

Mr & Mrs S Wortley

Wisteria House Residential Home - Somerset

Inspection report

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Yeovil
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Tel: 01935822086

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wisteria House is registered to provide care and accommodation to up to 13 people. The home specialises in the care of older people. The home is situated in the centre of a village and had close links with the local community. The home does not provide nursing care and people who require nursing assistance were supported regularly by the community nursing team.

The service is also registered to provide personal care to people in their own homes in the community. This part of the service had been expanding rapidly and 60 people were now receiving care and support. The service was run from an office in the grounds of the home.

There is a registered manager in post. The registered manager was responsible for the day to day running of the home. 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.

The registered provider was responsible for the quality assurance and standards of the whole service. They supported the registered manager in relation to the running of the home and were closely involved in the day to day running of the domiciliary service.

The provider and the registered manager were open and approachable and supported people receiving a service and staff well.

People told us staff were kind and caring and always respected their privacy and dignity. People were very positive about the care and support they received both in the home and in the community.

One person living in the home said "I don't know where else I could be happier. I have friends here amongst the staff. It is amazing but I am ever so happy." One person receiving support in the community said ""They are a lovely care company. Very caring. There are no complaints at all."

Care was responsive to people's needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

Staff knew the importance of learning about people's preferred ways of daily living and supporting them to continue to be independent when possible.

People were offered care they had been involved in planning themselves. People were involved in discussions about the care and support they received and were made aware of any risks. The staff responded to changes in people's needs and adjusted care accordingly.

Staff were aware of how to assist people to make decisions if they lacked the mental capacity to make decisions for themselves.

People enjoyed the food in the home. They had a choice of food and staff catered for people with specific dietary needs and preferences when required. Food was plentiful and the size of people's meals varied according to their appetite and preferences.

People in the community were offered support with their diets in a variety of ways that met that their needs.

In the home people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed.

In the community people's health needs were assessed and plans were in place to reduce the risk of them becoming ill. The service supported people with complex needs by working in partnership with other professionals

All staff had access to on-going training which ensured they had the skills and knowledge to safely and effectively support people.

There was a recruitment procedure which minimised the risks of abuse to people. There were sufficient staff to ensure people received appropriate, unhurried care.

Staff had received training in recognising and reporting abuse and were confident that any concerns would be fully investigated to make sure people were protected.

People knew how to make a complaint and everyone told us they would be comfortable to do so. All were confident they would be listened to and action would be taken to address any shortfalls.

Across the service there were robust systems to monitor the quality of the service offered to people.

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.

There were sufficient staff to make sure people received care and attention in an unhurried and safe manner.

People's medicines were safely administered by staff who had received
Specific training and an assessment of competence to carry out this task.

There was a recruitment process which minimised the risks of abuse to people

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet
their needs.

People were able to choose nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and polite and always helpful.

People's privacy was respected and they were able to make choices about how their care was provided.

People, or their representatives, were involved in all decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices about their daily living both in the home and through the service they received in the community.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

People knew how to make a complaint and were confident any concerns raised would be responded to.

Is the service well-led?

Good ●

The service was well led by the registered manager, provider and senior staff.

People told us they found the provider and registered manager open, kind and approachable. We saw everyone was very comfortable and relaxed with them.

Staff felt well supported and were proud of the service they provided to people.

In both the home and the community serviced quality assurance systems and audits were in place to ensure a good standard of care was delivered.

Wisteria House Residential Home - Somerset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 September 2016 and 30 September 2016 and was unannounced in the home and announced to inspect the domiciliary care service. It was carried out by two adult social care inspectors.

Before the inspection visit we looked at information we held about the whole service. This included information regarding significant events that the home had informed us about. At the last inspection there were no concerns about the service.

As the domiciliary service has grown there are plans to register the personal care activity with us in the near future as a separate location run from an office in Yeovil. Care and support is now provided to people over a wide area of Yeovil and North Somerset including Sherborne and Shaftesbury.

During the home inspection we spoke with ten people who lived at there. We spoke with four members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

Two inspectors visited the domiciliary care service on the second day of the inspection. We visited four people in their own homes and met two relatives. We spoke with the service provider and six staff.

We looked at a number of records relating to individual care and the running of the home. These included ten care plans, medication records, eight staff personal files and health and safety records.

Is the service safe?

