Mr & Mrs G Kirk

# Wisteria House Residential Home - Rutland

## Inspection report

9 Ayston Road
Uppingham
Oakham
Leicestershire
LE15 9RL

Tel: 01572822313

Date of inspection visit:
28 February 2018

Date of publication:
03 April 2018

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 28 February 2018 and was unannounced.

This was the second comprehensive inspection carried out at Wisteria House Residential Home - Rutland. At the last inspection the service was rated as Good. At this inspection we found there were areas that required improvement.

Wisteria House Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 17 people in one adapted building. On the day of our visit, there were 16 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The provider had not ensured that people were always protected from health and safety risks associated with accessing areas such as the kitchen and laundry; or ensured there were adequate systems in place with the closure of fire doors.

There was a very positive culture within the home where staff communicated well and people's needs were met.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

Staffing levels ensured that people's care and support needs were safely met. Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles. People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity

were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

At this inspection we found that Wisteria House Residential Home - Rutland were in breach of two regulations relating to the health and safety of the home.

## 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 always safe.

People were not always protected from the risks associated with health and safety; people were at risk of scalding from accessing areas such as the cellar and kitchen.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

There were enough staff deployed to meet people's needs. The provider followed safe recruitment procedures.

Staff followed safe medicines management and infection control procedures.

### Is the service effective?

**Good**

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's needs were met by the adaptation design and decoration of the premises.

People's consent was sought before staff provided care.

### Is the service caring?

**Good**

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

## Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures they followed to manage complaints.

People received care that met their needs at their end of life.

## Is the service well-led?

Requires Improvement

The service was not always well led.

There was a registered manager who understood their roles and responsibilities.

Not all systems were in place to monitor the health and safety of the service and take action to improve where necessary.

People were asked for their feedback regularly.

# Wisteria House Residential Home - Rutland

**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 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.

This unannounced comprehensive inspection took place on 28 February 2018 by one inspector, and an assistant inspector.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with six people using the service and one relative. We spent time observing people's care and how staff interacted with them. We also spoke with five members of staff including the registered manager, the deputy manager and three care staff. We also spoke to a visiting health professional and the local fire officer.

We looked at the care records for four people who used the service and medication records. We also examined other records relating to the management and running of the service. These included three staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

Requires Improvement

# Is the service safe?

## Our findings

The provider did not always protect people from the risks associated with very hot water, hot radiators, equipment or substances that may be hazardous to health. People living with dementia, or people who were experiencing confusion from ill health had access to areas such as the main kitchen and the cellar where the laundry was situated. The hot water supply to these areas are over 40 degrees centigrade and were likely to scald an older person if used by them. Radiators in peoples' bedrooms and communal areas were not covered to protect people from the risk of burning themselves. In addition to the iron, washing machine and tumble dryers in the laundry and hot appliances in the kitchen, people had access to washing liquids and other substances that could be hazardous to health. People were also at risk of infection from accessing dirty clothing and bedding in the laundry.

We brought this to the attention of the registered manager who immediately arranged for radiators to be measured for suitable covers, however, they informed us the work could take two months to complete. In the meantime the registered manager said they would be vigilant of the risks and take action such as placing items of furniture in front of radiators to help prevent people touching the hot radiators. The registered manager also arranged for suitable locks to be placed immediately on to the doors leading to the kitchen and laundry areas.

People could not be assured that their bedroom doors would protect them in the event of a fire as they were not connected to the fire alarm system and they were kept open. Peoples' bedroom doors were designed to be fire doors; however, they were propped open by door stops. The fire doors needed to have a mechanism to close them automatically on activating the fire alarms to protect people from the spread of fire. In addition the bedroom doors and kitchen door did not close properly; there was a risk that these doors would not act as a fire door to protect people in the event of fire. We contacted the local fire officer who told us they had visited the home in August 2016 where they had provided verbal guidance; they had advised that the provider check all the fire doors had British Standard self-closers; this had not been provided in writing. We brought this to the attention of the registered manager who immediately arranged for all the doors to be kept closed. They arranged for the doors to have a self-closing mechanism and close securely; they advised us that this work would take around two months.

