Wisteria Lodge Limited

Wisteria Lodge

Inspection report

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Date of inspection visit:
23 May 2016

Date of publication:
19 July 2016

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

Wisteria Lodge is registered to provide nursing care for up to 30 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives said they felt safe and protected by the staff when they provided care and support. Risks to people were carefully assessed and appropriate actions were taken to minimise potential harm. Systems were in place to monitor environmental health and safety issues.

Staff were fully aware of their responsibilities to keep people safe and showed a genuine commitment to protecting people from any abuse. Appropriate systems were in place to report any safeguarding incidents. Accidents and other significant incidents were closely monitored and actions were taken to minimise the risk of further accidents.

Staff were trained and monitored to ensure people were supported to take their medicines safely.

There were sufficient staff deployed to keep people safe from harm, and to identify and report any safety issues. Staff recruitment systems were thorough, and protected people from the risks of unsuitable workers being employed.

People told us they felt the staff team had the skills and experience needed to meet their needs effectively. There was a strong commitment to staff training. Staff received good induction and on-going training in all relevant areas. Any training needed to meet the individual needs of people using the service was identified and carried out promptly.

Staff were given good support to carry out their roles and responsibilities, and were given regular supervision and performance appraisal by the management team. Staff told us they took pride in their work and felt valued and respected.

The service protected the rights of people who lacked the mental capacity to make significant decisions about their lives. Any decisions made about such issues were taken in their 'best interests'. Decisions were taken in conjunction with the person, their families and involved professionals and followed a careful assessment of the person's capacity.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not

inappropriately restrict their freedom. We saw the provider had submitted appropriate applications to the local authority for authorisation to place restrictions on certain people's movement, in their best interests to protect them from harm.

People were routinely asked for their consent before any staff carried out tasks for them. They told us staff respected any decision by them to refuse such interventions. People were also asked to give written consent to significant areas of the care, such as having their medicines administered.

Care was taken to make sure people's nutritional needs were fully understood and met.

People told us they were very well cared for, and they were always treated with respect and courtesy. Relatives we asked confirmed this. They said their privacy and dignity were respected at all times, and they were consulted about their care and given the necessary information to make decisions. We observed staff members were pleasant, sensitive and caring in all their approaches and interactions with people. People were encouraged and supported to be as independent as possible. We noted staff had been trained in equality and diversity issues and saw no evidence of any discriminatory practices.

People and their families were fully involved in the assessment of their needs, and their wishes and preferences about their care were sought and recorded. Detailed, person-centred care plans were drawn up to meet those needs and preferences.

Systems were in place for responding to complaints and other matters of concern, but people told us they never had anything to complain about, and felt they could resolve any issues informally. The provider's representatives and staff all demonstrated a clear and genuine commitment to listening and responding sensitively to any issues that arose. They used such feedback to improve the service.

The registered managers and all levels of the management team displayed clear and appropriate values and provided strong leadership to their staff. Staff members told us they knew what was expected of them, and were given the support, encouragement and training they needed to meet people's needs in a timely and caring way. The service was open and responsive to feedback and new ideas, and had robust systems in place for monitoring its progress in meeting its goals.

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. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Staff had undertaken training in safeguarding adults. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medications safely.

Is the service effective?

Good

The service was effective. Staff had received robust training and on-going development to support them in their role. They had received an effective induction and strong on-going development that related to people's needs.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at residents meetings.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Wisteria Lodge provided good care. Care plans were personalised and provided detail about people's hobbies

and interests.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The service was well-led. The registered manager and the provider had good relationships with professionals. Relatives told us various professionals visited the home to assess people's care needs.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and manager was approachable and took any concerns raised seriously.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 May 2016 and was unannounced.

The inspection was conducted by one inspector.

Before the inspection we reviewed the information held about the service. We reviewed the notifications of significant incidents the provider had sent us since the last inspection.

During the inspection we spoke with 11 people, eight relatives, six care staff, two registered nurses, the director of care and the registered manager. We pathway tracked the service received by four people. This means we followed their care experience, from referral to current care. We observed practice in communal areas. We also looked at records related to the management and operation of the service, including the personnel and training records for six staff members. We looked at staff rotas, training and supervision records, incident and accident records and checked quality improvement audits. After the inspection we obtained feedback from three healthcare professionals.

We last inspected the home on 15 January 2014 and found it was meeting the regulations it was inspected against at the time.

Good

Is the service safe?

Our findings

People, relatives and healthcare professionals told us the service was safe. One relative said: "The staff do a wonderful job here, I watch then help mum move around and they always keep an eye on her". One person said: "I did worry about coming into a home but I actually quite like it here, I may have to move soon and I don't want to because the staff look after me really well".

