergyman and a visiting health care professional. We inspected the environment, including the laundry, bathrooms and most people's bedrooms. We spoke with two nurses, one team leader, three health care assistants, the kitchen and housekeeping staff as well as the services' administrator and the provider. One of the nurses we spoke with was also the acting deputy manager.

We 'pathway tracked' three of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for six other people. We also observed some of the interactions between staff and people who could not leave their bedrooms.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Wells House. One person spoke of the "Close and trusting relationship" between her and the care assistants and how this helped them feel "secure." Most people felt staff usually responded to their needs quickly. One person commented, "Mainly staff come quickly when you ring the bell," another person however, told us they were, "Waiting so long for a bed pan it was too late." Another person said, "I once called for the bed pan at night and I did not get it, this was six to eight weeks ago" Relatives told us they were confident their relatives were safe, telling us, "When I go home I am confident they are safe and I don't worry." During our inspection however, we identified areas which required improvement.

The number of staff on duty matched the staff rota. Feedback about the number of staff on duty was mixed. Some people gave us examples of having to wait for support, particularly at night, or not receiving support in time. At the time of our inspection there were 18 people using the service, 12 people received bed care and seven people required two staff to reposition them during the day and night; this helped prevent deterioration of their skin condition and possible development of pressure areas. Staffing comprised of one nurse and four care staff during the day and one nurse and one carer at night. The registered manager had used a dependency tool to analyse the needs of people to plan how many staff were needed during shifts; however, this was last completed in September 2016. When we discussed this with the acting manager, they totalled people's current needs during the inspection; however, there was no method to equate these needs to the staff support required. At night, when people needed the support of both staff members to reposition them, or when the nurse administered medicines, there were insufficient staff to maintain supervision of other people at the service and meet any personal care needs occurring at that time.

A pressure mat in the threshold of a person's door sounded an alarm call if the person tried to leave their room. Risk assessments and best interest meetings showed they were at risk of falls and did not have capacity to leave the service safely if unsupervised. The intention of the pressure mat was to alert staff to support the person to reduce the risk of falls or their potential unsupervised departure from the service. However, in practice staff routinely directed the person back into their bedroom rather than supporting and supervising them to access other areas of the service, for example, the communal dining area, lounge or garden. Discussion with the person found they rarely accessed other areas of the service, they told us, "If staff can, they take me to the garden, most of the time they don't they're too busy". Our review of their daily activity records, observations and discussion with staff found this was the case.

The provider had failed to ensure there were at all times sufficient numbers of staff to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People receiving care in their bedrooms told us staff looked in on them regularly. Our observation found that although all bedrooms were equipped with a staff call buzzer, these were not however, always left within people's reach and, when left in their reach, people could not always operate them. Additionally, despite many people's reliance on the staff call buzzer system, no regular in house maintenance checks

were carried out to ensure it worked correctly from all call points.

We recommend the service undertake a full review of staff call systems, regularly confirming its correct functioning and update individual risk assessments about people's ability to operate the call system.

Records showed Health and Safety audits were completed monthly and reviewed by management to see if any action was required. The service had identified and was in the process of updating people's individual personal emergency evacuation plans (PEEPs). Updates were required because they only provided basic information; this did not offer staff enough instruction about how to support people. This presented a risk that people would not be supported safely in the event of a fire or other emergency.

We recommend the service prioritise their review of personal emergency evacuation plans to ensure they are appropriately informative and meet with the requirements of their policy.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed portable electrical appliances and fire fighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. The passenger lift and lifting hoists were inspected and serviced as needed. Hot water temperature checks helped to ensure against the risks of scalding. Some hot water temperatures marginally exceeded the safe maximum set out within the service's policy. This was discussed with maintenance staff and rectified during the inspection and helped to maintain a safe environment.

People received their medicines safely and when they needed them and administration records confirmed this. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely, in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking them their medicines and then ensured that they had been swallowed them before leaving people. Medicine audits were carried out by senior staff and medicines were counted each day; we saw clear records of the checks that had taken place.

Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed for all staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines. Risk assessments for managing diabetes identified the signs and symptoms a person may have when they became unwell due to this condition and what action staff should take to keep the person safe, including a normal range for blood sugar testing. Staff routinely asked people if they required pain relief and assessment tools were used where people were less able to communicate these needs.