Our findings

People told us they felt safe at the home and in the community with the staff who supported them. One person told us "I do feel safe. The staff are very good. There are two on at night. There is always someone about. They always say "why don't you ring your buzzer?" I can go to the bathroom on my own but they would bring me a hot drink at any time. In the morning they always bring one at six o'clock." Another person said "It does feel safe. We have everything we need."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of how they kept people safe. They knew how to report any concerns. They were confident any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Members of staff explained to us how they kept people safe in the home. We were concerned about the changing floor levels and short flights of steps between some rooms. Staff said there were systems in place to keep people safe. They said the use of the lift and correct assessment of people's mobility avoided falls.

Staff told us they felt able to raise any safeguarding issues with senior staff and were confident they would act. The managers had notified us of all safeguarding issues and had taken the appropriate action, including working with other agencies when required.

Risks of abuse to people were minimised because there was a recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff recruitment files showed all new staff were only offered a job once references had been obtained and a check on their suitability to work with vulnerable adults had been carried out.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Rotas showed there were regular teams of care staff on duty in the home supported by housekeeping staff. In the home people told us they could ring at any time and staff would come. One person said "Whenever I ring the bell they come. Nothing is too much trouble."

In the community staff were organised into teams of staff to cover a specific "run." Rotas showed people received support from regular care staff who arrived at more or less the same time each day. People received a rota in advance telling them who was coming to see them and at what time. One person said "I know the staff who are coming to see me. We are introduced to new staff. I don't like change so I like a constant staff team. I chose the time to get up. It is perfect for me." Another person said "They are never really late. If there is an emergency they ring. We always know the carer."

Staff said the service employed enough staff to care for people safely. They received sufficient time to travel between visits to people. They said people were assessed properly and received enough care time to meet their needs. They said visiting people regularly helped them to deliver care efficiently. Staff worked as team and helped each other out.

There was an on-call system to support staff working in the community. An on-call rota of senior staff ensured someone was available 24 hours of the day.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. For example in the home, people who needed assistance with their mobility had clear guidance within their support plans. Hoists and slings were serviced and checked according to legal and best practice requirements. Staff had been trained to use hoists and other mobility equipment. People had been assessed to determine whether they were at risk of falls and pressure damage. Their care plans contained instructions to staff regarding the care they required to minimise their risks.

In the community there were assessments of people's mobility that determined the number of care staff needed to help them and the type of equipment that was available. Risk controls also recorded the use of airflow mattresses to prevent skin damage and adjustable beds help people get in and out of bed as independently as possible.

People's medicines were administered by staff who had received specific training to carry out this task. A new system of medication had recently been introduced in the home and the supplying pharmacist had come to the home to ensure staff were familiar with it. People told us they had complete confidence in the staff who helped them with their medicines.

There were suitable secure storage facilities to make sure people's medicines were kept safe. All medicines which entered the home were checked to ensure people received medicines in line with their prescription. Medication administration records clearly showed what medicines had been received into the home and were signed when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Where people were prescribed medicines on an as required basis, for example pain relief, these were regularly offered to people to maintain their comfort. We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found no errors.

In the community the care plans contained a list of medicines people required and guidance regarding the type of support they needed. Some people were independent or received assistance from their relatives. There was a safe system in place to help one person who wanted to their tablets left out to be taken later. There were two medicine administration sheets to show when the tablets had been put out and to confirm as far as possible they had been taken.

There had been one medication error and there were policies and procedures in place. When a medication error had occurred the policy had been followed and a thorough investigation had resulted in appropriate action.

Is the service effective?

Our findings

People in the home and the community told us they felt well looked after by competent staff. Comments included; "It is the best thing that ever happened to me getting this team. They do make me wash behind my ears though!" "They give me all the help I need. They know exactly what to do." "They know what they are doing and that makes me feel safe."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff told us they had good access to on-going training which included training in health and safety and subjects relevant to the needs of the people they looked after. The staff trainer talked to us about the induction period for staff that could be extended as required by staff. In the community and the home new staff received some direct training but were also able to shadow experienced staff until they felt confident to work alone. A combination of training methods included on-line packages, teaching materials prepared specifically for the service by the trainer and nationally recognised qualifications such as the Care Certificate. Staff told us they were able to discuss their training needs during their appraisals.

