Wellesley House Nursing Home Limited

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

What life is like for people using this service:

People did not always feel there were enough staff to meet their needs and staff reported that they felt rushed in their work. Medicines were not consistently managed in a safe way and it was not clear if medication had been given as prescribed. Staff managed risks to keep people safe and knew how to safeguard people from abuse. There were effective infection control practices in place.

People's needs were assessed and reviewed where required. People were given choices at mealtimes and had their dietary requirements met. People's rights were upheld in line with the Mental Capacity Act 2005. People had access to healthcare services where required.

People were not always given choices or involved in decisions around their daily care. People felt staff were kind and caring but their interactions were limited and task focused. People were treated with dignity and were supported to maintain their independence where possible.

People were supported by staff who knew their preferences with regards to their care. Where people required end of life care, there were systems in place to ensure their individual wishes were met. There were activities available for people to take part in. People had been informed of how to complain if needed.

There were systems in place to monitor the quality of the service but these were not always effective. The registered manager had systems in place to gather feedback but this did not always reflect the findings of this inspection. People and staff spoke positively about the registered manager and they had a visible presence within the home.

Rating at last inspection: Good (Report Published 21 July 2016)

About the service: Wellesley House Nursing Home is a care home that was providing personal and nursing care to 33 people aged 65 and over at the time of the inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was not always caring. Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well led. Details are in our Well Led findings below.	**Requires Improvement**

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Wellesley House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:
We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people living at the service and two relatives. We also spoke with two members of care

staff, the chef, the two nurses in charge and the registered manager. We looked at three people's care records as well as records relating to complaints, accidents and incidents and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels

● People did not always feel that there were enough staff to support them safely. People reported that they often had extended waits for support with personal care due to staff being busy. One person told us, "The toilet is a problem, I can wait a long time. There isn't enough staff to help me". This view was shared by a relative who said, "I think the staff are tired, they work long shifts and are under capacity".

● We spoke with staff who also felt that there were insufficient staff available for people. One member of staff told us, "No there is not enough staff. We are rushing around and never finish on time". Another member of staff told us that they had shared their concerns about the staffing levels with the management team but had not seen any improvements in the numbers of staff.

● We saw that the registered manager had completed a dependency tool to assess how many staff were needed and informed us that the numbers of staff reflected this. However, our observations were that although people had their immediate care needs met, staff were mostly in different areas of the home, and not within the communal areas. Where staff were in communal areas with people this was to provide care support and was not for any noticeable length of time. We observed only minimal interaction with people who were in communal areas other than during the provision of care.

● We shared the feedback given with the registered manager. The registered manager was not aware of people's feelings with regards to the availability of staff but advised she would speak with people to discuss this.

● We looked at records held in relation to staff recruitment and found that staff had been recruited in a safe way.

Using medicines safely

● We could not be sure that medication had been given as prescribed. We looked at Medication Administration Records (MAR) and found a number of instances where the number of tablets recorded as being given did not match the number of tablets available. It could not be determined whether this was an issue in recording or whether these medications had not been given correctly. We raised this with the registered manager who advised us, alongside the nurses in charge, that they would look into these errors.

● Where people had medicines on an 'as and when required' basis, there were no protocols in place guiding nursing staff of when these should be administered. A protocol for 'as and when required' medicines would ensure that medication was given in a consistent way by all staff. We spoke with the nurse about this who informed us they use their knowledge of the person as well as their professional judgement to know when to give the medication but had not considered recording this to ensure the medication was given consistently.

● We observed staff supporting people to take their medication and saw that this was done in a safe way.

Systems and processes

● Staff had received training and knew the actions they should take to ensure people were safe. Staff knew

what types of abuse were and their responsibility in reporting any concerns. One member of staff told us, "I would report anything straight to the manager".
● Records we viewed showed that the registered manager had been proactive in reporting any concerns to the relevant authorities; including the local authority safeguarding team and Care Quality Commission.

Assessing risk, safety monitoring and management
● Where risks were identified to people, action had been taken to reduce this risk where possible. Risk assessments had been completed and staff were aware of these and could be seen following the advice given.
● Some people were at risk of developing pressure areas. Where this risk was identified, a risk assessment had been completed that gave staff guidance on how the person should be supported. This support included frequent positional changes and the use of equipment. Our conversations with staff showed that they understood the importance of pressure area care and knew how to support each person with this.
● Staff had been trained in how to keep people safe in an emergency. Staff could explain the actions they should take in instances such as a fire to ensure people's safety.

Preventing and controlling infection
● There were effective systems in place to prevent and control the spread of infection. There were domestic staff recruited to ensure the homes cleanliness. ● Staff understood their responsibility in relation to infection control and were seen wearing personal protective equipment appropriately.