People were protected from the risks of abuse. They were supported by staff who had completed training, to keep vulnerable people safe. Staff understood the different types of abuse, the signs to look out for and the actions to take if they had concerns about people's safety. A typical staff comment was, "I would report it to the deputy manager, manager and tell safeguarding." Staff told us they had not seen anything that needed

to be reported. One staff member said they would have no hesitation in reporting poor practice because, "I wouldn't allow anyone to do it." The acting manager knew what action to take and when concerns were raised to them, they notified the safeguarding team. They said they would contact CQC and Police if necessary. Staff were confident the registered manager would address any concerns appropriately.

Risks associated with people's health and wellbeing had been assessed, and care files informed staff how to manage them. These included risks associated with people's mobility and, if they required equipment to help them move, what equipment was needed and how many staff were required to transfer them safely. People who spent most of their time in bed were encouraged to reposition regularly to relieve pressure. For people identified at risk of falling, they had an alarm mat by their bed or bedroom door to alert staff when they got out of bed, the intention being so they could be supported when walking.

Where risks were identified, people's care plans described the actions care staff should take to minimise them. Risks to people's mobility, nutrition and communication were assessed and staff were given guidance on managing the risks to ensure the best outcome for the person. For example, completing food and fluid charts for people identified at risk of dehydration or malnutrition. Changes in risk were communicated to staff during the handover between shifts. Staff told us the handover was useful because it helped them understand how to care for and support people on each shift to minimise potential risks, especially if people's needs had changed.

A sample of five recruitment files showed required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied. All nursing staff had been checked to ensure they had a current and valid registration with the Nursing and Midwifery Council.

Accidents and incidents were recorded and management reviewed these reports to ensure appropriate follow up action was taken to reduce the risk of further occurrences. We observed staff followed care plan information when assisting people; this helped to keep them safe.

Good

Is the service effective?

Our findings

People told us staff looked after them well. Relatives and a visiting health care professional also shared this view. One visitor told us they would recommend Wells House, telling us "It is a good home." Another visitor commented how supportive staff were. One person told us, "I know I can't live on my own, I am happy being looked after here." People told us they liked the staff, staff knew what to do and how to support them. People said they were involved in their care decisions and staff asked them for their consent, before any care was provided. One person told us, "Staff are very good, they always ask and check first before they help."

Staff discussed with people what was on the menu and recorded their preferred meal choices. Staff respected people's choices about what they did and didn't want to eat. People were supported and encouraged to eat a healthy and nutritious diet. People were complimentary about the food in terms of quality, variety and taste, telling us they always had something to eat that they enjoyed. Drinks and snacks were provided at other times of the day; we saw occasionally they were not within people's reach and addressed this with staff at the time. Where picture references helped some people choose food, we saw these were used. Staff monitored and completed records that recorded some people's food and fluid intake, especially those assessed as at risk of dehydration. Staff completed these records however the information required was not specific or individualised and did not accurately record what had been consumed or what was required. For example, records of fluid intake did not meaningfully support staff to understand if people had drunk enough. This was because records did not always record the quantity drunk or inform staff what daily amount a person should drink; staff were therefore unaware if a person was on target to meet their daily hydration need or if further encouragement was needed. We showed these to the deputy manager who assured us there were no concerns about dehydration, but agreed records could better represent what had been consumed and a recommended daily amount to maintain people's wellbeing.

We recommend hydration monitoring processes are reviewed to support staff to understand required daily fluid amounts and that hydration checks ensure drinks are always left within people's reach when safe to do so.

People told us they had access to, and used the services of other healthcare professionals. Senior care staff and the registered manager arranged healthcare appointments if people's health conditions or behaviours caused them concern, or if people requested it. Records confirmed people received care and treatment from their GP, physiotherapists and chiropodists. Relatives told us whenever other healthcare professionals were involved, they were kept informed about any decisions, treatments or advice given. Staff understood when to seek professional advice and support so people's health and welfare was maintained. Staff told us any advice was followed to effectively help manage people's health needs.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were weighed regularly and the registered manager audited weight records so they were aware of any weight losses that required professional intervention. People with specific health needs, such as diabetes, had detailed care plans for staff to follow to ensure people received the support they needed. They showed exactly what action staff

should take when blood sugar levels were outside of the expected range. People living with diabetes can also be susceptible to circulation problems in their feet and lower limbs as well as serious eye problems, such as cataracts, glaucoma, and retinopathy (a disease of the retina), eye care and foot care was linked to diabetic care needs. Recording of this day to day care helped to ensure any changes in condition were noted and acted upon.

