

Beling & Co Limited

Wensley House Residential Home

Inspection report

Bell Common
Epping
Essex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 19 September 2015. Breaches of legal requirements were found. The service was judged to be Inadequate and placed in special measures by CQC to ensure sufficient improvements were made. On 22 September 2015, the provider entered into a voluntary agreement with us not to admit any further people to the service without our agreement while improvements were made. To require the safety and well-being of the people living in the service we issued warning notices to the provider on 21 October 2015 that had to be met by 27 November 2015.

We undertook a focused inspection on 17 and 18 December 2015 to check on those warning notices. We found that additional time was needed to further improve the service and establish the delivery of safe care to people living there. Further warning notices were issued that had to be met by 18 February 2016.

This inspection took place on 16 and 17 March 2016. We found that while further progression was still needed in some areas, sufficient improvements had been made and sustained to the safety and quality of the service and the legal requirements of the warning notices were met.

Wensley House is registered to provide accommodation with personal care to up to 46 older people. People living in the service may have care needs associated with dementia. There were 20 people receiving a service on the day of our inspection.

A manager was in post who had made application to the Care Quality Commission to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection of 16 and 17 March 2016, improvements were noted in all areas from the previous inspections, further minor improvements were needed in regards to aspects of how people's individual care needs and risks were assessed and planned for and one area of medicines management.

Improvements were needed to ensure that all the people using the service were given sufficient choice and information to enable consistently good nutritional intake and participation at mealtimes. The manager took immediate action to address shortfalls in staff practice and ensure a good mealtime experience for all the people using the service.

Although in place, social activities were not always suitable for all of the people living in the service so as to reflect their personal interests and abilities. Work was needed to ensure people's voice was heard in all instances and that people were addressed by their own name so as to respect them as individuals. The provider's quality assurance system, although improved needed further development to ensure that all

aspects of shortfalls in the service was captured and addressed on an ongoing and sustained basis. The manager was aware of the areas that still required some improved and we felt assured that improvements would continue to enhance people's wellbeing and safety.

Improvements were noted to the management of risks to the environment and the running of the business so as to ensure people's safety. This included the safety of the water system. Equipment such as that relating to fire or moving and handling equipment had been tested and checked to ensure it was safe and in good working order.

Where people lacked capacity to give consent, assessments had been carried out to ensure their rights were protected. Staff were knowledgeable about identifying abuse and how to report it to safeguard people.

People were supported by staff who were clearer on their roles and responsibility. The recruitment of additional permanent staff meant there was less use of agency staff, so people were cared for by staff who were familiar to them. Staff training and support systems had been established and implemented effectively.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. Staff knew people's needs and people told us that they received the care they required.

People knew the manager and found them to be approachable and available in the home. People told us they had noted many positive improvements to the way the service was now being run. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response.

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.

Further minor improvements were needed to ensure that people's individual risks were always assessed so that staff had guidance to meet them safely. One area of medicines administration also needed to improve further.

The provider had systems in place to manage environmental risks and safeguarding concerns. People were supported by sufficient staff to meet their needs safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure that people were provided with good nutrition and hydration at all times. The manager responded promptly to address any shortfalls in staff practice.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs. People had access to healthcare professionals when they required them.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were not always listened to and treated with respect. The concerns were isolated to a couple of staff members and the manager responded immediately to improve their practice.

People were involved in the planning of their care. The staff team knew the people who lived in the home well and were aware of their individual preferences.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Although some further minor improvements were needed to ensure that people's care records were clear staff knew people well and understood their current needs.

Improvements were still needed to ensure that social activities were person centred to reflect everyone's interests and abilities. The manager confirmed to us that they had further plans to ensure that activities and pastimes in the service further improved to meet all the people living at the service's personal wishes and needs.

People were involved in developing and reviewing care plans and they received care that was responsive to their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

The service was not consistently well led.

Although quality assurance systems had been developed, further improvements were needed to ensure that systems identified all areas that needed improvement and that improvements were sustained.

The management team promoted an open culture and provided people with opportunities for people to raise issues. Staff received the support they needed and staff morale was high.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Requires Improvement 

Wensley House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 was undertaken by two inspectors on 16 and 17 March 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with six people who received a service and three of their visiting relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the manager, five staff working in the service and two visiting health professionals.

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

Is the service safe?