People are at risk of harm as the provider failed to identify or take action to mitigate risks relating to health and safety measures. This constitutes a breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Safe care and treatment.

Although the fire assessments had not identified the fire doors did not close the provider did have other fire safety procedures in place to check that all other fire safety equipment was serviced and readily available. Staff had received training in fire procedures; they signed to say they understood the procedures and carried out weekly fire alarm tests and twice a year evacuation from the building. One person told us "They [staff] test the fire alarm regularly." Each person had been assessed for their mobility in the event of an evacuation.

People told us they felt safe living at the service. One person said, "I feel safe here, they [staff] look after me."

Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff told us they would report any concerns to their line manager. One member of staff told us, "If I have any worries I can go to [the registered manager] or [the provider], we all work well as a team." The registered manager had not had to raise any safeguarding alerts since the last inspection; systems and policies were in place to investigate any concerns if required to do so by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example one person had experienced falls; staff were vigilant when the person mobilised and had placed a sensor mat in their room to alert staff to when the person was getting out of bed.

The provider ensured that electrical and gas supplies and appliances were monitored and serviced regularly. The water supplies were also tested regularly to ensure they were safe and tested for Legionella yearly.  Any required maintenance was carried out promptly.

Staff rotas were maintained in advance; records demonstrated that there were enough staff allocated on all shifts to meet people's needs. Staff told us there were enough staff and we observed that people received their care in a timely way.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they had a good knowledge and understanding of the medicines policy and how medicines should be administered and recorded. We observed that people received their medicines as prescribed and staff recorded accurately when they had administered people's medicines. People had regular reviews of their medicines by the GP. One person had been assessed as being able to administer their own medicines; all others were supported by staff that had been assessed as competent to do so.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Care and domestic staff had received training in infection prevention. There were procedures in place for cleaning schedules and these were monitored for effectiveness. The service had a five star food hygiene rating from the local authority in December 2017. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed that the service demonstrated very good food hygiene standards.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. They shared the information with staff at meetings where they discussed possible solutions and learning from these incidents. For example following a medicines incident over a year ago, the registered manager had implemented a system to account for all medicines on every shift. This system had been so well embedded that there had not been any other medicines incidents. One member of staff told us, "We work well together to keep improving."

Good

# Is the service effective?

## Our findings

The provider had systems in place to assess people to identify the support they required before moving into Wisteria House Residential Home. People could choose to live at the home for a period of weeks to establish if the home was where they wanted to be. Staff had used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they worked through a training programme which gave staff the skills, knowledge and behaviours needed in their roles. One member of staff told us, "I had training in the use of the bath hoist; it was useful as most people use it." Staff received training in core areas such as health and safety, moving and handling, infection control, nutrition, end of life care, dementia awareness, understanding the mental capacity act and safeguarding of vulnerable adults. New staff received close supervision and shadowed more experienced staff. They were assessed for their suitability and competency during their probation.

There were systems in place to provide on-going support to staff and they confirmed they received regular supervision. One member of staff told us, "I have supervision from the trainer." Staff had access to supervision when they needed it. One member of staff told us, "Any blips are sorted in one to one meetings or at staff meetings. If we have anything that needs to be discussed in the meantime we can extend the handover meetings."

People were supported to eat and drink enough to maintain their health and well-being. People received a balanced diet. Where people had been assessed as at risk of losing weight, they were referred to health professionals such as their GP and dietitian for further assessment and advice. Staff followed the health professional's advice. Information about people's diets or requirements were made available to staff who also knew people's likes and dislikes. Some people needed to avoid certain foods due to their prescribed medicines; staff ensured people were not given these foods.

People needs were met by the adaptation, design and decoration of the premises. Every person's bedroom had an area that could be used as a lounge, providing a private rest area. The communal areas were comfortable and there were dining areas for communal dining. Four people lived in the extended area of the home which also had a small kitchen for them to continue to be independent in preparing drinks and snacks. People had access to all areas of the home as there were no steps; all flooring was either flat or gentle slopes. People accessed the lifts themselves whenever they wanted to, to go from floor to floor.

