

T Chan Wan Fong

Wisteria Lodge

Inspection report

24 Brookdene Avenue
Watford
Hertfordshire
WD19 4LF
Tel: 01923 350553
Website:

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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 31 May 2015 and was unannounced.

Wisteria lodge is a residential care home that provides accommodation and personal care. There were 4 people living at the home when we inspected.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

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

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Summary of findings

When we last inspected the service on 17, 22 & 26 July 2014 we found them to be not meeting the required standards and they were in breach of regulation 14 and 22 of the HSCA 2008 (Regulated Activities) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had met these standards.

People confirmed they were offered a variety of hobbies and interests to take part in and we saw that people had the opportunity to access local community facilities and social events. One person told us that they liked going out shopping and another person enjoyed going to the pub.

Residents meetings had been held in order to ensure people had an opportunity to discuss or raise issues about the service provided.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. There were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. Records showed that where people lacked the capacity to make decisions they decisions had been made that were in their best interests.

We found staff treated people in a way they had expressed within the main plan of care. We found there

were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided.

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff knew how to recognise and report allegations of abuse. Staff recruitment processes were safe and a range of training was provided to staff to give them the skills and knowledge required to undertake their roles safely and effectively

Staff supported each person according to their needs. This included supporting people with healthy eating plans and reducing diets. We found people received sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

We saw that people's health and support needs were met and they had access to health and social care professionals when necessary.

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.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely

Good



Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy balanced diet that met their individual needs and dietary requirements

Good



Is the service caring?

The service was caring.

People said staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People and or their relatives were involved with developing and reviewing their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept very well informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in line with the provider's policy.

Good



Is the service well-led?

The service was well led.

There were opportunities for people and staff to express their views about the service via meetings, discussions with the management and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good



Wisteria Lodge

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 31 May 2015 and was carried out by one inspector due to the size of this small service. The visit

was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with all four people who lived at the home, two members of staff, including the manager and the nominated individual. We received feedback from health and social care professionals. We viewed two people's support plans and viewed two staff files.

Is the service safe?

Our findings

When we inspected the service on 17, 22 and 26 July 2014 we found that the home was not meeting the requirements in relation to adequate staffing levels being provided. At this inspection we found that they had made improvements and were meeting the standard.

We checked the rotas for the month of April and May 2015 and the information seen confirmed that there were sufficient numbers of staff to support people effectively. There was a minimum of two staff during the daytime hours and one waking night care per night, with additional staff provided in order to support people with their daily activity programmes. For example on the day of the inspection there were three staff on duty in order to support people on a social outing. We found therefore that the staffing provided was adequate to meet people's needs.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed. We were told that new members of staff were rota'd on shift to "Shadow" the more experienced staff member as part of their induction programme. This meant that people were only supported by competent and well trained staff.

People told us they felt safe at the home. We saw that people were supported in a kind and professional manner. One person told us that "I like all the staff here and we go out a lot; we go to London on the train." Another person we spoke with told us "I like the people here and the staff are kind to me."

Staff confirmed they had training in safeguarding people from harm. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about reporting concerns, together with relevant contact numbers, was displayed at the home and had been

provided both to staff and people who stayed there. There had been no safeguarding incidents or referrals since the last inspection took place. This meant that people were protected from the risk of harm by staff that knew and understood the safeguarding procedures of the home.

People's health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, risks associated with road safety. We found that alternatives measures were used, for example ensuring that the person has identification with them in cases of emergency. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk. For example when a person's behaviour challenges others there were various distraction techniques available for staff to use.

People's medicines were managed safely. We saw medicines were stored safely and within safe temperature levels. Medicine administration records were in place and the recording of medication was accurate. Staff told us they had received updated training in medication administration within the past year. Following training, staff were regularly monitored to demonstrate their knowledge and ensure they were competent. Staff told us they followed appropriate guidance with regard to the administration, safe storage, and disposal of medication. We saw that medication audits were undertaken periodically as part of the overall quality monitoring at the home.

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people's individual health needs, had been drawn up for each person who lived at the home. Regular checks were carried out to ensure that both the environment and equipment used, including safety equipment, were well maintained and kept people safe.

Is the service effective?

Our findings

When we inspected the service on 17, 22 and 26 July 2014 we found that the home was not meeting the requirements in relation to people being provided with a suitable choice of suitable and nutritious food and drink. At this inspection we found that they had made improvements and were now meeting this standard.

We observed staff supporting people to prepare and eat their supper and ensure they had access to food and drink. People were encouraged to make their own choices about food and drink. During our visit we observed supper time as a social and relaxed occasion. One person said: "I like the food here, especially the takeaways." Another person told us that "My favourite food is chips". We saw people were on a healthy eating plan or on calorie controlled diets for reducing weight. We saw the menus for the forthcoming week provided a range of meals that were interesting and in a pictorial format which helped people who were unable to comprehend the written word with making their choices. Menus were well balanced and included fresh fruit and vegetables.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and records seen confirmed that all staff had completed this training. We saw that people's capacity to understand had been assessed and where they had been assessed as lacking this capacity the appropriate legal measures had been put in place. These related to people's medication and finances. We saw documentation that related to a DoLS application that had been made by the home to the local authority regarding a person's 'faith', to ensure decisions made with regard to if the person became unwell and were in the best interest of the person concerned and did not deprive them of their liberty. This person's care plan contained clear information about how their care was to be provided in their best interests.

We saw that people were supported in a kind and professional manner. One person told us that "I like the person who is working today, they are very kind". Another person we spoke with told us "I have been here a few years now and still like it."

Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control, food safety, DOLs, first aid, medication, managing behaviour that can challenge and safeguarding people. One member of staff said: "I had a good induction when I first started here. It covered all the areas I needed which included safeguarding, personal care, fire safety, dignity and respect and first aid". The induction programme includes shadowing an experienced member of staff for up to the first four weeks.

