

# Village Homes (Somerset) Limited

## Wisteria Cottage

### Inspection report

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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 

### Overall summary

We inspected this service on 24 September 2015. The inspection was unannounced.

Wisteria Cottage is registered to provide care and accommodation for up to three people who have a learning disability. At the time of the inspection three people were using the service.

Wisteria Cottage is a period property in the village of Lower Odcombe. Two homes; Wisteria Cottage and Church View are run by the provider Village Homes, and share the same registered manager and staff team. The inspection of Wisteria Cottage was therefore carried out

in conjunction with the inspection of Church View. As Church View holds a separate registration there is a separate report for the service. The provider is also the 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.

# Summary of findings

There was a very positive atmosphere within the home, people were seen to be at the heart of the service. People and their relatives were fully involved in planning their care which was seen to be person centred and individualised. Everyone we spoke to including staff members were happy to be part of the service. Staff told us they were proud to work at the home and really enjoyed supporting the people who lived there. People were treated with kindness, compassion and respect. Staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences.

People we spoke with told us they were well cared for and happy. One person told us, "They [the staff] are all really kind to me". People were encouraged and supported to be part of their local community. One person enjoyed helping out at the local lunch club.

Care records were well written, detailed, with formats that supported people's communication needs. They accurately reflected people's care and support needs. Where possible people were fully involved in their care planning. Care plans included information about people's likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. People signed their care plans to demonstrate they had been involved in reviewing them or agreed to changes made.

Each person had individual risk assessment plans that were reviewed with the person on a monthly basis. Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. Health professionals were routinely involved in supporting people with their health and wellbeing.

Staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs. There were staffing structures which provided clear lines of accountability and responsibility. The provider showed awareness of consistency within the staffing of the homes.

Staff received regular supervisions and training, that provided them with the skills and knowledge to meet people's needs effectively. Staff worked well together and communicated well. The home shared the same staff team and policies and procedures with the other home owned by the same provider. One member of staff informed us "I don't mind which house I work in as the people are all lovely". The provider informed us, "I have an open door policy, staff, residents and their family know they can contact me at any time".

People had formed friendships with other people at the home. People talked with excitement about their holidays to Butlin's and how they were planning parties for Halloween, Bonfire Night and Christmas. People were seen to be kind and caring towards each other, one person told us of another person who did not like fireworks so they would help them on Bonfire night. Birthdays were being talked about and how people were planning to celebrate.

People were involved in menu planning and enjoyed going to the local supermarkets to shop. One person wrote the shopping list for the home. People were involved in preparing their meals and making their lunch boxes. We heard one member of staff gently reminding a person what was in their lunch box when they asked, and also reminded them that they had made their sandwiches the previous evening. People led busy lives with each other but also went to different activities separately.

# Summary of findings

## 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 is safe. People's risks were assessed and reviewed and staff understood how to keep people safe.

Staff received training that ensured they were able to protect people from harm or abuse.

Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge required to meet people's need, staff received regular supervision and training.

The rights of people who were unable to make important decisions about their health and wellbeing were protected.

The service worked effectively with other health professionals to ensure the wellbeing of people.

Good



### Is the service caring?

The service was caring. People received positive care experiences and staff ensured people preferences were being met.

People were treated with kindness, compassion and respect.

People were involved in their care planning and choosing their activities.

Good



### Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs.

People were encouraged to be involved in their local community.

Complaints were recorded and investigated. There was an open and honest culture within the home which empowered people to discuss any concerns.

Good



### Is the service well-led?

The service is well led. There was a positive atmosphere and people were at the heart of the service.

Effective systems were in place that were regularly reviewed to ensure the home was working in conjunction with current legal requirements.

There were opportunities within the culture of the management of the home that encouraged involvement from other professionals, people and their representatives to support the running of the home.

Good



# Wisteria Cottage

## 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 24 September 2015 and was unannounced. The previous inspection of the home had taken place on 6 September 2013. This was the first inspection under the new methodology. The inspection was carried out by one inspector. The provider had completed a Provider Information Return (PIR) prior to the inspection for Wisteria Cottage. The PIR is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with three people who used the service, some due to their communication needs were unable to provide us with detailed information about their care. We spoke with two members of staff, two relatives and two professionals. On the day of the inspection people were preparing to go to their day club we therefore only spoke with them for a short period of time.

We read three people's care plans, three staff files. We checked medicine control systems for three people. We read records relating to the management of the service these included quality checks, policy and procedures, minutes to meetings, staff rota and training records.