Staff worked together within the service and with external agencies to provide effective care. GPs, Practice nurses and District nurses visited the home regularly to provide health support and care. A visiting practice nurse told us "I generally visit twice a month to check on people's medicines and long term condition reviews. The staff are always very good, they know the residents very well."

People had access to healthcare services and received on-going healthcare support. One person told us,

"When I fell the staff called the GP to come and see me." Staff worked closely with GPs to provide prescribed care to manage people's illnesses in the home, such as providing antibiotics. People were helped to attend health screening and specialist appointments. People or their legal representatives were asked for their consent to have flu vaccinations and these were provided in conjunction with the GP practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. There were no people living in the home that required a DoLS authorisation.

Good

# Is the service caring?

## Our findings

People were very happy with the care and support they received. One person told us, "I always see the same staff, they are so friendly." Another person told us, "I couldn't be better looked after." Staff told us they enjoyed working at the home, they all told us they were proud of the way people were happy and well cared for. One member of staff told us "I have never worked anywhere so caring."

People described staff as caring and attentive. One particular member of staff who helped people with their activities was described by relatives as, "So unusually kind and caring towards all the residents, she brings out the best in them."

Some people were local to Uppingham; they told us they were encouraged to maintain friendships and use the local amenities. One person told us, "I go for walks around the town and I visit friends." Another person told us, "I have friends at the local school; I go and visit them when I can."

People's privacy and dignity were maintained. People looked happy and contented in the company of staff and we saw staff took care to ask permission before assisting people. One person told us, "[Staff] are very nice to me." We observed staff walked with people at their own pace, reassuring them all the time. One person told us, "[Staff] look after me very well." People told us that staff were always respectful towards them. One person chose to spend most of their time in their room and only came down to the dining room for their main meal of the day, they told us, "I like to be alone." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing.

Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. One relative had fedback in a survey, "There is always a lovely welcome from staff and residents."

A visiting health professional told us they visited regularly and always found the home to be welcoming, they told us, "When you come in the door there is music and the smell of home cooked food, it has a real feeling of home. This is where I'd want my relatives to come without a second thought."

There was a person centred approach to everything the service offered and how the service was run. For example one person preferred not to be disturbed at night. They had an arrangement with staff that staff would listen outside their room to check they were alright but not to disturb them. Another person received their breakfast in their room served using particular crockery. People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they were being discriminated against under the Equality Act, when making care and support choices. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular residents and

relatives meetings, reviews and surveys sent out by the provider. People had informed the provider how happy they were about the service through reviews and surveys, comments such as, "I am very happy with everything.", "All staff are helpful, extremely kind and watchful." The feedback received from relatives included, "It is a very caring environment, and everyone is treated respectfully as an individual."

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

# Is the service responsive?

## Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. One relative had completed a provider's survey, they said, "Decisions for [my relative's] care are always discussed openly." The care plans were person centred, identifying people's background, preferences, communication and support needs. One staff member told us, "When I first started to work here I read all of the care plans, this helped me get to know people and talk with them about things that are important to them."

People's care plans had been reviewed regularly and staff were kept informed of all the changes, which ensured the care and support being provided to people was still appropriate for them. Daily records were maintained to demonstrate the care provided to people. We observed that people received their care as planned. For example one person's care plan stated they wanted help to manage the number of cigarettes they smoked every day; staff helped this person to plan when to have a cigarette and supported them to mobilise to the area designated for smoking.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. The service had a programme of activities and people told us that there was always something for them to do if they wanted to. A church service was held in the home every month for those who preferred to stay in the home. One person commented on the sense of community in the home through playing games, "I used to visit care homes in my old job; this one is by far the best. I come and go as I please. I really enjoy the scrabble." Another person had recently developed an interest in scrabble and found they were good at it which had made them very happy.