In the home, staff had found a training course in the care of people with dementia very helpful. They found it had helped them to communicate with people and try different approaches to people according to their individual needs and personalities.

Staff in the community received manual handling training with occupational therapists when a new hoist was introduced. Senior staff ensured training was cascaded to all staff. All staff received annual manual handling up-dates.

In the home, care plans showed people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed. People taken or admitted to hospital were always accompanied by a member of staff. A dentist visited the home so people could be seen in familiar surroundings. Staff told us they "called in the professionals" whenever people needed them. They said GPs visited very promptly when needed if people were unwell. Records confirmed when the GP's had visited and the treatment people had received. One person had been looked after during a period of illness. They said "I went through a bad patch. I was very ill. Nothing suited me. They must have looked after me really well. They asked if I wanted to go to hospital but I was altogether better here."

In the community people's health needs were assessed and plans were in place to reduce the risk of them becoming ill. For example assessments of people's risk of skin damage or falls were considered and preventative strategies were in place. One person's plan noted there was a mark on their skin. The person said staff "kept an eye on it" and applied cream at each visit. The regular up-dating of the assessments for possible skin damage (Waterlow scores) and turn charts reflected best practice and showed the service was very aware of the risks to people who were immobile and conscientious about minimising further damage.

People received additional care when they had short term infections and this was noted in the care plan. Records showed when and how community nurses were contributing to people's care and when the GP had been called. The service supported people some with complex needs by working in partnership with other professionals.

People were pleased with the standard of food served in the home. People told us "The food is very good. No complaints. Just compliments. There is plenty and they always ask if your meal is ok. " "They know our likes and dislikes. If there is something I do not care for they will do something else." and "These are the real local butchers faggots today. We have such variety but it is always good quality."

Staff told us people chose their meal the previous day from the menu. There was a choice of meals each day but if people did not like either staff would ensure there was something available they did like.

People chose where they ate their meal. People ate in the dining room and there was friendly conversation between people and the staff supporting them. One person was helped to eat their meal by the manager's husband because they had formed a firm friendship. The person was clearly pleased to have a visitor.

Staff had the skills to support people who required specialist diets these needs were catered for on an individual basis. Staff monitored people's weight and sought advice if this raised concerns about a person's well-being. One person had been in hospital and had lost weight. The food they ate was being monitored and they were being encouraged to eat well. There was information about people's likes, dislikes and requirements in the kitchen so anyone cooking and serving meals was aware of people's preferences.

In the community care staff offered flexible support to people if they needed it to access their chosen diet. Some people were able to prepare meals themselves or lived with family members who supported their dietary needs. Others relied on care staff to prepare their meals. One relative said "They bring the food. It is plain and good. Just what we like. I could have a choice but it suits us well as it is." The manager told us about the flexible approach staff adopted to ensure a person who was losing weight was encouraged to eat. Other people had swallowing problems and had been assessed by the SALT team.

People were always asked for their consent before staff assisted them with any tasks and were able to make decisions about any treatment they received. Through- out the day in the home we heard staff asking people if they were ready to receive care. In the community there were policies and procedures in place to guide staff if people refused their personal care or meals. Staff said they would seek advice promptly if they were not able to deliver the planned care.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (the MCA.) This made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

In the home there were references in the care plans to people's capacity to make decisions. One person's plan stated they were still able to make decisions and choices around day to day activities. They knew what they liked and did not like on a daily basis but were not able to make complex decisions about their finances and well-being. This was good practice and emphasised that people should be considered to have the capacity to make these decisions until it was clear they could not. When complex decisions were made the registered manager would involve family members and professionals. This showed staff were working in accordance with the principles of the act. Staff said it was important to continually monitor people as they

could be different each day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. One person who lived at the home was subject to DoLS. The manager felt confident the underlying DoLS principles and gave examples of how they supported the person to be safe whilst enjoying their daily lives.

Is the service caring?

Our findings

Throughout the inspection people told us staff were always kind and caring. In the home one person told us "I don't know where else I could be happier. I have friends here amongst the staff. It is amazing but I am ever so happy." Another person said "Staff are very, very good. They are always polite and kind." People commented about how helpful staff were. One person said "When the hairdresser went on holiday they found us another so we did not miss an appointment. Really thoughtful."

There was a calm and friendly atmosphere in the home. Staff interactions with people were professional and caring. Staff took time to listen to people and to make sure they were always comfortable. Staff said "This is a small environment and we all know each other well. Some people have lived here a long time. It is their home."

