

Mr & Mrs S Wortley

# Wisteria House Residential Home - Somerset

## 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 ●

# Summary of findings

## Overall summary

### About the service

Wisteria House Residential Home is a care home which is registered to provide personal care to 13 people. The home specialises in the care of older people. The house is an older style building set over two floors and some rooms may not be suitable for people with mobility difficulties.

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

People felt safe at the home and with the staff who supported them. Risks of abuse to people were minimised because the provider carried out pre-employment checks on all new staff. People told us staff were always kind and we saw people were very relaxed and comfortable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People said staff always asked for their consent before helping them.

People had their needs assessed and were supported by staff who had the skills and experience to meet their needs. Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. People's nutritional needs were met and everyone we spoke with was happy with the food and drinks provided.

People had good relationships with the staff and other people at the home. People were able to choose to socialise or spend time on their own. Where people chose to spend time in their rooms staff visited them regularly to make sure they were comfortable and did not feel isolated. Staff respected people's privacy and independence.

Care was provided to people in a way which took account of their preferences, culture and lifestyle choices. People were able to express their personal wishes for the care they would like to receive on a day to day basis and at the end of their lives.

People were able to join in with activities or occupy themselves. People's friends and family were always made welcome which helped them stay in touch with people who were important to them.

People lived in a home which was managed by a registered manager who was very visible and knew them well. People were able to discuss their care or raise concerns with staff or the registered manager. The registered manager had formal and informal ways to monitor the quality of care provided to people. People were consulted about their care and any changes in the home.

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

#### Rating at last inspection

The last rating for this service was Good (Report published November 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Wisteria House Residential Home - Somerset

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people, one visitor and three members of the care staff team. Throughout the day we were able to observe staff interactions with people in the communal areas. The registered manager was available during the entire inspection.

We looked at a selection of records which included;

Three care and support plans

Records of staff meetings

Medication Administration Records (MARs.)

Health and safety records

Records of quality monitoring

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe at the home and with the staff who supported them. People looked very relaxed and comfortable with staff and the registered manager. One person told us, "I feel safe because staff are kind." Another person told us, "No one is ever nasty. We have a laugh."
- Risks of abuse to people were minimised by the provider's systems and processes. These included ensuring all new staff were thoroughly checked before they began work. Staff said they had not been able to start work at the home until checks had been carried out.
- Staff knew how to raise concerns if they were worried about poor care or other possible abuse. One member of staff said, "I would report anything to the deputy or manager immediately. I know something would be done."
- There were sufficient numbers of staff to keep people safe. People had calls bells in their rooms to enable them to summon assistance when they needed it. During the inspection we noted that call bells were answered promptly meaning people did not wait long for help. One person said, "You don't really need the bell because someone [staff] is always popping their head round the door. If you do ring the bell they come straight away."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and well being were assessed and control measures implemented to minimise identified risks. For example, equipment and staff practice was in place to minimise the risk of pressure damage to people's skin if they were assessed as high risk. One person told us, "When I'm sat they come to make sure I get up regularly. And I have an air bed."
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated in an emergency such as a fire. This helped to ensure people would be safely moved.
- All accidents and incidents were recorded and checked by the registered manager to see if changes needed to be made to prevent re-occurrence. Any learning from incidents was shared with the staff team to minimise further risks to people.

### Using medicines safely

- People were safely supported with their medicines. Only staff who had undertaken training and had their competency assessed by the registered manager were able to administer medicines. One person told us, "Staff do my tablets. I know all my tablets by heart. I get the right ones."
- There were clear records to show when medicines had been administered or refused. The records helped to make sure the effectiveness of prescribed medicines could be monitored. Where people frequently refused medicines there was a process in place to ensure appropriate professionals were made aware.
- The staff used medication administration records (MARs) which were printed by the dispensing pharmacy. Where additional medicines were prescribed, entries were hand written by staff. Hand written entries had not been signed and witnessed to minimise the risk of recording errors. We raised this with the registered manager who told us they would take action to address this.

