

Kingsley Care Homes Limited

# Wisteria House

## 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 is a residential care home providing personal care. This service does not provide nursing care. Wisteria House can accommodate up to seven people. At the time of our inspection seven people were living at the service. The service is based over two floors with communal areas for people to enjoy and use as well as a large accessible garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's care plans contained risk assessments which had been written from an assessment of the person's needs and was updated as necessary. Staff were aware of the contents of the care plan so that they knew the individual requirements of each person and how to support them.

Sufficient members of staff were deployed with regard to the needs of the people using the service. Systems to recruit staff safely were robust and the registered manager had commenced involving people using the service in the staff recruitment process. Staff had received training including the safeguarding of people, infection control, administration of medicines and de-escalating techniques. Staff also informed us they had regular supervision and a yearly appraisal.

People had access to health professionals when needed. People were supported to maintain a healthy diet and support was planned to meet the assessed nutritional and health needs. People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

People's privacy, independence and dignity were supported and respected by the staff. We observed staff listening carefully to and supporting people to make choices. People received a responsive service which was adaptable to support their needs depending upon their needs. There were systems in place to assess, plan and meet their individual needs and preferences. There was a complaints procedure in place. Relatives were involved in their care planning and the review of the care provided as appropriate.

The registered manager told us the about the aims of the service and the actions they had taken since being appointed which included recruitment, staff training and increasing the involvement of the people at Wisteria House in the running of the service. The registered manager completed audits to determine the quality of the care being provided and was further developing the staff skills in completing audits. Staff

worked closely as necessary with other professionals to provide care to the people using the service. People's views about the service were sought and acted upon for example, with determining the decorating of the communal areas.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 (published 19 July 2017).

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Wisteria House

## 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

The inspection was carried out by one inspector.

#### Service and service type

Wisteria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 contacted the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England for information they held about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We also spoke with the operational manager and

registered manager for the service, a senior carer and carer. We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at quality assurance data and spoke with three relatives of people who lived at the service.

# 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

- The service had a safeguarding policy and procedure in place. People continued to be supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "I have had safeguarding training and the manager checks my training is up to date at every supervision session."
- People we spoke with told us they felt safe. One person told us, "I know the manager and all the staff and it is all good here, no problems." A relative told us, "I am not aware of any safeguarding reports but I am very confident in the manager they would report anything and keep [my relative] safe."
- The registered manager was aware of their responsibility to contact the Local Authority if any safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes and the registered manager would use this information to inform staff meetings and handovers.
- The staff assessed risks to each person's safety and a risk assessment had been written and a record kept in the person's care plan. This was reviewed each month or sooner should the need arise. Plans covered individual health conditions and how to reduce falls.
- In the event of fire each individual had a written personal emergency evacuation plan, (PEEP).

Staffing and recruitment

- The service had robust recruitment practices in place. The registered manager had commenced involving people who used the service in the staff recruitment process. Questions had been developed for people to ask which included, 'If I started to cry how would you help me'?
- The registered manager organised a staffing rota to ensure there were always enough staff on duty to provide the support required. We discussed with the registered manager times that staffing had been temporarily increased to support people with individual short-term needs.
- People told us there were always enough staff on duty to support them and this was confirmed by relatives we spoke with. One relative informed us they would prefer, if there was always at least one female member of staff on duty as all people living at the service were female. We were aware that the service only had one staff vacancy left to fill and hence once successfully recruited. The service would be able to provide female staff at all times. The registered manager informed us, staff will always ask for the person's consent with regard to person care being provided.

Using medicines safely

- Peoples medicine administration records (MAR) showed people received their medicines as they were prescribed. One person informed us the medicines were ordered for them and all was in order. This was confirmed by all of the relatives we spoke with.
- The senior carer ordered the prescribed medicines and carried out a regular audit check of medicines in stock. The registered manager carried out random audits of the medicine records and stock balances to check there was sufficient medicines at the service and they were all accounted for.