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 make 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.

Staff received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS form part of the MCA and aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom.

Where people lacked capacity, records showed the registered manager was aware of their responsibility to make DoLS applications to a 'Supervisory Body' for authority to provide care and treatment. Records showed two DoLS authorisation had been granted and eight other applications for authorisations awaited decision by the local authority. Staff had a good understanding about the legal requirements of DoLS and were able to give examples of restriction and where least restrictive methods were used. For instance, rather than use bedrails to keep a person safe in bed, floor pressure mats would be considered. This would enable the person to get out of bed when they liked, but alert staff to their actions so that they could be supported if needed.

Staff understood the basis of the MCA and how to support people who did not have the capacity to make a specific decision. Staff knew capacity assessments were decision specific. We heard staff encourage people to take their time to make decisions and staff supported people patiently whilst they decided. Policies reflected where more complex or major decisions needed to be made; involvement of relevant professionals such as GP's and an Independent Mental Capacity Advocate was required. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Information about these processes was available to people and visitors within the service.

Staff told us seeking consent from people was an important role in how they delivered care to people. Staff told us how they sought consent. For example, one staff member said if people seemed reluctant after explaining what I need to do, "I just walk away, go back a few minutes later." They said if returning was not successful, they got another staff member to assist. They said this usually worked. Staff said if people refused, 'that was their choice' which was respected. People who could understand and make decisions were involved in day to day choices, such as what they wanted to eat and drink, or where they wanted to sit.

Staff had an induction into the service, this involved office time spent reading people's care records, e-learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. All members of staff told us they felt supported.

Staff received training in a range of subjects in order to perform their roles safely and to provide the right

care and support to meet people's needs. Staff were positive about the training received and were able to tell us how they used it in their day to day role. Training in all mandatory subjects was up to date. Training records and certificates confirmed the training undertaken. Our observations found that staff were competent and confident in delivering care. Staff told us they regularly completed online training and that this included training relevant to their roles and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia awareness and mental capacity. People received care from staff who had the skills and knowledge to meet their needs effectively.

Staff had individual supervision meetings with the registered manager and annual appraisals were being introduced. Supervision meetings included a review of their work, expectations of them, setting goals and topics for review, for example, infection control practices. Examples of supervision records showed they were regular and purposeful. One supervision we viewed centred on a medication error identified at a routine check. An investigation had taken place, learning points from this were recorded and a change in procedure implemented. Where needed, supervision processes linked to disciplinary and performance monitoring procedures.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. Within care plans, people had communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs.

Staff described the service as clean, friendly and a homely place for people to live. They said that they would recommend the service to others, confirming they would be happy for a friend or family member to be looked after there. The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained, plans were in place for the imminent redecoration and re-flooring of communal areas.

Staff handover was structured and informative, giving a summary of each person in terms of their wellbeing and any as yet unmet needs. Staff handovers made sure that they were kept up to date with any changes in people's needs or key events.

Good

Is the service caring?

Our findings

People and relatives were complimentary of the staff and management of the home. One person said, "The staff are smashing, they are lovey people." Another person told us, "I feel part of a family here, they all care and they work as a team. Day staff would never leave in the evening without saying good night to everyone. I was recommended this home and I've recommended it to someone else." People told us they felt relaxed and comfortable when seeking help and support from staff. One relative said their family member had not been living at the home long, but said, "They have settled in well and get on with the staff." This relative told us they were pleased their family member had adjusted so well. They told us their family member was 'depressed at home' but moving to Wells House had been a positive experience and they had noticed their relative was happier. People told us they were supported by a caring staff team. Comments were, "Care here is good," "They are very good, hardworking" and "They can't do enough for you."

People told us they felt confident asking for help and said staff were kind, considerate and that they listened. People were supported to maintain their dignity and were treated with respect. Everyone we saw wore clean clothes, their hair was brushed and finger nails clean and trimmed.

Staff understood people's need for reassurance and we saw staff providing support to people, especially people who were anxious. Staff spoke with people in a calm way and when speaking with people on an individual basis, staff were discreet ensuring conversations were kept private.