The member of staff responsible for activities told us "I have loads of resources; I ask people what they like to do. Some people like to go to the market in town, go for coffee or a walk. People have different abilities; we have games and puzzles suitable for people with dementia including puzzles and arts and crafts. I am proud of our improving and expanding activities." People were helped to keep up to date with local and national news with the daily provision of their preferred newspapers.

People were supported to develop and maintain relationships with those who were important to them. For example, one person had poor eyesight; the contact details of friends and relatives were in very large print so they could independently use their phone to contact them. Another person living with dementia had photographs of their family displayed in their room; each photograph had a name label to help the person remember their family members. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint. There was information available to people on a

notice board including how to access an advocacy service to support them to make a complaint. People told us they had not needed to make any complaints. One person told us, "I'm quite happy, I have no complaints. I can talk to the manager anytime if I want to." People had the opportunity to raise any concerns informally with staff or the manager, or formally in writing. There had not been any complaints in the last year; the provider had procedures in place to respond to people's concerns.

People received care that provided relief from their symptoms towards the end of life. We observed staff providing care that was compassionate; they ensured that people always had a member of staff they knew with them. One relative told us, "I am very happy with all the care." Staff worked closely with district nurses to provide care that met people's needs. People had the opportunity to discuss with staff what it meant to be at the end of life and make their preferences known in an advanced care plan, such as remaining in the home or receiving care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager who had managed the home since it registered with the Care Quality Commission in October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager understood and carried out their role of reporting incidents to CQC.

The provider had not ensured that all the required health and safety measures were in place or been pro-active in ensuring people were protected from harm. The provider gave staff information about health and safety in the form of publications but did not follow the advice or information contained in these publications. For example preventing people's access to places like the kitchen and laundry and protecting people from hot radiators. The environmental audits had not identified that people could be at risk from accessing areas that could cause them harm such as the kitchen or the cellar; or that people could receive injury from uncovered radiators. The provider had not taken the recommended action provided verbally by the fire officer in 2016. The provider's fire safety audit had not identified that people's bedroom doors and the kitchen did not self-close properly. We brought this to the attention of the registered manager, who arranged for the work to improve the health and safety of the home, which they advised would take around two months to complete.

The provider had not ensured there were sufficient processes in place to assess, monitor and improve the health and safety of service users. This constitutes a breach of Regulation 17 (2b) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Good governance.

The registered manager received support from the provider in planning future projects within the home, for example to build a conservatory to provide an small area for couples to spend time together, or people to meet with their visitors in private.

The registered manager was very highly regarded by people using the service, their relatives, staff and health professionals. Relatives had fedback in the provider's survey, "Nothing is ever too much trouble for her [registered manager] however busy she may be. Her attention to detail is of the highest level." A member of staff said, "The residents are happy and they are cared for very well. I have never worked for anyone like [the registered manager] before; I get a lot of job satisfaction."

The service had an open culture where staff had the opportunity to share information; this culture encouraged good communication. Staff told us they were proud to work at Wisteria House Residential Home. One member of staff told us, "I am so proud of the way staff are so hard working," Another member of staff told us, "I am proud of the way the home runs. [Registered manager] works out in the home with us; we are all part of a really good team."
Relatives had told the provider, "All management and staff have always been very helpful and I am confident they take the responsibility of the care of [my relative] very seriously." Another relative said, "[Registered

manager] and her team are always courteous and professional. They are approachable and always willing to discuss [my relative's] needs with me."

The registered manager monitored the quality of the service through audits, such as residents and relatives surveys, care plans and training. Changes had been made to improve the service where issues had been identified in the audits. For example the provider had identified that training of staff relied on outside resources; they employed a trainer who planned, provided and assessed staff training and competencies.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service. The provider did not have a website.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not adequately assess the all the health and safety risks of service users and did not do all that is reasonably practicable to mitigate any such risks. Regulation 12 (2a and b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had not ensured there were sufficient processes in place to assess, monitor and improve the health and safety of service users Regulation 17 (2b) |