# Is the service safe?

## Our findings

Without exception people who used the service and their relatives told us that care was delivered in a safe, kind and caring manner. People confirmed they felt safe and were happy living at the home, they liked staff and felt well supported by them all. One person informed us. “It’s nice living here I’m happy”. One person who found it difficult to communicate was seen to be happy and relaxed and staff supporting interacted with the person well whilst guiding them from room to room to ensure they were safe from falls. Two people told us they liked living at the home and staff were respectful to them. A family member informed us “our relative is protected from harm and is well looked after.”

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. All staff had received safeguarding training, in files viewed we saw safeguarding was addressed in people’s supervision records. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken by the provider to make sure people were safe. Where allegations or concerns had been brought to the provider’s attention we saw evidence that showed they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. We saw records that showed a concern over safe staffing levels had been addressed by the provider and resolved quickly with the person raising the concern.

The provider showed a good knowledge and understanding of keeping people safe and free from harm. For example risk to people were assessed, monitored and reviewed. Policies and procedures were in place for all staff to monitor and manage risk safely.

People had individual risk assessment plans alongside their care plans. These plans identified individual risk assessments and guidance for staff on the management and monitoring of risks. For example risk assessments and controls had been put in place to support a person to walk alone in the village to meet up with friends. Staff ensured safety procedures were in place to support the person to be independent. For example. The person was encouraged to

carry a bag which contained a mobile phone with the home telephone numbers. Staff ensured the person had their bag before they left the home and reminded them what they should do if they needed help.

The service regularly reviewed risks and had strategies in place to manage change when needed. People were involved in monthly one to one meetings regarding their risk plans. Each person had signed their risk assessments to say they agreed and understand the control measures in place.

People who had particular health risks were assessed and information was provided to staff on how to manage these risks. There were clear guideline for all staff in the process and timescales before emergency services were summoned to support people with these risks. Records showed other health professionals were regularly involved. One member of staff informed us of the instruction given by the GP on the timescales to be taken and how all staff were trained and informed in the response needed to protect the person.

Medicines were ordered, stored, administered and recorded correctly. Medication administration records (MAR) were all signed appropriately. Medicines entering the home from the pharmacy were recorded when received and when administered by two senior members of staff. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct.

Staff files showed checks were carried out which included references and checks with the Disclosure and Barring Service (DBS). The DBS checks people’s criminal history and their suitability to work with vulnerable people. People are not allowed to start work until the checks have been cleared. Evidence of DBS checks were in place for all staff. The provider informed us that new staff and agency staff were unable to work alone until they have completed their induction training. The provider was responsible for signing off all staff induction training.

Staff informed us there was always a senior member of staff on call which also included the provider. One member of staff told us. “We [staff] all help each other out if someone is sick we will do additional shifts, it is so lovely working here nobody minds coming in.” Rotas showed that there was a consistent team approach to support people living at the home. There was therefore only a small percentage of

## Is the service safe?

agency cover needed. The provider informed us that all new agency staff must have had induction training before they could work in the home. This ensured that people remained safe by being supported by people with the skills and knowledge of the home policies and procedures, as well as the provider being confident that staff had the competencies to support people safely.

Policies and Procedures relating to the home were in place. Regular checks were being carried out ensuring the home remained safe. All appliances had warranty certificates

seen at the inspection. Weekly fire alarms tests were completed by senior members of staff. People living in the home were aware of the fire procedures and were involved in practice evacuations. Fire fighting equipment checks were in date, records of fire checks completed showed regular checks were carried out. As part of the service annual action plan, new fire doors had recently been fitted to all rooms on the first floor. Due to the location of the home weekly pest checks are also carried out around the home.

# Is the service effective?

## Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. For example all people we spoke with, spoke positively about their experiences living in the home or visiting the home. People and their representatives were complimentary about the staff who supported them. One family member informed us, “The staff know how to look after [our relative]. They know [our relative] so well. Because of the support [our relative] is able to live a full active life with many opportunities, he enjoys sharing his home with people who are now his friends.”