Learning lessons when things go wrong
● Records showed that when something had gone wrong, the registered manager had responded to this and taken action to improve the service where required. Accidents and incidents that occurred at the home were recorded alongside any actions taken to reduce the risk of reoccurrence in future.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● We saw that before people moved into the home, an assessment of their needs took place. This assessment looked at their medical history and their care needs. Records viewed showed that people's needs continued to be reviewed regularly and as people's needs changed.
● People's individual needs; including any protected characteristics under the Equality Act, had been assessed by the provider. We saw that people had been asked about their religious needs and their sexuality prior to moving to the home.

Staff skills, knowledge and experience
● Staff told us they had received training relevant to their role and that this ensured they could support people effectively. One member of staff told us, "The training is ok". All staff spoken with told us they had opportunity to request additional training if they felt they needed this.
● The registered manager had a completed training matrix that evidenced that staff had received regular training. This included training relevant to people's individual needs.

Supporting people to eat and drink enough with choice in a balanced diet
● People told us they were happy with the food and drink available to them at the home and that they were given choices of meals. One person told us, "We get three choices of food and it is all fresh". People were able to choose when they would like to eat. One person said, "If I wanted to eat at a different time, I could".
● There were systems in place to ensure people's specific dietary needs were met. The kitchen staff had a noticeboard that informed them of people's specific requirements. The chef informed us that this was updated as needed by care staff.
● We found that where people required support to eat, this was provided in a discreet way by staff. We saw that people were supported to eat independently where able using equipment such as adapted cutlery.

Staff providing consistent, effective, timely care
● People felt confident that they would be supported to access healthcare services when required. One relative told us, "The management of heath is really good".
● Records we viewed showed that people had access to a variety of healthcare services. We saw that people had recently been seen by their GP, a dietician and opticians.

Adapting service, design, decoration to meet people's needs
● People's needs were met by the design and decoration of the service. People had spacious bedrooms that they were able to personalise with their own belongings and the gardens were accessible for people.
● The provider was implementing a period of redecoration to further improve the décor for people. This

included ensuring the rails and door frames were of contrasting colours to support people with a diagnosis of Dementia in moving around the home independently. This work was ongoing at the time of the inspection.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Staff understood the principles of the MCA and how they should gain consent prior to supporting people.
- Where people lacked capacity to make a particular decision, the appropriate assessments and best interests meetings had taken place with relatives and other health professionals invited to have input in the process.
- DoLS had been applied for appropriately, although staff knowledge of DoLS and who had an authorisation in place varied. We raised this with the registered manager who informed us they would reiterate this to the staff.

Requires Improvement

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported

● People spoke positively about the staff and felt that they were kind and caring. One person told us, "The staff here are very nice". Staff we spoke with spoke about people in a compassionate and caring way. Staff displayed their desire to care for people well and understood the importance of being caring in their behaviours.

● We saw that when providing people with support, staff were friendly and spoke to people in a kind way. However, these interactions were limited to when support was being provided, which meant that interaction was mainly task focused. This was confirmed by a relative who told us, "[person] gets upset as he likes to speak with people and they [staff] are so busy, they are out the door before he has finished speaking". This meant that although staff were kind in their interactions with people, their availability to spend time with people and further those positive relationships were being impacted by the tasks they were required to complete.

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

● People told us they did not always have choices in some areas of their daily activities. Some people told us they were not always given choices about what time they would like to get up and go to bed. One person told us, "I don't get to choose what time I go to bed, they [staff] just come and fetch me". Another person added, "I don't get to choose what time I get up and that is one thing I miss". Some people felt they were not given choices in other areas due to the availability of staff. One person told us, "I like to go to my bedroom during the afternoon but I can't as there is no one around to help me".

● We saw that people were not consistently given choices with regards to their care. For example, during mealtime we saw staff supporting people to wear clothes protectors while they eat. However, staff did not ask people whether they wished to wear this prior to placing it on them. The staff had put the item of clothing on the person without checking they wanted this.

Respecting and promoting people's privacy, dignity and independence

● People told us they felt treated with dignity and we saw staff put this into practice. For example, we saw that people were referred to by their chosen names and that staff knocked doors before entering people's rooms. Staff we spoke with gave further examples of how they promote dignity that included, covering people up while supporting with personal care and giving choices.

● Staff understood the importance of supporting people to maintain their independence and gave examples of how they do this. This included encouraging people to walk independently where able.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

● People received care that was personalised to their needs. People and their relatives told us that staff knew them well and involved them in their care planning. One relative told us, "Every aspect in terms of the support [person] gets, is spot on." and "They [staff] call to inform me if there are any issues". Staff we spoke with displayed a good understanding of people's needs and could explain how people like their support to be provided.