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. One member of staff said: "I have never seen abuse taking place here and if I did I would tell my manager and call the Police". Another member of staff said: "I would tell CQC". The provider and the registered manager advised us they had a safeguarding and a health and safety champion in the home. A poster located in the communal hallway provided staff with details of who the champions were should they require advice or support.

Records showed medicines were received, stored, disposed of, and administered safely. Medicine administration records (MAR) demonstrated people received their prescribed medicines at the times required. Nursing staff who administered people's medicines were aware of the medicines that people received to manage known health issues. People's allergies were clearly recorded, to ensure people were protected from possible harm. Medical information was contained in people's care plans with information charts that listed all medication they had been prescribed, protocols for administering medication that has been prescribed as and when required and how people liked to take their medication. Care records clearly showed that in these cases best interest decisions had been made in line with the Mental Capacity Act (2005).

Care plans provided relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had made sure they had been assessed by a nurse and had been provided with suitable pressure relieving equipment. Risk assessments, audits and checks regarding the safety and security of the premises were up to date and had been reviewed. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records confirmed regular environmental checks were undertaken and any issues swiftly remedied. Staff had received effective training in understanding the

challenges presented to them when dealing with a fire. One of the directors told us staff were required to complete a fire safety training course. They said staff were asked to place goggles over their eyes in order to visually experience what it may look like should they have to deal with a fire in the home.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staff responded to call bells quickly. People said call bells were answered promptly and staff usually came quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. One person said: "I am never left for very long when I have asked for help, they come pretty quickly". Another person told us they were not satisfied with a particular member of staff. They said: "If the staffing is not right then they change it, I complained and it was fixed".

Good

Is the service effective?

Our findings

People, relatives and healthcare professionals told us the staff provided effective care. One relative said: "I am the power of attorney and I am pleased to say the staff keep me updated with what is going on with my mum". One person said: "The food here is just wonderful", "The meals here are five star, the chef does a brilliant job and I can eat and drink whatever I want" and "The menu is great". A healthcare professional told us the staff had good relationships with external professionals. The healthcare professional said: "If they are ever in any doubt they will contact us, we have complete confidence in the ability of the home".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. A member of staff told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at risk of malnutrition. Nutritional risk assessments were carried out if there were any concerns regarding a person's food and fluid intake. Any risks identified were shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality, well balanced and suitable. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. One person said: "I am a vegetarian and the chef caters for that". Another person said: "The food is wonderful". One person told us they regularly enjoyed bread and butter pudding and said: "We have Caribbean food sometimes; they do come and ask you in advance though".

Healthcare professionals including GP's visited as and when required and people's treatment was reviewed and changed if necessary according to their medical condition. Records confirmed there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. Care records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. For example, in respect of dementia care. One person was referred to a speech and language therapist after concerns about swallowing food had been identified. People were also provided with complimentary holistic therapies such as reflexology, hand massage and manicures.

The service had good induction systems and processes in place, with new staff shadowing more experienced staff before working unsupervised. Staff at all levels benefitted from an annual performance reviews and regular one-to-one supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with targets set. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service. One staff member told us, "We are really lucky to have the manager we have, she is so supportive". Robust and embedded processes were in place to monitor staff training. Staff were kept up to date with all areas of required training, and had regular 'refresher' training. Staff told us their training was relevant and of good quality. They were actively encouraged to ask for further training to support their personal and professional development. A staff refresher training record dated 12 May 2016 included opportunities for staff to learn about nutrition, dementia, challenging behaviours, pressure sore

awareness and end of life care. One member of staff said: "We have been doing the care certificate and we even have a doctor who comes in to help teach us, it's great because any questions we have get answered really well".

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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. The registered manager said: "We have made referrals to the local authority for people to be assessed but we are still waiting". Appropriate care plans and risk assessments were in place and detailed the least restrictive interventions whilst supporting people to maintain their choices and independence.

Good

Is the service caring?

Our findings

Relatives and healthcare professionals told us people were treated with kindness, compassion and dignity. One relative said: "The staff smile, laugh and joke with the residents, they genuinely care about people living here" and "They have good attention to detail because everyone here is well looked after. They are clean, their hair is done nicely and they have their make up on". One person said: "They (staff) are more like my friends than anything else, I couldn't function without them". A relative said: "This home is streets ahead of the rest".

The service had a good person centred culture and staff consistently demonstrated good values. They spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. Support provided during meal times, activities, assistance with moving and handling was friendly, compassionate and unrushed. We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. One member of staff said: "We know a lot about each person so we are able to talk about the things they enjoy doing or the things they used to do when they were younger". A director told us how one person was supported by staff to revisit their old church where they used to be the organist.. The activities co-coordinator arranged an organist's reunion with the church in Gosport 7th June 2016. We were advised by the director the experience was enjoyed by the person and their relatives.