A training matrix evidenced that staff were receiving training to enable them to gain and maintain the skills needed to fulfil their roles. Staff development plans were in place and staff training needs were discussed within their supervisions. New members of staff completed an induction programme. The provider informed us “New members of staff are not able work alone or sleep in until they had completed a Skill for Care workbook”. The provider stated they meet with new staff regularly to ensure the induction workbook was being completed. Staff training was being delivered by external and internal trainers. All staff completed mandatory training as well as safeguarding, MCA and DoLS on a regular basis. Records viewed showed staff were receiving regular training in line with current legislation. The staffing files we viewed contained copies of staff qualification and training certificates. For example one member of staff informed us how their training was enabling them to support other staff in developing their skills in supporting people in the home.

Staff had received training in equality diversity and human rights. We saw that staff were putting people at the heart of their work. Staff were involving people in the day to day running of the home and including them in general conversations and choices around future plans for the home. The provider talked about involving people in planning and improving services with satisfaction surveys and discussion with people living at the home and their families.

Links with other organisations showed the provider was keeping up to date with changes in legislation to make sure people had their legal rights protected. For example the provider informed us how they had recently worked with their legal advisors to up date their policies and procedures

were taking into account new legislation such as Duty of Candour regulations. One professional involved in the home told us, “The manager [provider] is very good and ensures all paperwork is current”. Another professional informed us there was good communication with their team from the provider and staff, with open and honest lines of communication.

Staff received regular supervision and training. A member of staff confirmed they received regular and constructive supervisions. “The manager is very approachable. I can always talk to her if I need advice or guidance”. Recording showed training and development were being discussed within the supervision process. The provider informed us that as part of the development plan, within the next year, for staff in Wisteria Cottage, would be to introduce annual appraisals for all staff. This will enable the provider to monitor the skills of the staff to ensure that people are receiving effective care.

Care plans showed the rights of people who were unable to make important decisions about their health and wellbeing were protected. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) sets out the requirements that ensure where appropriate, decisions are made in people’s best interest when they are unable to do this for themselves. The provider and staff demonstrated they understood the principles of the Act. For example a staff member informed us how they supported people to make decisions by giving choice in formats that the person understood. Care plans showed mental capacity assessments had been completed with the individuals concerned. Signatures showed the assessments had been discussed with them, they were decision specific and took into consideration people’s best interests. Care plans held code of conduct, people’s rights as residents and copies of complaints procedure. This made sure people had the information they required to enable them to be fully involved in making decisions regarding their care. People received one to one with a member of staff on a monthly basis to discuss their care plans and to ensure they

## Is the service effective?

understood what was held within them. People capacity to understand had been into consideration, information were needed had been included in formats that met people needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider informed us, DoLS applications had been made for all people using the service. 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. The application evidence was seen and responses viewed from professionals dealing with the applications. The provider explained that due to the location of the property although people would have capacity to make some decisions, they would be advised from leaving the home at night .

People's nutritional and hydration needs were met. People using the service were actively involved in food shopping and preparation. Choice and preference were taken into account, if someone wished an alternative meal this was discussed and organised. Each person was involved in choosing what they wanted eat through the week, all people were involved in the weekly shop. One person informed us. "The food is nice and I like shopping". Another person told us "I like to write the shopping list". We heard staff talking to people about their choices of food, one person was overheard to ask what was in their lunch box, the staff member supporting was overheard to gently remind them that they had made their sandwiches the previous evening and what they had made.



# Is the service caring?

## Our findings

People told us they were treated kindly. We observed and heard caring interactions between people and staff. One person was seen to be gently supported by a staff member at the pace that was good for them. We heard staff laughing and talking fondly of the plans for the day. We saw many examples of kindness, respect and compassion on our inspection. At all times we witnessed people being treated with dignity and respect.

People's communication needs were met. There was a range of ways used to make sure people were able to communicate with the use of symbols, sign, and pictures. One member of staff informed us a person could not communicate well verbally but they knew if the person was not feeling well by their body language, they would then point to parts of their own body to gauge if the person was in pain to establish what was wrong. A relative informed us their relative received kind caring support. They told us. "We know [our relative] finds it difficult to make their needs known but staff know [our relative] well and respond well with [our relative]". We observed people who lacked verbal communication skills responded warmly to the staff with smiles.

There was a person centred culture in the home and staff understood that people were at the heart of the service. One staff member told us. "The residents are wonderful, this is their home, we know we are lucky to work with them in their home, it is so lovely working here. I am very proud to work here". There was a relaxed atmosphere in the home. People talked kindly about each other and sharing their home and looking after each other. A staff member informed us "The people in both homes make it a lovely job, we work well as a team. Every single day is different, we could be cooking one day and swimming the next. It's great". On the day of the inspection people were preparing to go to a day club. One person informed us "we like to walk to the club and the staff come with us, we talk and laugh on the way".

