

Mr & Mrs G Kirk

Wisteria House Residential Home - Rutland

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

The inspection took place on 23 November 2015 and was unannounced. At our last inspection on 10 October 2013 the service was meeting the regulations in force at the time.

Wisteria House Residential Home – Rutland provides care and support for older people. The service can accommodate a maximum of 13 people. At the time of our inspection 10 people were using the service.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the service and were happy with the care and support they received. People told us they were able to do the things that they wanted to do and where they were able to they could access the community independently when they chose to do so.

People were treated with dignity and respect. People were supported by staff who understood their needs and knew about people's likes, dislikes and preferences. There were enough staff to keep people safe and meet their needs.

Staff had a good understanding of the various types and knew how to report any safeguarding concerns. Staff received a thorough induction and regular training to ensure that they had the right knowledge to understand and meet people's needs. Staff did not always receive regular supervisions or have regular staff meetings to ensure that they were supported effectively within their roles.

People's medicines were managed safely and people were supported to access healthcare services as required.

The registered manager and deputy manager had a good understanding of the Mental Capacity Act 2005 and knew how and when they would need to use it.

People were supported to maintain a balanced diet. They were complimentary about the food and enjoyed mealtimes. People were able to choose where they ate their meals.

People's care needs were assessed and care plans were developed with people and their relatives where appropriate to ensure that people's needs were met. Where risks associated with people's care had been identified risk assessments had been carried out and control measures to reduce the risks had been put in place. These were regularly reviewed.

The registered manager and staff members had a consistent understanding of the services visions and aims. The service provided a homely environment for people where they were able to do the things that they wanted to do and enjoy things that were important to them.

The provider had procedures for the monitoring of the quality of the service. These included holding meetings with people that used the service and sending out annual quality assurance questionnaires.

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 was safe.

People told us they felt safe. Staff had a good understanding of the various signs of abuse and knew how to report any concerns. There were enough staff to keep people safe and meet their needs. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff received training to enable them to meet people's needs. Staff felt supported in their roles. The registered manager and deputy manager had a good understanding of the Mental Capacity Act 2005 and knew how and when they would need to use it.

Good



Is the service caring?

The service was caring.

Staff were kind and caring towards people. Staff offered people reassurance when they needed it and took action to ensure that people were comfortable. Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People contributed to discussions about their care. People received care and support that met their individual needs. People felt able to raise any concerns. Staff supported people with a variety of activities to meet their needs.

Good



Is the service well-led?

The service was well led.

People were involved in the development of the service. The registered manager and staff members had a consistent understanding of the services visions and aims. The provider had procedures for the monitoring of the quality of the service.

Good



Wisteria House Residential Home - Rutland

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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. At our previous inspection carried out on 10 October 2013 the service was meeting the regulations in force at the time.

This inspection took place on 23 November 2015 and was unannounced.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, their area of expertise was for older people with dementia.

We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had a contract with the provider.

We spoke with six people that used the service and two people that were visiting relatives at the service. We spoke with the registered manager, the deputy manager, a senior staff member, two care workers and the housekeeper.

We looked at care records of the two people that used the service and other documentation about how the service was managed. This included policies and procedures, three staff recruitment records and records associated with quality assurance processes. We looked at records relating to medication and carried out a stock check of medicines that were used by people at the service.

Is the service safe?

Our findings

People were protected from abuse. People told us that they felt safe. One person told us, “I feel safe and I can’t believe how lucky I am to be so well looked after.” When asked if they felt safe another person told us, “Of course I do – I’ve got a buzzer if I need anything.”

Staff were familiar with safeguarding procedures. They knew what signs to look out for to identify whether a person was at risk of abuse and knew how to report any concerns to their manager. They knew they could contact the local authority adult safeguarding team and Care Quality Commission to report concerns. The provider’s safeguarding policy included details of how to report to both.

We saw that risks associated with people’s care and within the environment were assessed. We saw control measures had been put in place to ensure that the risks were reduced. For example, for one person regularly accessed the outside area independently. A control measure had been introduced for staff to carry out a check of a check of the environment before the person went out. This was to ensure that the environment was free from any trip hazards.

We saw that accidents and incidents were recorded and contained details of how the injury had occurred, details of any injuries sustained and the treatment that the person had received. These were all reviewed by the registered manager. This enabled the registered manager to maintain an oversight of the incidents and identify any themes and trends.