● People's care records were individual to them and included their preferences with regards to their care. For example, 'This is me' documents were in place that recorded important details about a person's life history, likes and dislikes.

● People were happy with the activities on offer at the home. One person told us, "I do lots of knitting. We do squares and they [staff] send them too [to a charity]". A relative added, "There seems to be a lot of activities. There have been singers in, Santa came and we saw the owls".

● There was an activity coordinator in post. We saw that this member of staff spent time where able speaking with people and painting their nails. We saw that activities were organised for people that included, pet therapy, entertainers and a remembrance service.

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint if needed. One person told us, "If I had a problem, I would inform one of the staff or [Registered Manager's name]. People we spoke with told us they had not had to use the complaints procedure yet and had not made any complaints.

● The registered manager informed us that they had not received any formal complaints in the last year. They advised that any minor concerns raised were dealt with informally rather than through the complaints procedure.

End of life care and support

● We saw that people had end of life care records in place where required. These detailed the support people required and any additional wishes that they would like to be respected at the end of their life.

● Where people had 'Do Not Attempt Resuscitation' agreements in place, these were clearly recorded within records to ensure that these were followed. Staff spoken with were aware of these.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● Although the registered manager and staff displayed an understanding of ensuring high-quality care, the number of staff available for people meant that providing this was not always possible. The registered manager had not identified that people felt they did not get support with their personal care when they needed this. Similarly, the registered manager had not identified that staff felt rushed with their work. This meant that people continued to feel that staff were too busy to support them and action had not been taken to resolve this. The registered manager advised us following feedback, that they would be discussing these concerns with people to make improvements where needed.

● People spoke positively about the leadership at the service. One person told us, "[Registered manager's name] is an excellent manager". A relative added, "She [registered manager] is so informative and proactive". We saw that the registered manager had a visible presence around the home and people knew who she was.

●Staff understood the responsibilities associated with their role. Staff told us they felt supported by the registered manager and were happy that any concerns raised would be acted upon.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● The registered manager had systems in place to monitor the quality of the service. This included monthly auditing of medications, care plans and staff practice around the use of equipment. Where areas for improvement were identified through these audits, we found that action had been taken to make the required improvements. For example, where an audit identified that new photographs were required within medication records, this was actioned.

● The audits however, did not identify the areas for improvement we found at this inspection. For example, audits completed in medication had not identified that there were errors in the recording of medicines or that guidance for 'as and when required' medications were not in place. Care plan audits had not identified where some key pieces of information about people were missing.

● The registered manager had not ensured that records were always maintained and up to date. We found that although people's needs in relation to protected characteristics were assessed, the details of these were not consistently included within care records and where the records have a section for 'Spiritual, Cultural, Sexuality needs' these sections were left blank. We also found that a record for best interest decisions made were not always included within people's records. The registered manager provided us with confirmation from a GP that this best interest decision had been made for one person but this was not clear

within the person's records.
● The Registered manager was aware of the regulatory requirements of their role. They had submitted notifications to us appropriately and completed their Provider Information Return when required. The registered manager had met the requirement to display their most recent rating on their website and within the home.

Engaging and involving people using the service, the public and staff
● The registered manager informed us they had systems in place to gather feedback from people. They had issued people with feedback forms to gather people's views on their care. We saw that comments received; including comments from Thank you cards showed that people had provided positive feedback.
●The registered manager had completed checks on whether people's wishes had been respected in relation to the time people wanted to go to bed. This had not identified any areas to improve and indicated that people were involved in this decision. However, feedback given to us by people indicated that they did not feel they had a choice in relation to their bed times. This meant that the systems implemented to ensure people were involved in these decisions had not been effective in gathering people's views.

Continuous learning and improving care
● The registered manager had implemented systems to aim to improve care where possible. For example, they had recently completed an initiative aimed at improving people's nutrition. This had included setting up a smoothie bar that people could access as they wished to make smoothies that were specifically designed to aid good nutrition. The registered manager had also worked to support people to live without catheters where able. A system was in place so that people moving into the home could trial not using a catheter if they wished. This was completed with a view to improving the quality of life people could experience.

Working in partnership with others
● The registered manager demonstrated how they had been working with the local authority to improve the service where possible. The registered manager shared information with the local authority on a monthly basis that they would then review together quarterly to identify areas that could be improved upon. This included looking at hospital admissions and pressure areas. We saw the details of these meetings and found that areas identified had been acted upon.