One relative informed us. "Our relative is well cared for, when they come home we are given clear up to date information to help us continue the support". Another relative informed us "Our relative is happy and we know they are cared for very well, we know they would tell the staff, and us, if there was anything wrong".

People were encouraged and supported by staff members to be involved in their local community. For example they had helped out at their local village fete, one person told us they helped out at the community lunch club on a monthly basis. A professional involved informed us people in the home are very much part of their local community and seemed to enjoy being involved in community projects.

Feedback viewed on satisfaction surveys at the inspection included comments such as. "Our relative's needs are met through an exceptional service, they have met their recent medical needs professionally while maintaining a caring concern for his wellbeing". "Our relative is very happy and contented. Their every need is met to a high standard without losing sight of our relative as an individual". "Our relative is able to live a full active life with many opportunities to socialise in the community. Our relative really enjoys sharing the home with the other people, they are friends".

Staff informed us they knew the people and their family's well, staff, without exception, talked positively about the people they were supporting. We observed that staff were respectful of people in their homes and engaged them in conversations they were holding with each other.

People's bedrooms were personalised and people were proud to show us their rooms and their photos. People told us they were able to have visitors at any time and liked having their family to visit. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One relative informed us "staff are caring and amazing, they do all they can to help people out".

People were seen and heard having fun with each other, they treated each other in kind and caring ways. There were many interactions of laughter and encouragement from each other. People were observed knocking on each other's doors and waiting to be asked in before entering. When people were ready to go out they waited patiently for people that were not ready. People enjoyed sharing their home with each other, they were planning many social events together, making sure that everyone was included. One person told us they had enjoyed their recent birthday and how they had celebrated with people from both homes. We observed many signs of caring and compassion

## Is the service caring?

from people living at the home as well as the member's staff and the provider. One person living at the home told us "I like everyone that comes to work here they make me laugh".

We spoke with a professional who informed us. "This is a lovely home I wish there were more, it does not feel like a

residential home, when I visit I am normally met at the front gate by the person I support. I know they are happy and their representatives are happy with the caring way they are supported".

# 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 all aspects of their day to day lives. Care plans showed individual needs were being met and preferences were openly discussed with people. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes.

People were supported to access health professionals when required. Dates and the purpose of people's visits with health professionals were recorded in care plans. Recruitment procedures ensured the risk of abuse from inappropriate staff was reduced.

The service was flexible and responsive to people's individual needs and preferences. People and those that matter to them were actively involved in the assessment of their support. Care plans were updated and signed with the person on a monthly basis. The provider ensured that people were offered support to understand and choose what was happening to them. For example. The provider was active in ensuring the staff team understood and promoted equality diversity and human rights, they did this by ensuring that all staff have read and understood the homes equality diversity policies. The ethos of the home was to routinely listen and learn from people's experiences and for all staff to recognise this was a family home in the first instance. The provider informed us they had good relationships with people's families, and continues to involve them and people living at the home in discussions related to the home.

Communication needs were supported where needed with formats that met individual needs. A family member informed us. "Our relative finds it difficult to make himself understood, the staff team know him well, they have a great relationship with all the people that live at the home and make sure he remains as independent as possible". Family members told us they had regular contact with the staff team in both homes, people told us they felt included in decisions about their relatives care and support.

People had "Choice Wheels", where they contributed to choices they wished to make. One person had written in their plan what they wished to do, the barriers they may come up against and how they could overcome the

barriers. This was done and reviewed with their quality monitor. Quality monitors were keyworkers linked to individuals. They were responsible for ensuring the person they supported were fully involved in planning their care, including making choices, taking risks, enabling them to lead a full and active life.

One relative informed us "we see our relative frequently, we have noticed how much more independent they have become since living at Wisteria Cottage it is lovely to see". People were routinely involved in decision making and had annual reviews. Quality assurance records showed that people were asked if they were happy living at the home and if they wished to change anything about where they lived.

The quality monitors made contact with the person's relatives on a monthly basis asking for feedback on the service and to keep them up to date on any changes that may have taken place in the home or with their relative wellbeing. All conversations were recorded on file for the provider and senior member of staff to monitor and take action if required. "

The service protected people from the risk of social isolation and loneliness. Each person had an activity log within their care plans which showed their chosen activities for the week. One person told us "I am a very busy person but I like being busy". People told us how they made their choice about their holidays and trips out. One person told us about their recent holiday. "We had great fun I love to go on the rides". The provider informed us that people were consulted on their choice of activities and were asked for feedback on whether they liked or disliked the activity. This feedback formed the basis of the activities provided at the homes.