Staff told us they had received regular supervision and felt well supported to effectively carry out their role by the manager. These sessions gave staff an opportunity to discuss their performance and helped staff to identify any further training they required. We saw that staff annual appraisals were also been completed.

We observed staff encouraging people to assist in the preparation of the evening meal. We saw that people were encouraged to make their own choices about food and drink. During our visit we observed supper time as a social and relaxed occasion. One person said: "We take it in turns to go shopping." Another person told us that "My favourite food is chips and we can choose what we eat." We saw evidence that where required, the provider had sought the advice of a dietician, to ensure that people were being provided with well-balanced and nutritious meals that were safe for them to consume. We saw people were on a healthy eating plan or on calorie controlled diets for reducing weight. The menus for the forthcoming week provided a range of meals that were both interesting, well balanced and included fresh fruit and vegetables.

We saw people's individual care plans recorded how they had their healthcare needs supported with GP, chiropodist and dental visits. The home also receives support from the community learning disability team and the intensive support team.

Is the service caring?

Our findings

We observed that staff knew the people they were supporting and caring for well and had built good relationships with them. Some people had difficulties communicating verbally and we saw that staff took time to ensure they had understood the person correctly. One person told us, “They are kind here and I like that.”

We noted that the care records had been completed with the involvement of either the person themselves or their relative which meant that care plans were both person centred and individual. We saw that preferences had been discussed and recorded. For example one person owned a bike and liked cycling. We saw that this person had been supported by staff to ensure they were safe and competent to use their bike unsupervised, this included an up to date risk assessment.

We saw that the content of the two care plans we looked at contained information that detailed people’s preferences

for all aspects of daily living. This enabled staff to have a good in-depth view on their resident’s personal history with day to day choices. We saw staff sitting talking with people and taking time to listen to what they were saying and encouraging their independence. One person told us “They talk to me about what I like doing and I told them that I liked to go out on the bus.”

We noted that an external advocacy service was advertised and promoted within the home although nobody living at the service was currently using this home. We saw that people were encouraged to do as much as they could for themselves and remain as independent as possible.

We saw that people’s dignity and privacy was protected and maintained, with staff knocking before on each person’s room before they entered. We saw from people care plans that people had a choice to hold their own bedroom key or to allow staff to lock their bedroom doors for them.

Is the service responsive?

Our findings

One person told us, “I have been here a long time and I am happy.” Sometimes the night staff come and chat to me which is nice.” Another person commented, “I like going to the pub with [Staff member].

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Care plans documented people’s choices and preferences and made clear what people’s skills and abilities were as well as the things they needed help with. Care plans were subject to on-going review and reflected any changes in people’s needs promptly. Everyone had daily records which showed how they had spent their day, the personal care and support given, the meals they had and any communication with others such as family or healthcare professionals.

All staff had undertaken equality training to help to ensure that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation.

We saw that staff supported people to play an active part in their community and to attend social functions and holidays. One person was really happy that they had been supported to go to the golf range and another person was supported to use public transport into London.

We spoke with a health care professional and they were positive about the home and told us that the home met

people’s needs. They told us they had no concerns about the home and staff and manager were always accommodating. The home had a complaints policy and each person had a copy of this within their plan of care. We saw that this policy had been produced in a pictorial format for people who were unable to comprehend the written word. There have been no formal complaints made to the service, in the last year.

We saw that resident meetings were held regularly which gave people the opportunity to discuss any concerns and to plan forthcoming social events. The most recent pictorial surveys for people who lived at the service had been completed in January 2015 and recorded very positive comments about the staff, outings and the meals provided. We also saw that relative questionnaires included positive comments such as “My [Relative] is very well cared for.” Another person stated that “The staff are very helpful and supportive and communicate with me well.”

Each person had an individual activity plan in place. Photographs of people participating in activities were kept in displayed throughout the service. The manager told us that they used a

folder as a prompt to encourage people to choose the activities that they liked to do. Two people told us that they enjoyed trips out to both the cinema and bowling. Another person told us that they were supported to visit their [Relative] every Saturday. We saw that people were also offered annual holidays, which included a trip to Disneyland Paris earlier in the year.

Is the service well-led?

Our findings

People who lived at the home, relatives and staff were all positive about the manager and how the home was run. One person [Relative] told us that they found staff were always helpful and friendly and were happy to help with any issues relating to their relative. One member of staff told us that the manager is “Professional and supportive.”

Staff were positive about the management of the home. They knew what was expected of them and the manager divided their time between working on shift and carrying out their managerial responsibilities within the home. One member of staff told us that they were supported in their roles by the manager through staff meetings, individual supervision as well as more informally on a day to day basis. This was reflected in the records seen.

There were systems in place to monitor the quality of the home. A training matrix gave an overview of the training provision at the home and the manager had identified which staff needed to have their training refreshed. We saw that the matrix was up to date and the manager was able

to provide us with the information we needed to confirm what training had taken place. Other records for the people who lived at the home and staff were well organised and clear.

We saw records that confirmed that the manager and the completed regular quality and monitoring checks which included infection control audits, environmental audits, medication audits and health and safety audits to ensure standards are maintained within the home. We saw that financial audits of people's money took place every time money was withdrawn; this helped to ensure that people were protected from financial abuse.

We saw that the home had an open culture which encouraged and supported people to be involved in all aspects of the service. This included consulting people with regard to the garden and what to plant in it, choosing colour schemes for the communal areas and ensuring people's own bedrooms reflect their own choices, past times, interests. For example one person liked gardening and was therefore provided with an opportunity to grow vegetables with the support of a staff member.