Our findings

During our inspection of the service in September 2015 we found that the provider did not have suitable arrangements in place to protect people against the risks in the service including unsafe medicines management, environmental and individual risks and those relating to staff recruitment procedures, staffing levels and deployment. We issued a warning notice requiring the provider to meet legal requirements by 27 November 2015. When we inspected the service on 16 and 17 December 2015 we found that while improvements had been made, time was needed to further improve the service and establish the delivery of safe care to people living there. A further warning notice was issued to be met by 18 February 2016.

At this inspection on 16 and 17 March 2016, we found that sufficient improvement had been made to meet legal requirements. People's individual risks were identified and individual written plans were in place to guide staff to manage them safely, although some areas required further improvement. This related to risks to people's specific healthcare needs to better limit the impact of individual risk. However, staff were aware of people's individual risks such as relating to moving and handling or pressure ulcers. We saw that staff used safe moving and handling techniques and the required equipment when supporting people to transfer from one place to another. Equipment used by people, such as hoists, was tested regularly to make sure it was working properly. People now had some individual pieces of equipment to help limit risk of cross infection. Pressure relieving mattress were at the correct setting to support safe care in preventing and healing pressure ulcers. The required improvements had been made to ensure people lived in a safe environment. The manager had procedures in place to identify and manage any risks relating to the running of the service. These included fire and water safety, the environment and dealing with emergencies.

People told us that they received their medication as they should and at the times they should. We found that most medication administration records were consistently completed. However we noted that the site of one person's medicated patch was not recorded on eight recent occasions to ensure that the re-application of the patch to the same skin area was avoided for the length of time specified in the 'Summary of Product Characteristics.' This meant that we could not be reassured that people were having their medicated patch applied to a different part of their body as required. Medicines stock records tallied with the medicines available. Improvements were noted to safe storage of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. We observed staff administering people's medicines and saw this was done safely and with respect. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

The manager told us there had been no safeguarding events raised in the service since our last inspection of 16 and 17 December 2015, however they were clear on their responsibilities relating to this. The manager confirmed that all previous safeguarding events raised in the service, all of which had been upheld at least in part, had now been closed by the local authority. The manager also told us that learning and actions from these was demonstrated through the training provided to staff and the safer care people received. Staff had a good understanding and knowledge of how to keep people safe from the risk of abuse and all but the

most recently appointed staff had attended training in safeguarding people. All staff, including newly appointed staff knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. Clear information posters were displayed in the main entrance hall where people would see them. This meant that people had access to information on who to speak with if they felt concerned for themselves or others.

People indicated or told us they felt safe and comfortable in the service. One person said, "Yes, I do feel safe here." Another person told us when asked if they were kept safe at the service, "Of course the staff keep me safe, I have no concerns or worries."

During our inspection of the service in September 2015 we found that the provider did not have safe recruitment processes in place and records were not available for some staff recruited to work in the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection of 16 and 17 March 2016, we found that recruitment processes had improved and the required records were in place. Staff had been interviewed to show their suitability for the role, however minor further improvements were needed in one area where full employment histories had not been recorded for some staff and this had not been followed up by the manager as part of the interview process. The manager confirmed that this would be addressed immediately. The manager confirmed that interviews would be completed by two staff in future to demonstrate an equal opportunities approach and support improved checking of the candidate's information. Staff told us that the required references, criminal record and identification checks were completed before staff were able to start working in the service and this was confirmed in the records.

During our inspection of the service in September 2015 we found that the provider had not ensured that there were sufficient numbers of staff deployed so as to make sure they could meet people's care and treatment needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The improvements we noted at our December 2015 inspection were found to have been sustained at this inspection on 16 and 17 March 2016. Staffing levels were suitable to enable staff to meet people's needs safely. This was confirmed by people living in the service, their relatives and staff supporting them. We saw that staff were available to people when they needed them and were suitably deployed to monitor people's needs safely. Each shift was led by an identified senior person in charge. This was to ensure leadership and accountability within the staff team at all times in providing people with safe care. The manager told us and rotas confirmed that the successful recruitment of staff had reduced the need for agency staff and increased the availability of familiar staff for people. The provider had continued to maintain higher staffing levels in the service regardless of the reduced numbers of people living there. This was to enable staff to have opportunity to complete training, rewrite and update and the care plans and to stabilise the service so that people could be cared for in a safe way.

Is the service effective?