Throughout the day staff checked on people in the lounge area and in their rooms. We heard staff asking people if there was anything they wanted and offering hot drinks. Staff chatted to people about things that were familiar to them such as family and local events and places.

People made choices about where they wished to spend their time. People were able to move around the home and gardens without restrictions. People who relied on staff to support them to get around were always asked where they wanted to go and were assisted accordingly.

Each person had a single room where they were able to see personal and professional visitors in private or spend time alone. People told us their privacy was respected. Rooms were very pleasant and were personalised according to people's tastes and needs.

People who required help with personal care said staff were respectful and always treated them with dignity. The possible risks of loss of dignity and privacy were assessed and recorded in the care plans. The importance of "looking right" for one person was noted. Another person talked to us about the help they had received in choosing an outfit for a special lunch with their family. People were well dressed and clean which showed that staff took time to assist them with their appearance.

People said they were able to express their views about their care. People said they were fully involved in decisions about how their care was provided. One person said "It is very homely. Everyone is able to do their own thing."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Whenever possible people were cared for in the home till the end of their lives. Staff told us they did their best to keep people as comfortable as possible and sought other professional help when needed. They told us about the skilled care they gave including looking after people's skin and mouths and keeping them pain free.

People receiving personal care and support in the community and their relatives spoke very positive about the staff who visited them. One person said "I find them pretty good. Staff are always respectful. They knock at the door. Always polite and caring." One relative said "They are a lovely care company. Very caring. There are no complaints at all." Another relative spoke about the support offered to them by the "out of hours support". They said they had found it very "comforting" to be able to ring and talk to staff. They said "Office staff are lovely. I can always ring them up. They make me feel safe."

Staff supported people whenever they could. One person had needed to go into hospital but was concerned about their dog. Care staff had helped the person by looking after the dog until they returned home. When another person was admitted to hospital from their home care staff went with them and helped them to settle. A member of staff at the hospital wrote your carers "were caring helpful, kind and respectful. It was clear that (the person) was well looked after by the love and trust they showed towards the carers. A member of staff said "We do care about people. I wanted my Nan to be cared for by us because I knew she would get really good care."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about their daily living preferences. In the home one person said "I go downstairs for meals. I come back up and watch my television. I do not really like activities. I can go out in the garden and have a walk round if I want to."

The registered manager and staff knew people's routines and were able to talk to us about their preferences and wishes that were respected. One person was able to go out for walks into the village and surrounding countryside. They said "When it is fine I go out for a good walk. I go to a club on Wednesdays. I have got to know people there. There is tea and coffee. I like going to the post office."

People were seen to be having a rest later in the morning. They looked comfortable and relaxed as they slept peacefully before getting up for lunch. They were able to choose when they got up and when they rested.

The activities co-ordinator told us that although they tried to organise a few activities many people enjoyed "one to one" time with them. There had been some trips to local beauty spots and events that marked the passing of the year. An annual trip to the pantomime was a regular event at Christmas depending on people's mobility.

The registered manager and senior staff in the domiciliary care service carried out a full assessment of people's needs before they moved to the home or their support commenced. This assessment included details about the person's health and their preferred routines. From the assessment a care plan was drawn up to make sure all staff knew how to meet the person's needs. People told us they, or their representatives, had been involved in writing the care plan.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Since the last inspection the manager in the home had developed the care plan system and each person had a comprehensive plan that was reviewed and up-dated regularly. Plans were very detailed and up-dated regularly to provide a "live record" of people's needs at that time. This meant a completely up-dated plan was printed out every three months.

Care plans were important to community staff as they showed what people needed. Staff found they gave good guidance. People in the community told us they could choose whether they had male or female carers. One person said "I chose not to have male carers. Occasionally they will be very short and they will ask me. They (male carers) have always been absolutely fine. It is just my choice." Another person in the community said "We are always consulted about everything. We write our own care plan. We see it written up and agree it. Then we can review it. I feel my care is very person-centred as I always say how I want to be supported. I always have two carers because it makes me feel safe. When they move me I feel safe because they know me. I am 100% safe." Community staff were there to "assist people and not to take over." Young staff were aware their age could be an issue for some people. They understood how important it was to show people

respect and be understanding if people found it difficult to accept support from a much younger person.