People were encouraged to be involved in the activities of the home. People told us they were planning a fireworks party and a Halloween party. The provider informed us that the team had their Christmas party with the people living at the homes. Plans are being made for Christmas activities. One member of staff stated. "I like to work New Year Eve we all go out for a meal in the village and then stay up late to watch the New Year in".

People's feedback about the responsiveness of the service described it as consistently good. We saw in a satisfaction survey, one relative had written "our relative loves their

## Is the service responsive?

social life, activities and work placement. We are totally satisfied with their care in all areas.” Another relative had written: We can honestly say we just can’t think of how the service could do better.

People who used the service were actively encouraged to raise any concerns. One member of staff informed us that there is an open culture amongst the team. The provider was very approachable and would act on information of concern immediately. We observed evidence of this though our inspection when we viewed records where concerns had been acted upon and resolved quickly.

The homes had complaints procedures in place. We saw one complaint that the provider had acted upon and successfully concluded. People living in the home were encouraged to be open and honest about how they felt. One person informed us. “I tell the staff if I am not happy and they listen and help me”. ” A relative informed us “we don’t see so much of the provider as we do the staff team, but know if we had to complain we know our complaints would be listened to. ” All staff we spoke to informed us they could talk with the provider and know that they would be listened to if they had any concerns. All staff were aware how to whistle blow and said they would be happy to do so if they needed to.

# Is the service well-led?

## Our findings

People who used and visited the service told us there was a positive atmosphere at the home. A relative informed us. "This is a good set up, its home from home. The staff are amazing they really treat everyone as individuals".

There were effective quality assurance systems in place which monitored care and ensured on-going improvements. For example monthly audits were taking place on how satisfied people were with the service they were receiving. The provider implemented innovative ideas to ensure the delivery of high-quality person centred care was taking place for all people and staff within the home. One family member informed us. "We don't see much of the provider, but we are very satisfied with the care [our relative] receives". Professionals who were involved in reviews told us all outcomes discussed in review meeting were met in a timely manner.

Audits checks were in place to monitor safety and quality of care. Part of the provider's action plan for the forthcoming year was to set up appraisals for all staff to gain their feedback on the service. The provider informed us. "We want to provide the best service to people in a changing market. To achieve this we ensure all outcomes are positive for people living in the home. We evidence this by the feedback we receive, formal and informal conversations with all involved in the home".

There were staffing structures which provided clear lines of accountability and responsibility. The provider showed awareness of consistency within the staffing of the homes. Staff handover book were used on a regular basis and evidenced good interaction between staff and the provider. Members of staff informed us they were happy working for the provider and the people they supported. One member of staff informed us "Day's go by so quickly, I am always happy to come to work". Another member of staff informed us, "it's a great place to work, it feels like we are one big family."

The senior meeting book showed that regular meetings between senior staff and the provider discussed current issues within the home and how to manage them effectively. Responsibilities were allocated as well as the responsibilities for line management of care staff. Senior

members of staff carried out observation checks to ensure people were carrying out their allocated responsibilities as well as observing that people receiving care were being treated with dignity kindness and respect. The outcomes of these observations were fed back to staff through their supervisions.

All accidents and incidents which occurred in the home were recorded and analysed. Appropriate action was taken by the provider if accidents happened. For example following a medication error the provider ensured additional training was in place for staff members. We saw that the action of the provider had been effective with no further concerns.

The provider had completed a provider information return (PIR) which logged the provider's plans for the future development of the service. Many actions in the PIR had already been implemented. For example new fire doors had been fitted to all upstairs rooms, the kitchen had been redesigned with new appliances. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The provider kept up to date with wider social care issues and sought support from local meetings with other providers. This made sure they provided a service to people that was up to date and took account of current practice and legislation. The provider was working with their solicitors to ensure they were up to date with CQC new methodology. New policies were being introduced to staff through the supervision process. The provider informed us "We want to maintain high standards by ensuring we remain up to date on all standards and changes in regulations and legislation. We ensure we have good links with local colleges and have the support of good solicitors who help us to stay abreast of changes in legislation". The provider showed us a copy of their policy statement around Duty of Candour. The policy sets out the homes commitment to working within the regulation in an open and transparent way with people living within the services and their representatives.

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