There were emergency evacuation plans in place that provided information about people’s requirements and needs should the service need to be evacuated. There was a business continuity plan in place that provided information about how that service would be managed in the event of an untoward event or emergency. A full range of health and safety checks had been undertaken regularly. There were also checks carried out equipment to ensure

that it was safe to use. We found that the local authority compliance had recently identified an issue with the window restrictors at the service. The provider had taken immediate to ensure that this had been rectified and replaced all of the window restrictors on the first floor.

There were enough staff to keep people safe and meet their needs. One person told us, “There are always four or five [care staff] in the morning and evening rush – the whole thing works to perfection.” Throughout the day of our inspection there were plenty of staff around who were helping people in a calm and unhurried manner. We found that staffing rotas demonstrated the staffing levels during our inspection were consistent with other days at the service.

We looked at three staff files and found that all required pre-employment checks had been carried out. The provider followed safe recruitment practices to ensure that staff were suitable to work in social care before employing them as a member of the staff team.

People told us that staff supported them with their medicines. One person told us, “When I go down for my breakfast they watch me take my tablets.” Another person told us, “[the staff member] watches you to see you’ve taken your tablets.”

There was a policy and procedure in place for managing and safe handling of medication. We discussed medicines with a staff member who talked us through the process of administering medicines. This was consistent with the policy and procedure. The majority of people’s medicines were supplied in a monitored dosage system (MDS). A MDS provides a separate compartment for each dosage time of the day and reduces the risks associated with the administration of medicines. We looked at medication administration records, we saw that these were completed in line with the medication policy. We carried out a spot check of a medicine that was not supplied in this system and we found that the recorded amount of tablets was consistent with what was in stock. We found that the people were supported to receive their medicines safely.

Is the service effective?

Our findings

People told us that staff knew how to meet their needs. Staff members told us that they received sufficient training to enable them to meet people's needs. We saw that staff had attended training courses and undertake relevant qualifications. The registered manager told us how it was a requirement for new staff at the service to complete the Care Certificate as part of their induction. The Care Certificate is based on 15 standards and aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Each standard is underpinned by full learning outcomes and assessment criteria. A staff member who had recently started at the service confirmed this. We also saw that the manager had introduced some of the workbooks to existing staff to enhance their knowledge in particular areas. Staff received effective induction and training to enable them to meet people's needs.

Staff told us that they felt well supported in their roles. They also told us that they could speak to any other staff members, including the registered manager or deputy manager if they needed any support. One staff member told us, "We all work as a team." The manager told us that due to the size of the service they regularly had informal staff meetings where staff were provided with general updates about the service but the last recorded staff meeting had been approximately six months prior to our visit. We saw that staff received supervisions and appraisals but the frequency of these varied. We discussed this with the registered manager who advised us that this was something that they would address. Staff told us they were satisfied with the frequency and felt able to talk to the registered manager for support at any time.

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. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People told us that staff provided them with choices in relation to the care and support. We saw that staff provided people with day to day decisions about their care, such as what they wanted to eat and where they wanted to sit. Staff told us that they always ensured that they had people's consent before assisting them with their care and support. We found that the registered manager and deputy manager had a good understanding of the MCA and how and when they would need to use it. Other staff member's knowledge was not so detailed but they explained that they would always approach a more senior member of staff for advice. We saw that the service did have an MCA assessment form in place that was ready to be used should the need arise, for example when they had reasonable doubt that a person was unable to consent to their care.

Staff were aware of the people that had do not resuscitate orders in place, but there was no system in place to identify when these needed to be reviewed. We found that one person's should have been reviewed approximately one month prior to our visit but this had not been identified by staff. We discussed this with the registered manager who advised us that they would look into this.

People were supported to maintain a balanced diet. People were complimentary about the meals. One person told us, "There's a lot of very good home cooking". People were able to choose where they ate. One person told us, "I have my breakfast and tea here in my own room". The registered manager told us that people were encouraged to eat their main meals in the dining room to make it more of a social dining experience however they reiterated that people did not have too.

People enjoyed the dining experience. People told us that the food was good and that they enjoyed mealtimes. At lunchtime we saw that there were three tables set for the meal with tablecloths, placemats, napkins, cutlery and salt and pepper. Each person had their own personalised napkin ring. There was also a weekly menu available in the middle of each table. Tables were served all together and accompaniments for the meal were served in separate dishes in the middle of the table to enable people to help themselves to as much as liked. Staff encouraged people to have seconds and ensured that everyone had finished

Is the service effective?

before they removed any food. There was choice of desserts offered visually to people and the meal was finished off with the offer of either tea or coffee. Weekly menus showed that people were supported to eat a balanced diet.