People said they felt comfortable when staff supported them with personal care, they received care from staff who they liked and had no concerns about receiving care from the gender of staff who provided it. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included encouraging people to do what they could for themselves, such as washing their hands and face and explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. We saw throughout the inspection visit staff knew people well, and they used people's preferred names to give them a sense of identity. Staff recognised caring for people was an important part of their role, one staff member said, "We are here to help, so we help".

Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Each aspect of care and support included details specific to the person. Each person had a personal profile with topics such as, people's life histories, how to communicate with them, likes, dislikes and things to help when they upset or anxious. Care plans were reviewed and reflected the level of support people needed. Staff said they did not always have time to read care plans, however information from other senior staff and handover, provided staff with the important information they needed to know to support people in a caring and respectful way.

People and relatives told us they were involved in care decisions and relatives said whenever there was a change, they were contacted and updated without delay. One person told us they felt they had been fully involved in agreeing care plan needs from initial the assessment, they confirmed their involvement in

reviews, which they told us they had signed. They were familiar with the forms kept in their room and why staff used them; telling us, "I'm in bed most of the time, so there is a worry about pressure sores. The cream is to prevent that and they make sure to change my position through the day. Of course they have to write it down."

Two people were receiving end of life care at the time of the inspection and written records had been made about people's wishes, where known. Care files clearly noted if people had a 'Do Not Attempt Resuscitation' (DNAR) order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. All staff told us they enjoyed working at the service. People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

Visitors explained how important it was for them that their relations were well cared for and spoke positively about the caring nature of staff. They felt staff were caring and supportive towards them as well as their family member. For example, a visitor felt reassured when staff contacted them to tell them how their relative had been and if there had been changes. They said, "We are told about any concerns or worries." Another relative told us they were so pleased with the level of care, they had recommended Wells House to others because people and families were valued. All visitors we spoke with said they could visit the home without restrictions and were always welcomed and made to feel at home.

Good

Is the service responsive?

Our findings

People received the care they needed and the staff were responsive to their needs. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in people's health. Staff knew people well and were able to tell us about people's individual personalities and care needs. People told us that they were treated as individuals by staff.

When people moved into the service, thorough pre-assessments and, where possible, involvement of family helped to ensure their needs, choices and preferences were known and how these should be met. This allowed the provider to gauge whether they could meet people's needs, any potential impact a placement may have on other people and identify if specific equipment or training was needed.

Care plans documented people's life histories in a detailed and sensitive way. Within people's care plans there was clear guidance about any specific communication needs and personal risks. In addition, guidance described how staff should support people with various needs, including what they could and couldn't do for themselves, what they needed help with and how this should be provided. Care plans gave staff a clear understanding of each person and were individually personalised to help staff to support people in a way they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes including food, drinks and activities. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to which they were invited to discuss their care and support; care managers, family and appropriate staff attended.

Care plans contained information about friends, family and important events. This included contact details and dates which helped people to keep in touch. Some people went out with their families and families also visited the service. Relatives and friends were encouraged to visit and were able to stay for a meal with their relative. People told us how much they had enjoyed this.

There were mixed views about activities within the service, with some people telling us there was not much to do. The service had identified the need for increased activities and the benefit of having an activities coordinator on site. Recruitment to this post was completed and a new activity organiser recently appointed. One person told us, "Now we have someone for activities and they have asked what I might be able to do. They are thinking of planting seeds with me and growing them on the windowsill, because I loved gardening and I can't do it anymore. I also told her I miss the WI and so we might be making cakes. I love how they have made me feel at home in my room and all the staff have a good chat with me." Another person told us the activities coordinator had reassured them they would take them and sit with them in the garden in the summer months. Where other people were unable to leave their bedrooms, they told us staff would sit with them massaging their hands and providing company.

The service had a complaints procedure, which was available to people and visitors to see. It was included in the service user guide and a large format version had been put in each person's bedroom. Records showed the last complaint, received in March 2017, was a verbal complaint from resident about aspects of

their care. This was addressed by discussion in a heads of department meeting and with care staff at handovers and within supervisions. The person's care plan was also amended. The registered manager went back to the person twice in April to check the issue was resolved and also asked a visiting relative. Recording of the complaint and action taken was clear, it showed the complaint had been taken seriously and addressed promptly. We spoke with the person about their complaint, they told us it was easy to make a complaint and felt their comments were welcomed. They said provision of their personal care had definitely improved and the improvement had been sustained.