Our findings

People experienced varied levels of support in relation to their nutrition and hydration needs and preferences. Each person's nutritional needs had been assessed and where people were at risk of not eating or drinking well, food and fluid charts were put in place. This was to monitor people's intake so that staff had current information on which to plan the person's care and to identify any additional support they required. Staff confirmed that while some of the records were not always well completed, people were provided with food and drink on a regular basis. The registered manager provided an assurance that they would monitor the records to ensure they were completed properly to show that people were provided with good nutrition and hydration at all times. Our review of people's records showed that only one person had lost weight. The manager and staff were aware of this and appropriate interventions had been accessed for the person from an external healthcare professional.

People's dining experience varied in relation to choices and the support provided. While the written menu showed a choice, some people were not offered the available choices at the meal time or shown the choices so they could indicate their preference if they could not do so verbally. There were no condiments available on the table should people wish to season their meal to their own taste and enjoyment. Gravy was not brought to the table to offer people with their meal; instead it was poured on all the lunchtime meals by staff before serving, without checking if people liked gravy on that meal. People were not always offered a choice of biscuits and drinks. Records showed that one person, who was unable to express a choice of meal, was offered limited variety and often provided with the same food at mealtimes. The manager confirmed they would address these issues with staff to ensure all people in the service were routinely offered choices and variety. A staff member cut up the food for one person at risk of poor nutrition and choking and who required their food to be cut in small pieces. We saw however that some pieces of food were so large that the person had difficulty putting them into their mouth. In addition to increasing the risk of choking, this did not support the person to eat well. The registered manager told us they would speak with the staff member without delay to ensure an improvement in their practice.

People told us that they enjoyed the meals they received at the service. One person told us, "The food is not bad at all. I enjoy the meals provided." Another person told us, "The food is very good and there is plenty of it, in fact sometimes there is too much." We saw that some members of staff, including a newly recruited staff member, provided sensitive and respectful support to people while assisting people with their meal.

During our inspection of the service in September 2015 we found that the provider did not have suitable arrangements in place to protect people's rights, gain their consent in line with the Mental Capacity Act (2005) or be supported by staff who were suitably competent and skilled. We issued a warning notice requiring the provider to meet legal requirements by 27 November 2015. When we inspected the service on 16 and 17 December 2015 we found that while improvements had been made, time was needed to further improve the service and establish effective arrangements. A further warning notice was issued to be met by 18 February 2016.

At this inspection on 16 and 17 March 2016 we found that the required improvements had been made. Staff

confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a clear understanding of MCA and DoLS and when these should be applied. Closed circuit television surveillance was operational only in communal area and not in people's private bedrooms. Records showed that people's capacity to make decisions was assessed and decisions made in their best interests where needed. Some of this information, such as in relation to the use of sensor mats to help with falls prevention, showed that relevant people, such as relatives, had participated in the decision making process. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty the manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. This meant that the provider had acted in accordance with legal requirements.

During our inspection of September 2015, we found that the registered provider had not ensured that staff had received suitable induction and updated training, on-going supervision and appraisal to make sure they were competent for their role and that their competence was maintained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Improvements to staff induction and training were noted at our inspection of December 2015 and a system to provide staff with supervision and appraisal was being introduced.

At this inspection on 16 and 17 March 2016 we saw that the improvements to staff induction and training had been sustained. Records showed that staff were supported by a clear induction process and training to enable them to provide safe care to meet people's needs. Suitable new staff were registered on the Care Certificate, an industry recognised induction training programme for inexperienced staff. The manager told us that all staff are attending or have achieved at least Level 2 Diploma in Health and Social Care or equivalent, a recognised sector training award. The manager's training records confirmed that staff were provided with training relevant to their role and this was confirmed by staff and staff records. Records also showed that where staff did not complete required training, this was followed up by the manager using disciplinary procedures. Staff told us that the induction process had included being supported by an identified, experienced staff member and a range of training which helped them to understand their role in meeting people's needs and to fulfil it well.