A variety of drinks were offered to people throughout the day. We saw that people had access to snacks as required. One person who had a bowl of fruit in their room told us, "I prefer fruit because I don't eat chocolate." They went on to tell us, "I take my bowl downstairs when it's empty and they fill it with a lovely selection of fruit." People were supported to eat and drink throughout the day.

We saw that where the service identified concerns about a person's swallowing they contacted the Speech and Language Team and followed their advice. They had a care

plan in place to ensure that around their eating requirements which provided guidance for staff to follow. We saw that the person was provided with food in line with their care plan on the day of our inspection.

A relative of a person told us, "Since [my relative] had been here it's been miraculous. Within two-three days she was a different person." They went on to tell us how their relative received input from an occupational therapist and how staff continued to support their relative with the exercises the occupational therapist had advised. A relative also told us that staff supported people to attend hospital appointments if required. We saw from people's care records that they were supported to access healthcare services as required however the outcome of these visits was not always clearly documented.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, “The staff are marvellous.” Another person told us, “They’re all very kind to us.” A relative told us, “They’ve always got time for you as a person.” We saw that staff were kind and caring with people. They always explained what they were doing and offered people reassurance when they needed it.

We saw feedback about the service that stated ‘The staff are aware of people’s needs.’ The majority of the staff team had worked at the service for a long period of time so they knew people that used the service well. They were able to recognise when people were uncomfortable and responded promptly to their needs. For example, a staff member saw that the sun was shining through the patio doors into a person’s eyes. They immediately asked the person if they would like the blinds closing and responded by closing the blinds.

We saw that staff complimented people on their appearance. For example, we heard a staff member saying, “I do like that colour on you [person’s name], it’s lovely.” We saw that person was very pleased with this comment and responded by saying, “Thank you very much.” Later in the day one person was coughing we saw a staff member respond by empathising with the person and saying, “Oh dear [person’s name], would you like a drink.” Staff showed concern for people’s wellbeing and developed positive relationships with them. We observed staff laughing and joking with people.

Staff knew details about people’s life histories and knew people’s relatives. They were able to tell us about people’s likes, dislikes and preferences. We saw that when a person asked a staff member for help, the staff supported the person as soon as they had finished the task that they were completing.

We saw that people were involved in their care plans. They included details of people’s usual daily routines and things that were important to them. A relative of a person told us how they had been involved in the development of their care plan.

People told us staff treated them with dignity and respect. One person told us, “They treat me with respect.” Staff told us how they respected people’s privacy and dignity while they were providing care. For example, by ensuring that they always knocked on doors and closed curtains if lights were on. We observe that staff always knocked on people’s doors and waited for a response before entering. People told us that they were able to be as independent as they wanted to be. One person told us, “I look after myself.” People told us that staff enabled them to do as much for themselves as possible and that staff assisted them to wash bits that they couldn’t reach. Staff told us how they promoted people’s independence by allowing them to do as much for themselves as possible. They explained how they encouraged people to do as much for themselves as possible while assisting people with their personal care.

The service was a very homely environment. Efforts had been made to try to create a ‘home from home’ feel with home cooked food, comfortable sitting areas and drinks served from teapots into cups and saucers. People’s bedrooms were personalised and people had brought things that were important to them into the service, such as cabinets and ornaments.

People told us that friends and family could visit at any time. We looked at the signing in book which showed that people visited at various times. There were no undue restrictions on visiting hours.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. People told us that they or their relatives, if they preferred, had contributed to discussions about their care and with the development of their care plan. The registered manager told us how they carried out an initial assessment of people's needs before they moved into the service to ensure that they were able to meet people's needs. They went on to tell us how after a person had moved into the service they would develop a care plan with them after the first week to ensure that it included all of the relevant information about how they would like the service to meet their needs. This included talking involving family members and discussing people's likes, dislikes and preferences. Relatives that we spoke with confirmed this. We saw that these were recorded in people's care plans along with information about their usual routines. Staff were knowledgeable about them. Care plans were regularly reviewed to ensure that they continued to meet people's needs.