A summary of complaints was maintained which enabled analysis. Practice was in line with the service's policy, but the policy needed updating because it wrongly showed CQC as the final complaint handler instead of Local Government Ombudsman.

We recommend the service review and update its policy to reference and provide contact details for the Local Government Ombudsman as the complaint handling authority.

Good

Is the service well-led?

Our findings

People said they were satisfied with their care and support at Wells House. One person told us, "The staff are very good, I know who to complain to if needed, but there is very little to complain about." Relatives said their family members were happy living there and they had no concerns about the service or how it was managed. Relatives were involved in care reviews and said they were asked for their feedback by completing a survey. Relatives felt any feedback they provided was actioned upon, although they did not give us any specific examples. People and relatives said the registered manager was approachable, listened and they were confident would take action to make improvements.

A variety of audits were completed which included health and safety, equipment infection control, care plans and medication. We found there were actions plans in place to address many areas for improvement which the registered manager updated once actions were completed. The registered manager had identified and started to make improvements to the service, some of these were driven by best practice to address deficiencies identified at a sister service. They had reviewed and improved person centred care and care planning, staff induction training, staff competency checks and provided a complaints process accessible to all visitors and people using the service. However, there was no meaningful way of establishing staffing requirements against people's needs. The assessment tool used to inform this process had not been completed since September 2016 despite various admissions to the service and changes in people's needs. Additionally, if used, it required further enhancement to ensure people's assessed needs equated to an actual staffing requirement.

We recommend needs assessment tools are completed in line with the services policy and meaningfully set out staff requirements when set against people's needs.

The current registered manager took up their position in November 2016. Since then staff said they had experienced positive changes in attitudes. Comments and questioning of practice was welcome. Rather than staff accepting 'that's how we have always done it', they were encouraged to question 'why?' Staff felt more involved, working together and taking responsibility for allocated tasks. The registered manager identified care plans required improvement and they were improving care plans and the information requested, as well as removing outdated information. They wanted to make them easier to read so staff had the relevant and important information to hand, rather than spending time looking for it.

There was a recent survey of residents & relatives around the Commissions principle of 'caring'. All responses were positive and had been analysed by manager and were to be followed by spaced surveys based on other areas aligned to the Commissions inspection principles. There had been a relatives meeting in December at which it was decided to hold a meeting every two months, with the next set for Feb 2017; an agenda was prepared but no one came. Visiting relatives on the day did not wish to participate, saying they were happy with the care provided and had no issues. The service administrator said they were now starting a newsletter and pursuing an individualised approach to getting feedback alongside care plan reviews. They were asking activities worker to develop a regular residents' meeting, which would also largely depend on one to one engagement, on assumption most people would be unable to contribute to a group meeting and

some would not wish to.

Staff felt able to discuss concerns or opportunities at regular one to one meetings. One staff member said the registered manager was, "A good manager, you can talk with her about problems, she listens and makes changes." Staff said they worked well together as a team and supported each other. Staff meetings had been held and staff found these provided further opportunities to discuss issues or best practice. Staff were confident to raise any issues or concerns they had. Staff told us if they saw anything of concern, they would raise it, or where necessary, felt confident to whistle blow and were confident their concerns would be listened to and acted upon.

Staff handovers, communication books and team meetings were used to update staff. There were a range of recently updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The staff and registered manager demonstrated a good knowledge of people's needs. During the inspection we observed people engaged well with all staff who were open and approachable.

The registered manager completed an audit of accidents and incidents for each person and analysed the results for patterns or emerging trends. When identified action had been taken for people at risk and actions were monitored to ensure it minimised further incidents. For example, one person who was identified at risk of falling had an alarm mat in front of their door, so when they got out of the chair, staff were alerted when the person was mobile. Analysis of accident and incidents meant they had a complete picture of incidents within the home and any necessary actions could be taken to make sure people continued to be safe and protected. However, these were very low in number as most people received care in bed.

People's personal and sensitive information was managed appropriately and kept confidential. Records were updated and kept securely in the staff office so only those staff who needed to, could access those records.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were at all times sufficient numbers of staff to meet people's needs. Regulation 18(1)