Staff confirmed that they felt supported through supervision and staff meetings. Each staff member had a supervision contract in place so staff knew what to expect from the process. Records of these meeting showed that practice issues were considered to give staff opportunity to discuss, learn and receive feedback on their practice. Appraisals had been completed that included input from staff and their supervisor to assess the staff member's competence. This had considered the staff member's job description and any training or support required to help staff achieve this. Objectives were set for the coming year for follow up in regular supervision meetings. This meant that staff competence was supported and reviewed to ensure it was maintained.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell. People also told us that they were regularly attended to by the visiting chiropodist. A healthcare professional told us that staff clearly understood the importance of monitoring people's health, promptly calling in professionals and following the advice and instructions provided to ensure people's well-being. Another healthcare professional told us they felt this was one of the better care homes in the area and said, "If I had a relative requiring a care home, I would recommend this service." Three relatives confirmed that they were always made aware of impending healthcare appointments for their member of family and kept up to date of the outcomes.

Is the service caring?

Our findings

We saw that the majority of staff interacted with people in a respectful way. However, staff did not always take note of what people said or give due attention when speaking with people. We saw several occasions where staff asked individual people a question but then did not wait for the person's response or did not respond in a timely way to the person's response. One person, for example, was offered a cup of tea; however staff then continued to provide other people with cups of hot drinks. The person's facial expression showed uncertainty as they moved to hold their hand out to receive the approaching drinks, which were then given to other people. This did not respect the person and could result in them feeling ignored, increasingly confused or distressed.

One person said they did not feel well and we could see from their physical movements that they wished to leave the dining table. One staff member, who stood behind the person's chair, did not listen to the person and continued to talk about other things, to the person's increasing anxiety. The deputy manager saw the event and understood what was happening. They clearly instructed the staff member as to the person's wish to be supported to the person's bedroom and to inform the senior staff in charge of the shift on the person's condition. The staff member's action could result in the person's feeling that they did not matter and affect their self-worth. The same staff member addressed a number of people by a title that indicated they were the staff member's parent. This was not accurate and had not been recorded as the expressed preference of the person. This did not show consideration for the impact this could have on people living with dementia and did not show respect for people as individuals. The behaviours we observed were isolated to a couple of staff members and the manager confirmed they would address this with the staff to improve their practice and ensure more positive outcomes for people.

We saw that other staff complimented people on their appearance and noted where, for example, they had had their hair done. This supported people's sense of self-worth and well-being. A staff member told a person they looked wonderful. The person clearly responded to this by smiling and their facial expression showed they were pleased with the compliment.

People told us that staff were kind and caring towards them and this was also confirmed by visiting relatives. One person told us, "The staff are lovely and they are very kind." Another person told us, "The staff are caring and support me when I need help." A relative said, "[Staff] are kind and affectionate. The atmosphere is patient, caring and attentive." Another relative told us, "Staff are very kind and caring and know people's needs well. I would one hundred per cent recommend this home to others and cannot fault the care provided."

People and their family members confirmed they were involved in the assessment, planning and reviewing of the care provided. A relative confirmed that family members had been involved in the assessment of the person's needs before they came to live at the service and had been able to visit to see if they felt it was suitable to the person's needs.

People were able to make choices and decisions about their day to day lives, for example, to spend time in

their bedroom or to get up later in the morning. Staff were aware of these choices and supported them. One person told us, "There are things to do if I wanted but I prefer not to join in. I prefer to just read the paper."

The service supported relationships between people and their families by making visitors feel welcome. Visitors told us they always felt welcome in the service. This was confirmed in the provider's recent quality survey of relatives. Comments received included, "I have found all staff to be friendly but not over familiar – a very nice balance", and "always a very warm welcome".

Is the service responsive?

Our findings

During our inspection of the service in September 2015 we found that people's personal and social care needs had not been assessed and managed appropriately and people were not receiving care that met their needs. Care plans were not in place for a number of people in the service. Where care plans were in place, they did not contain accurate and full information on people's needs and preference so as to inform the care they received. This was a breach of legal requirements. When we inspected the service on 16 and 17 December 2015 we saw that a plan of care had been put in place for each person and were in the process of being developed to include full information on people's needs.

At this inspection on 16 and 17 March 2016, as there had been no new admissions to the service since our inspection of September 2015, we were unable to assess the effectiveness of the provider's assessment process. The local authority had placed a restriction on the admission of any further people to the service in October 2015. In response to this, the local authority had reviewed each person's placement in the service including their plan of care. People and their relatives were involved in these reviews and this was demonstrated within the care plans.