One person told us, "I'm free because they give me my freedom." People were able to access the community if they wished to do so. One person told us how staff assisted them to go shopping and out for a coffee as this was something that they enjoyed. We saw that people were supported to access the local church. Two people told us how they regularly accessed the community independently through their own choice and told us how they enjoyed doing so. Two people told us how they preferred their own company and spent a lot of time in their rooms. One person told us, "I'm very happy with my own company." They went on to tell us how they enjoyed listening to their talking books and listening to the radio. This was respected by staff. Staff told us how they spent time with people in their own rooms if people wanted some company.

People told us that they enjoyed the activity sessions at the service that took place. During our inspection we saw armchair exercises, dominoes and ball and parachute games taking place. One person told us, "I went to the exercises because I know what I can get out of them." They went on to tell us, "I really like the atmosphere here – it's very positive." Staff offered people alternative activities. A person who chose not to participate in the dominoes session was offered a magazine to read. A care worker sat next to them and engaged in conversation about the

magazine articles. During the afternoon we saw that some students from a local school visited the service and spent talking with people and playing board game. The registered manager told us that this was something that took place each week. One person that we spoke to about this told us how much they enjoyed and looked forward to the students visiting. People from the service were also invited to attend events at the local school which they were supported to do by staff members and enjoyed.

We saw that meetings were held with people that used the service where people were provided with feedback about the service and asked for their views and suggestions of activities that they may like to do. The last meeting had been held over six months prior to our visit. We saw that two of the last suggested activities had been followed up but we saw that people had requested that a trip to seaside take place. This had not occurred. We discussed this with the registered manager who advised that this did not take place because a few people at the service had been unwell over the summertime but this would be something that they would plan for the following year.

People told us that they could talk to the staff about anything. One person told us, "I love it here, they're extremely nice and I have no complaints." Another person told us, "I've no complaints whatsoever." The service had a complaints policy that was available in welcome packs in people's rooms. This contained information about how to make a complaint with details about how it would be investigated and where people could refer their complaints to if they were not satisfied with the provider's response.

We saw that a quality assurance survey had been sent out to relatives of the service in June 2015. Relatives were generally very positive about the service and their comments included, "The staff are aware of the resident's needs," and "I have never seen anything but kind and professional care given to either [my relative] or another resident." However some relatives commented that they did not know where the complaints procedure was. We saw that this had been addressed and a letter had been sent out to relatives to explain where the complaints procedure was, on display in the reception area of the service. We saw that an action that was required following a recent contract monitoring visit from the local authority had been completed. This showed that the service took action in response to the feedback that they received.

Is the service well-led?

Our findings

People were involved in developing the service through care plans reviews and discussions about their care where they were able to make suggestions about things at the service that they would like to see in place. People told us that could discuss anything with the registered manager or staff at the service. Staff told us that the registered manager had an open door policy and they were able to discuss anything with them or the deputy manager in their absence.

The registered manager provided hands on care throughout the day to support staff and enable her to keep under review practices at the service. The registered manager had a caring approach to people and this reflected on how other staff interacted with people. Staff members told us how they enjoyed their work. One staff member told us that this was because they were never rushed. They went on to tell us that the registered manager had said 'take whatever time necessary to help people', and this was evident during our inspection. Staff were not rushed and they spent time with people.

Staff and the registered manager shared a vision of the service. It was to create a homely environment where people's care needs were met and they were able to do the things that they wanted to do and enjoy things that were important to them. For example, cups of tea were made in a teapot and served to people in china cups and saucers. People enjoyed the atmosphere at the service and homely environment.

We looked at the feedback that had received from the last quality assurance questionnaire. We saw that comments made by relatives about the registered manager included, "The registered manager] is fantastic, very happy that she is in charge," and "the leadership is very good and [the registered manager] is always available to family members." This opinion was echoed by staff members. Staff went on to tell us that the registered manager would address any issues with them and support them to ensure that they were put right.

The registered manager at the service was aware of the requirements and responsibilities of their role. We had received some notifications from the service as required. The registered manager was going revisit the CQC guidance to ensure that we were notified as required about all events at the service.

The provider had procedures for monitoring and assessing the quality of the service. This included seeking relative's views of the service through an annual survey. A survey was completed in June 2015. Relative's responses were positive. They said they [people using the service] were safe, that their needs were met, that staff were kind and that the service was well led. We saw that feedback was sought in meetings that were held with people that service. For example people were asked if there were enough drinks made available to them and if they were happy with the food. People's feedback at the meetings was positive about the service and this was our findings during the inspection.