### Preventing and controlling infection

- All areas of the home were kept clean and fresh which helped to minimise the risks of infection to people.
- Staff followed good infection control practices and had access to personal protective equipment such as disposable gloves and aprons.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People received effective care because they had their needs assessed and staff had information about how to meet people's needs. Each person had a care plan which gave staff information about how they wished to be supported and the expected outcome of the care given.
- Staff received training to make sure their practice was in accordance with up to date practice and legislation. One member of staff said, "We have good training and refreshers to keep us up to date with any new things."
- Staff knew people well and how they wanted their needs to be met. One person said, "I definitely feel well cared for here. They [staff] know what I need help with."
- People thought staff were good at their jobs. One person told us, "They are very efficient. They know what they are doing and always give you choices."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other healthcare professionals to make sure people had the support and equipment they required to meet their needs. One person told us a district nurse visited them twice a week to meet their specific needs. Some people had equipment which had been provided to support their well-being and independence.
- People's physical health was monitored by staff and referrals were made to other healthcare professionals to meet their specific needs. One person told us, "They've had the doctor out to me a couple of times and a chiropodist visits me here."

Supporting people to eat and drink enough to maintain a balanced diet

- People received meals in accordance with their needs and preferences. Where people required a specific

diet, this was provided. During the inspection people were provided with hot and cold drinks of their choosing throughout the day.

- The staff monitored people's food and fluid and where concerns were identified they carried out more formal monitoring. For example, at the time of the inspection there were issues with one person's nutritional intake and monitoring charts had been started. However, these records were not comprehensive and did not show times food and drink had been offered and either accepted or refused. We raised this with the registered manager who agreed to take action to improve this.
- People were very happy with the food provided at the home. One person commented, "The food is champion." Another person said, "The food is very nice. I never leave anything."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People only received care and support with their consent. One person told us, "They make sure you are happy about the things they do." Another person said, "They only do what I want them to do." The registered manager told us they always involved people in decisions in some way regardless of their mental capacity.
- Staff had received training about the Mental Capacity Act and knew how to promote people's legal rights. Care plans gave information about people's capacity to make decisions in different areas of their care. Where people were assessed as not being able to make a decision, for example, the initial decision to move to the home, a best interests decision had been made.
- The registered manager had made applications to the local authority for some people to be legally deprived of their liberty where they felt they required this level of protection to keep them safe. No authorisations were in place at the time of the inspection.

#### Adapting service, design, decoration to meet people's needs

- Wisteria House was an older style property which provided people with a very homely environment. Bedrooms were individual, and people could personalise them to their own tastes and needs.

- Accommodation was set over two floors with a passenger lift to the first floor. Some bedrooms could only be accessed by short stair lifts meaning they were only suitable for people with some independent mobility. The registered manager told us the nature of the building was always a consideration when assessing people who wished to move in.
- There were limited communal rooms for people to use. On the ground floor there was a small lounge and a dining room. There was a small office on the first floor, but staff also used part of the dining room as an office space which limited the amount of communal space available to people. There was one shared bathroom on each floor which both had assisted bathing facilities but no level access shower. People we asked said they were happy with the property and facilities offered.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were kind and caring towards them. Throughout the inspection we saw friendly interactions between people and staff. People and staff chatted and laughed together and looked very comfortable in each other's company. One person told us, "Staff are very good. Nothing is ever too much trouble for them."
- People felt staff respected them and more than one person commented they were treated as an individual. One person told us, "Everyone gets individual attention. They don't treat everyone as if we are all the same." Another person said, "They treat you like an individual and special. Well that's how they make me feel." This showed staff respected people and their different needs, cultures and lifestyle choices.
- People had built trusting relationships with staff and other people at the home. One person pointed to another person and said "They are my friend. To make new friends at my age is wonderful." People spoke very affectionately about some staff who supported them. One person said, "The night staff are especially lovely. They treat me like an angel."

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

- People and their representatives were involved in planning and reviewing their care needs. Staff wrote monthly summaries in care plans and involved people in discussions about how their month had been. Some summaries were signed by people and some indicated they had been discussed. One visitor told us they were always involved in reviewing their relatives' care plan.
- People were able to make choices about their day to day lives. People told us they continued to make decisions about their daily routine. We noted that people were able to choose when they got up with some people enjoying a lie in." One person said, "They know I like to stay in my room and they respect that."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent where they wished to be. People were provided with

specialist equipment, such as walking aids, to promote their independence. One person said, "I'm very old now but I do like to keep myself independent." Another person told us, "At night I can get out of bed by myself. I have the confidence to do it because I know there's someone here."

- People's privacy was respected. One person said, "Oh yes very respectful, always bring my letters up for me to read on my own."