Each person had a care plan in place and these showed suitable levels of detail in most areas. We noted some areas for improvement to ensure staff had clear information and guidance on how to provide people with individualised and responsive care. One person's mobility record, for example, stated that they can walk short distances while their night care plan stated that they are unable to stand or walk. Another person's record stated that they had an identified healthcare need but did not clearly state what actions were to take to ensure the person's well-being. Although we noted these minor areas for improvement staff knew people well and understood their care needs.

People told us they received care that met their needs. One person told us, "The care is alright here." A relative said, "Overall the care is excellent. [Staff] know people as individuals and the care is the best it has ever been." A health professional told us that they felt people were well looked after and cared for and that staff were responsive to advice provided. We saw, for example, that where a person living with dementia became anxious and distressed, the staff member knew how to support the person in line with care plan and individual needs. The staff member responded to the person in a calm way, talking quietly and going outside with the person until the person felt able to come back inside where it was warm to have a cup of tea.

Observations showed that although social activities were available improvements were needed. While some people told us they enjoyed these, we saw that others were not helped to participate in activities that were meaningful to them. A relative told us that they attended the service regularly and felt that there was a lack of meaningful and stimulating activities available. This meant that social activities were not suitably individualised, particularly for people living with dementia and where they were less likely to be able to actively take part. The registered manager told us they had concentrated on other key issues that were required to be addressed as a higher priority to ensure people's safety and wellbeing. The registered manager confirmed that further improvements were planned to support all the people in the service to

experience social opportunities and pastimes suitable to their individual wishes and needs.

People told us they felt confident to raise any concerns or complaints in the service if they needed to. A comments and suggestion system was readily available in the main entrance area for people to provide their view and comments. People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response so people knew what to expect. Information on how to raise and respond to complaints was recorded in the reviews of people's care and in the minutes of staff meeting. A system was in place to record complaints and to show any outcomes or learning identified. The manager told us that no complaints had been received since our last inspection so we were unable to judge the procedures' effectiveness.

Is the service well-led?

Our findings

Our inspection of the service in September 2015 found that the provider did not have suitable arrangements in place to protect people against the risk of inappropriate or unsafe care as effective arrangements were not in place to assess and monitor the quality of the service provide. We issued a warning notice requiring the provider to meet legal requirements by 27 November 2015. When we inspected the service on 16 and 17 December 2015 we found that while improvements had been made, time was needed to further improve the service and establish effective arrangements. A further warning notice was issued to be met by 18 February 2016.

At this inspection on 16 and 17 March 2016 we found that while further development was needed in some areas, sufficient improvements were in place to meet legal requirements. The manager had introduced systems to monitor and assess the quality of the service. This included audits to check areas such as health and safety, medicines and care plans. However, the systems had not been fully effective in identifying the gaps in the records of people's care, nutritional needs and medicines or the staff practice we noted which needed improvement.

An experienced manager had been in post for six months which had provided stability and leadership in the service. The manager had recently made application for registration with the Care Quality Commission as required. The manager had notified the commission as required of events that had occurred in the service. The manager told us they felt well supported by the registered provider who listened to them and valued their knowledge and expertise in running the service.

The manager told us they were continuing to develop and establish systems to ensure the safe running of the service. This included a staffing level assessment tool received from the local authority which they would be implementing fully in preparation for when people could again be admitted to the service. The manager told us they met routinely with the provider and that the provider's representative was in the service on a regular basis. However, these meetings were currently not recorded so as to show that this was used as an effective method of supporting quality monitoring and improvement in the service. The manager confirmed that these would be recorded going forward.

People and their relatives told us they found the manager approachable and the service to be well led. One person told us they felt there was stronger management in the service now and said, "I feel confident the home is well run." Staff told us that the service had improved since the current manager has been in post. Staff clearly understood the management structure and knew how to raise concerns and with whom, should they need to do so. Team meetings were held which gave staff opportunity to discuss any issues and learn about best practice. Staff told us, for example, that there was better access to training, which improved staff knowledge and confidence and resulted in better outcomes for people. Staff also told us that the manager and deputy manager were competent and able to provide them with the support and guidance to ensure a better quality care service for people.

People's views were sought. A programme of three monthly reviews was now in place that would involve

people in ensuring the service provided for their needs. A survey of the views of people living in the service and their relatives had been completed in December 2015. The responses, which were positive, had been summarised. Where a query was raised, for example regarding the use of CCTV in the service, the manager told us that a meeting had been arranged with relatives to discuss this.