#### Preventing and controlling infection

- Staff informed us part of their role was to support people to clean and cook and they carried out these duties whenever they were on duty. Staff confirmed with us they had received training on how to prevent the spread of infection and food hygiene.
- A member of staff informed us they had sufficient supplies of the correct personal protective equipment to help keep people safe.
- The service had a policy and procedure regarding the control of infection.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager held regular meetings and implemented actions as necessary to improve the service and to keep people safe.



# 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

- People's needs were holistically assessed by the registered manager to determine if the service could provide care and support to meet the person's needs.
- Staff supported people flexibly to meet their individual interests. One person told us, "I stay here some days but I am usually out and have many things I enjoy doing."
- A relative told us, "Staff keep us informed if [my relatives] needs change and they carried out a very detailed assessment prior to them moving in."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. A member of staff informed us about the induction training program they had completed. They particularly liked that the training was not rushed and they were supported through the training by the registered manager.
- Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "We have meeting every two months to talk about the care we provide and our training."
- Staff also informed us that refresher training was arranged well in advance so they could prepare for the training. The training included de-escalating techniques.

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

- One person informed us how choices such as drinks and foods were offered and their favourites were well known to the staff and they worked together to regularly prepare them.
- People using the service supported staff with shopping for food and drinks.
- Staff told us about how they supported people to learn about various foods and to consider healthy options. People had been supported to lose and manage their weight in appropriate consultation with professionals and this had been carefully recorded.
- The times of meals were varied to fit in with people's choice of meal times.

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

- We were informed by the staff how they arranged specialist advice as required to support them to provide the necessary care to people. This included arranging regular appointments with dentists and opticians while also appointments at short notice with doctors.
- Relatives confirmed with us that healthcare appointments were arranged as necessary and the information on the outcomes of visits was shared with them and with the permission of their [family

member].

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

- The service is based over two floors and the registered manager sought advice from other professionals regarding adaptations to the service, as issues of adaptation were identified. The bath and shower rooms were quite different to accommodate the needs of the people using the service.

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.

- Staff had received training regarding obtaining people's consent and the principles of the MCA.
- People informed us staff always asked for their consent before any care was provided to them. One person told us, "The staff always ask and check if things are okay."
- People's care records identified their capacity to make decisions and the arrangements for support they required to make decisions if they did not have capacity. The included decisions made in the person's best interests.

# 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 told us staff treated them with understanding, kindness and respect. One told us, "The staff help me and are nice people."
- Relatives considered the staff had time to support their relatives and they were not rushed. One relative told us, "[My relative] tells me the staff treats them well and with respect."
- The registered manager informed us that when employing staff, they were looking for people with empathy and understanding. These characteristics of the staff were confirmed to us by our observations of staff providing support. We saw positive exchanges of non-verbal communication, such as smiles and sharing jokes.

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

- We observed members of staff talking with people and explaining situations so that the people could consider and express their views to the staff.
- We saw evidence of regular care reviews had been recorded in the individuals care plan to determine how to offer and support decision making and for views to be expressed.
- People informed us that they were offered choices about how they spent their day and staff listened and supported them with fulfilling those choices. One person told us, "I speak with a staff member each day, so I know what I am going to do."
- Each person had a care plan which identified what they intended to do each day but this depended upon the person's preference on the day.

Respecting and promoting people's privacy, dignity and independence

- People chose whether or not to have their room door open and people chose when they got up and went to bed. One person told us, "The time I get up depends upon what I am doing that day."
- The staff showed respect by addressing the people with the name they wished to be called.
- The staff promoted independence by discussing and offering options and supporting the choices made.
- People told us their independence was promoted and supported. One person told us, "I know the staff and they know me and they help me to stay as independent as I am."