Staff responded to changes in people's needs in both settings. A member of staff said "We help people to be as independent as possible. But we are always watching, ready to step in if needed."

The community service was flexible and responsive to changes in people's weekly routines. People received support that varied from one or two short visits a week through to four visits a day from two care staff. The service was flexible and supplied the care people needed. One relative told us the service supported them to care for their family member. "I had extra support so I could go to a funeral. They were very reliable and helpful to us both." Times could always be varied if they needed additional support or needed to attend a hospital appointment. A sitting service during the day or the support of a carer for a waking night assisted family members to look after people at home. Daily records showed clearly how staff delivered planned care but also showed how staff responded to unplanned events.

The registered manager sought people's feedback on an on-going basis. People told us they saw the registered manager every day and they always asked them if they were happy with everything. People said they would not hesitate to speak with the registered manager or a member of staff if they had a complaint about their care. One person said "You can make a complaint but usually it is enough to mention something. One relative told us they had been visited by two carers they did not like. They said "We did not like to complain but we did not think their manners were good." They said the service went "above and beyond what was expected" to respond to their comments. They checked they were satisfied with other care staff. They said there had been a good outcome because after extra training one member of staff had stayed and "got on well" with them while the other member of staff had left the service. Another person receiving support in the community said "I can't complain. They are very kind and caring. If I wasn't happy I would ring them. But I have never had to. I feel well looked after." Another person said "I can always rely on them. I would complain. I will email if I am not happy. They will respond to me."

Is the service well-led?

Our findings

The service was well led by an enthusiastic and committed provider and registered manager who were responsible for the management of the service. There were plans to develop the management of the domiciliary care service in the future. As the domiciliary service had grown there were plans to register the personal care activity with us as a separate location run from an office in Yeovil. Care and support is now provided to people over a wide area of Yeovil and North Somerset including Sherborne and Shaftesbury. A suitably qualified member of staff was in post and supervised the day to day running of this part of the service.

The provider and the registered manager knew people receiving a service and the staff very well. They had qualifications, training and experience that contributed to the good standard of support delivered to people in the home and in their own homes in the community. .

The registered manager of the home was very open and approachable. Everyone was very comfortable and relaxed with them. They had excellent knowledge of people and their needs and wishes. People told us the manager had "made a difference "In the home" and "Could always be relied on to help." People told us there were lots of opportunities to speak with the registered manager. One person said "You can always speak to her. " Another person told "She's very easy to talk to. If you are worried she's the one. It is alright here."

Both areas of the service had an organised hierarchy of staff that meant help and support from senior staff was always available to staff and people using the service. The home manager was supported by a deputy manager. The provider had senior staff in place to run the community service on a daily basis.

Staff felt they were able to make suggestions and raise issues with the provider and the manager. The provider and registered manager said it was important to treat people using the service and the staff with respect. Staff said they felt well supported by the company. They said managers would always try and help "in useful practical ways." Staff felt proud of the service provided in both the home and the community service.

In both the home and the community serviced quality assurance systems and audits were in place to ensure a good standard of care was delivered.

For example in the home the registered manager carried out comprehensive audits and completed checklists to make sure the environment and care practice were regularly monitored. The manager's monthly checklist was a detailed and comprehensive record of management tasks undertaken. There were checks on care plans, a review of any safeguarding issues and an audit of people's monthly overviews which were completed by the key workers. The manager checked staff supervisions, appraisals and training needs had been addressed. Any issues requiring action were noted. The second part of the monthly check was a detailed discussion with one person living in the home. This ensured that in addition to very regular informal contact with the manager people had an opportunity to meet them more formally. A six monthly monitoring

review summarised actions taken to improve care and resolve issues. For example menus had been changed, people and their families had been reminded of the complaints procedure and notices had been introduced to remind visitors to sign in and out of the home.

All staff said they received regular support and supervision from senior staff and managers. Supervisions are an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They are also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff meetings were held regularly in both aspects of the service. The community service held meetings at both the main and satellite offices so all staff could attend. Minutes showed an emphasis on continually improving the service. Successes such as more personalised care plans and good recording in Medication administration sheets were acknowledged.

As well as day to day discussions with the provider, registered manager and staff people had opportunities to give feedback using satisfaction surveys. Surveys showed a high level of satisfaction with the quality of care people received.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.