- Each person had a single room where they were able to see visitors in private. People told us visitors were always made welcome which helped them to maintain their relationships with people outside the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People lived in a home where the registered manager and staff knew them well and provided care which was personalised to them as individuals. During the day we saw people followed their own routines and staff offered choices. One person said, "You can pretty much please yourself."
- Each person had a care plan which set out their needs and information about them as a person. There were sections entitled 'Things that are important to me' 'Things that I would like you to know' and 'Things that worry or upset me.' This made sure staff were able to provide personalised support to people.
- People benefited from on-going social interaction. A number of people spent time together chatting. Staff told us they always had time to spend with people to make sure they were not socially isolated. People who liked to spend time in their rooms said staff frequently visited them. One person said, "They are always popping in. You never feel on your own." Another person commented, "They never rush you, always spend time with you."
- There were some organised activities for those who wished to take part. On the afternoon of the inspection, a quiz was held in the lounge which seemed to be enjoyed by those who took part. Two people told us they liked to spend time in the garden in good weather.

End of life care and support

- The home cared for some people until the end of their lives. The home held information about the care people would like if they were very unwell, such as if they wished to stay at the home or be admitted to hospital. The registered manager discussed people's wishes about their end of life wishes when they felt it was appropriate. From these discussions full care plans were created stating exactly what people's wishes were.
- People felt they would be well cared for at the end of their life. One person told us, "I would be content to stay here till I die. They would look after me well."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and recorded them in their care plans. The majority of people communicated well verbally. Where people had limited verbal communication, the staff told us they understood people's gestures and behaviour which enabled them to communicate.
- The registered manager said they made sure people were always involved in decisions and staff used whatever methods people required to achieve this. For example, one person had poor sight and staff said they always made sure they spoke with them rather than presenting written information.

### Improving care quality in response to complaints or concerns

- Everyone we asked said they would be comfortable to make a complaint if they were not happy with any aspect of their care and support. One person commented, "There's nothing to complain about but I could talk to any of the staff if I wanted to. I would never be frightened to talk with the staff." A visitor told us they always felt able to talk to the registered manager or deputy if they had any worries or complaints.
- Staff were confident they would recognise if people were unhappy about anything but were unable to express this verbally. One member of staff said, "We would know if someone wasn't happy. We would do everything to find out what was upsetting them."
- Where complaints had been made the registered manager had investigated these and responded to the complainant.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People told us the home was well led. One person said, "[Registered manager's name] runs the home very well. She understands what we like." Another person said, "As care homes go, it's a good one."
- People benefitted from a registered manager and provider who had systems to continually monitor the standard of care provided and ensure on-going improvements. There were regular audits of quality to ensure care and facilities met people's needs. Audits included consulting with people who lived at the home to make sure any changes made were in accordance with people's wishes.
- In addition to formal audits the registered manager worked alongside staff which enabled them to continually monitor standards and seek people's views. One person who told us they liked to spend time in their room and said, "[Registered manager's name] comes up to see me and make sure I'm happy with everything." Where shortfalls were highlighted by observations, or talking to people, these were addressed with staff through training and one to one supervisions.
- Risks to people and staff were minimised because regular health and safety checks were carried out. This included checking the fire detection system, making sure lifting equipment was serviced and testing water temperatures. This ensured all equipment was safe for people to use and the building was maintained to an acceptable standard.
- People lived in a home where staff had clear lines of responsibility and accountability. Staff told us they felt supported. One member of staff said, "The manager is very available and there is always someone on call if you need support or advice."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us their ethos was to create a home for people where they could live as they



wished and continue to make choices. Comments from people and staff showed this ethos was put into practice. One person told us, "I do feel at home. I can do what I want really." A member of staff said, "It's small and friendly here. It feels like a home."

- People lived in a home where staff morale was good which created a happy atmosphere for people. Staff spoke affectionately about people and it was clear there were good relationships within the home. People felt they knew the staff as people and told us things about different staff showing they communicated together on a personal not just professional level. This all helped to make people feel valued and part of the home.
- The registered manager was open and approachable. Throughout the inspection people were very relaxed and comfortable with the registered manager. One person told us about an issue they had discussed with the registered manager. They said "[Registered manager's name] told me never to be afraid to talk to them about anything. They just take it all in their stride and if something needs putting right they just do it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were able to make suggestions about the running of the home through daily contact with the registered manager, staff meetings and satisfaction surveys. One member of staff said, "Suggestions are always listened to. If residents need anything they always get it."
- Wisteria House was part of the local community. They invited local residents to join in with entertainment and provided meals for a small number of people who lived nearby. Some people had lived locally before moving in. One person said, "I've always known the home. I thought they would be gentle and kind and they are."
- The staff worked in partnership with other professionals, people and their families. For example, if anyone was admitted to hospital they always made sure a member of staff accompanied them to offer reassurance and to make sure hospital staff had all the information they required to support the person.