# 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

- How to provide the support required was detailed and clearly written in people's care plans which were divided into sections and included people's life histories. All of the care plans were recorded onto an information technology (IT) system but could be printed for the person to see at anytime. People could also view their plans on the IT system at the service,
- Personal preferences had been clearly recorded. The registered manager knew the people living at the service well and had built up the knowledge of preferences and choices expressed by the individuals.
- People told us they were happy at the service and they received personalised care which met their needs. This had been recorded and updated from the original assessment of need.
- Regular reviews of care were arranged to reflect and record people's changing needs.

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.

- The service identified people's information and communication needs by accurately assessing their needs and collecting information from relatives and referring professionals. A member of staff explained how they supported their verbal communication with non-verbal communication so that the person better understood them.
- People's care plans were designed in line with the Accessible Information Standards (AIS).
- The registered manager explained they could make information available in large print should the need arise.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The people living at the service enjoyed each other's company and could eat together and enjoyed various activities together which helped to avoid social isolation.
- Each person had their own room which had been decorated to their taste and they could withdraw to pursue individual interests if they choose to. One person told us, "I like my room very much and have organised it how I chose."
- People using the service told us they frequently went out of the house together while sometimes

individually with a member of staff to pursue a personal interest.

- Staff supported people to access the community for a range of events and activities each week. Some people particularly enjoyed visiting the library.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. No complaints had been recorded and the registered manager considered this was because the staff were trained to respond quickly and effectively to any concerns.
- Information about how to raise a complaint was given to people upon joining the service.
- Staff informed us they knew how to raise a complaint. One person told us, "I can always talk with the manager."

End of life care and support

- Nobody living at the service at the time of our inspection required support with end of life care.
- Care plans showed that consideration had been given to this matter and as much information as possible, from times of review when this was discussed, had been recorded.
- The registered manager informed us they would seek support from other professionals and were confident that the staff would continue to support people under that guidance.

# 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 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.

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

- One person told us, "We have resident's meetings and we talk about the food and decorating or anything that needs to be talked about."
- The registered manager with the area manager had developed service governance systems to monitor and identify issues and deliver person-centred care. Some audits were carried out daily to check that care had been delivered and medicines were given as prescribed.
- The registered manager was supporting staff through delegation and supervision so that they developed their skills in carrying out audits. To further support this the registered manager was encouraging staff members to be champions of aspects of care delivery.

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

- Policies and procedures provided guidance around the duty of candour responsibility.
- The registered manager had arranged staff meetings which included discussing how the service would achieve and continue to work with the principles of registering the right support.
- Staff told us their views were sought around how the care was to be provided.
- The registered manager told us they spoke regularly with people's relatives having gained their [family members] consent to do so and also involved other professionals in people's care for advice and support.

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

- The service had an on-call system so that people using the service and staff could call upon senior staff and the registered manager for support as needed.
- The service was well-organised and there was a clear staffing structure. The staffing rota was organised well in advance so that staff were clear about their shifts and could arrange leave and days off with the registered manager.
- Staff understood their roles and responsibilities and found the registered manager supportive. A member of staff told us, "You can talk to the manager at anytime and they do try to help you."

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

- We saw recorded in meeting minutes and care plans as well as listening to staff engaging with people

during the inspection that people using the service were engaged and involved with the running of the service. For example, the registered manager involved people using the service to engage in the staff recruitment process.

- Relatives told us they were encouraged to comment on the care delivered. A relative told us, "There are regular reviews of [my relatives] support and I feel I can talk with manager at anytime to clarify anything."
- Staff spoke positively about the support they received from the registered manager. One member of staff told us, "The manager arranges and encourages us to do training."

#### Continuous learning and improving care

- The registered manager carried out spot checks and audits as part of the service governance, plus supervision sessions with staff to determine how the staff were working and could there be any improvements.
- Relatives were involved in the oversight and planning of the care to be provided.
- The staff had recorded in peoples care plans triggers they had noted prior to the person becoming upset, such as loud noises and as a result suggested actions had been recorded regarding how to avoid those triggers.

#### Working in partnership with others

- The service worked collaboratively with other agencies such as the Local Authority.
- The service sought the advice of various professionals as appropriate to plan and review the care provided to the people using the service.