

Wren House Limited

# Wren House Residence for the Retired & Elderly - Warminster

## Inspection report

Wren House  
32 Vicarage Street  
Warminster  
Wiltshire  
BA12 8JF

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12 October 2022

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Tel: 01985212578

Website: [www.wrenhousewarminster.co.uk](http://www.wrenhousewarminster.co.uk)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wren House is a residential care home providing accommodation for up to 14 older people. At the time of our inspection there were 8 people using the service.

Wren house is a listed building situated on the outskirts of the market town of Warminster. The house is of an older style, set on the road and has a garden to the rear. The bedrooms are arranged over two floors and all have en-suite facilities.

### People's experience of using this service and what we found

People told us that they felt safe at Wren House. Peoples families felt that they had a high standard of support from the staff. We were told that people were able to make choices about all aspects of their lives. Several relatives made comments about the "fantastic" quality of care people received.

People and their relatives felt confident about the support they received from staff, the assistant manager and the registered manager. We were told that they were happy to approach the management team with issues and felt they were listened to.

The home was very clean and well maintained and staff were seen to be wearing personal protective equipment (PPE). Staff understood the need to use PPE and had been trained in putting it on and taking it off.

### Rating at last inspection

The last rating for this service was good (report published 07 November 2017)

For more details, please see the full report which is on the CQC website

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.  
Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.  
Details are in our well-led findings below

# Wren House Residence for the Retired & Elderly - Warminster

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

This was a focussed inspection where we looked at Safe and Well Lead.  
This was completed as part of our planned routine inspection programme.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (report published 07 November 2017).

This inspection was prompted by a review of the information we held about this service.

### Inspection team

The inspection team consisted of an inspection manager and an inspector.

### Service and service type

Wren house is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wren House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 12/10/2022 and ended on 20/10/2022. We visited the location's service on 12/10/2022

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at other information held about the service, this included previous inspection reports and notifications. Notifications are how the service tells us about important issues and events that have happened in the service. We used all this information to plan our inspection.

#### During the inspection

We spoke to two people who use the service and looked around the house. After the visit we spoke to three relatives. Most residents chose to stay in their rooms whilst we were there. In addition, we spoke to the assistant cook, a senior care worker, the deputy manager the registered manager and a visiting doctor. After the visit we spoke to some more staff.

We spent time looking at records, including service user files, daily records, staff files, medication management and quality assurance tools.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good rating. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The manager had the appropriate levels of staff on duty to ensure that people could be supported appropriately. We looked at the duty rota and spoke to staff who confirmed this happened.
- We reviewed staff recruitment records, whilst there has not been any new staff for a while the records we looked at demonstrated safe recruitment practices were in place.
- We discussed staff training and were informed that all staff had a minimum of the care certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Senior care workers had a level 3 qualification in care due to their level of responsibility.
- Staff attended regular training either online or face to face, staff told us they were happy with the standard of training. Staff told us that "the training is good" and that there was an ethos "of learning from each other".
- Another member of staff told us that although they didn't directly deliver care for people they still had comprehensive training on such things as autism awareness and safeguarding.

### Using medicines safely

- The medication management was robust, with detailed support plans in place to enable people to have as much control as possible when taking their medication.
- One person's medication was time specific, but it wasn't clear that they were being taken at the correct times. We spoke to the registered manager about this and they told us they would review this.
- Staff responsible for medication administration had the appropriate training and had competency checks completed.
- Each person had their own medication cabinet in their room and people could manage their own medication if they wished to, with appropriate risk assessments being completed to enable this to happen safely.

### Assessing risk, safety monitoring and management

- People and their relatives told us that they felt safe. One relative told us that "they have the best care I can imagine" another relative told us that "care goes beyond what is needed"
- We saw evidence of risk assessment, such as falls and medication and found that these supported staff to keep people safe.
- Fire evacuation plans were comprehensive. Each resident had an up to date personal evacuation plan. The manager had a fire grab bag which contained safety equipment such as torches and foil blankets.
- Safety checks such as fire, emergency lighting and water were being completed on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems in place and staff received regular training.
- Staff we spoke to had a good understanding of what amounted to safeguarding and how to report concerns.
- People told us they felt safe and would have no hesitation about raising concerns with the registered manager.
- Staff were confident action would be taken to keep people safe if they reported concerns to the registered manager.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- There were no people who were having their liberty restricted at the time of our inspection, however the registered manager understood when they needed to make a DoLS application and how to do that.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The people living at Wren House were able to have visitors when they wanted, a family member told us that she could pop in whenever she wished.

Learning lessons when things go wrong

- We were shown evidence of reflective learning where the manager recorded learning points.
- The manager evidenced that learning was used to ensure care plans were changed and updated as needed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager encouraged a caring and supportive culture for people living at the house. Staff told us; "she is a very fair person who treats everyone well" A family member said "she [the registered manager] supports them well and treats them with total respect"
- Families we spoke to felt that their family members were enabled to maintain their independence. One person said "[person] has never lost their independence, they choose everything from clothes to food. The support is tailored to them" another person stated that "they are supported to be as independent as possible"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider has a complaints policy that people and their families can follow.
- The manager had a clear understanding about their responsibilities under the duty of candour and knew how to act if things go wrong.
- There had been no complaints about the service for some time but those they received previously were responded to in line with the complaints procedure.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us that she understood her role, she was able to demonstrate the systems and processes in place for ensuring quality checks were completed.
- Staff told us that they understood their role and that of the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager ensured that people and their families were involved in choices about the service.
- Families told us that they felt the manager was "fantastic" and is always keen to know if anything is wrong. Another family member told us that they felt they could ring the manager with any concerns and that she was very responsive.

Continuous learning and improving care

- We were assured that staff got access to regular training and they all had opportunity to complete the care



certificate or QCF level 3.

- Staff had regular supervisions and annual appraisals. We were told by staff that the registered manager had an "open door policy" and if they wanted to raise anything they would just go and see her or the assistant manager.

Working in partnership with others

- We received feedback from a professional who stated they were happy with their relationship with the home, that they felt the staff knew people well and they always appeared to be well cared for.