Notes from team meetings showed respect, dignity and person centred support was frequently discussed. Staff addressed people by their preferred names and displayed respect at all times. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected.

The home created a relaxing and calming environment for people to live in. Fresh flowers were seen throughout the home and a music system provided a therapeutic and settled environment with staff and people signing whilst taking part in their chosen activities. The provider had installed Wi-Fi throughout the home to support communication between people, relatives and the community.

Staff displayed good listening skills during conversations and encouraged people to take part in activities. People told us they trusted the staff and felt they were kind and thoughtful. For example, we saw one member of staff helping someone to eat. The staff member positioned themselves close to the person and maintained eye contact; they helped the person to eat slowly and waited until they were ready for the next mouthful of food. The staff member was smiling, spoke calmly and was mindful of the person's dignity. We observed another member of staff interacting with someone who had become anxious, upset and confused. The member of staff listened to the person, calmly provided reassurance and spoke with the person about their interests and places they had previously visited as a younger person. Other examples included using additional towels to cover intimate areas when supporting people with personal care and encouraging people to dress nicely. People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow

relatives opportunities to speak with staff privately about the care provided to their loved one. Wisteria Lodge staff are registered with "Dementia Friends" and they hold talks with the community along with people living in the home and their families. The Director told us they supported people, their relatives and members of the public with any quires they had about living with dementia.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Good

Is the service responsive?

Our findings

Relatives and healthcare professionals told us staff responded to people's needs and told us the home provided a wide range of activities for people. One person said: "I broke my hip, they made sure I got the right equipment and I am not frightened here". A relative said: "The home celebrated the Queen's birthday" and "It was brilliant when the pony came, everyone's face just lit up and the staff even took it round to see people who couldn't get out their rooms".

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People's care and support needs were met and were reviewed with input from healthcare professionals. A continence care plan dated 28 April 2016 stated: "(Person) forgets they have a catheter in situ and still walks to the toilet" and "(Person) continues to pull the catheter causing problems". The outcome of the review stated: "Catheter removed and referral made to occupational health and GP". Another care plan was reviewed and updated on 14 May 2016 which stated: "Care plan updated to show use of bed cradle" and "Encourage (person) to use glasses because an eye test showed condition has deteriorated". Staff we spoke with were familiar with the changes in people care needs and were able to tell us about the new interventions in place. Care review records demonstrated involvement from occupational therapists, chiropodists, the community district nurse, GP's and the reflexology team.

People received medical treatment in response to accidents and investigations were conducted in accordance with the providers safeguarding procedures. For example, a record showed how staff responded effectively after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents. One relative said: "They (staff) speak with the nurse, the doctor or if they need to then they call an ambulance. I have been here and seen how they deal with falls and emergencies and they are calm and confident in how to deal with these things". Staff also made appropriate referrals and worked in partnership with social services, the continuing health team, a stoma nurse, GPs. the district nurses, physiotherapist, a parkinson's nurse and the tissue viability team.

People were supported to take part in activities, were encouraged to make decisions for themselves and were supported to maintain their independence. Upon entering the home we immediately observed one member of staff speaking with one person about activities. The person involved was living with dementia and was not able to express their views effectively. The member of staff communicated with them using different picture cards which contained images of activities such as gardening and art work. Using this method the person was able to make their decision and chose to take part in gardening. The staff member was supportive and encouraging at all times. We observed three people being supported to take part in gardening whilst other were colouring in, listening to music and having conversations with relatives. A team meeting record stated: "Gardening has gone well and the residents have planted onions, carrots, beetroot, red and green peppers and herbs". An activities coordinator said: "We have a garden club called Wisteria

Weeders". People were encouraged to make cakes, ice biscuits, take part in knitting, board games, reflexology, and have their hair done. Regular newsletters were distributed to people and their relatives. Information about upcoming live music, residents meetings, signing events including a visit from a live harpist and a church service were all part of the agenda.

The provider's complaints procedure was on display in the home and relatives told us they felt the registered manager would act on any concerns raised. One person told us they had made several complaints to the registered manager regarding their call bell and the use of agency staff at night. They said: "I have told them about things in the past where I have not been happy but they did sort it out in the end". People generally told us they had no complaints about the service and felt able to talk to staff or the management if they did. One person told us, "I've no complaints, I am pretty happy here".

Good

Is the service well-led?

Our findings

Relatives and people were complimentary about the leadership and culture within the home. One relative said: "It has all the qualities of a good hotel; the staff are kind and thoughtful". One person said: "The manager is wonderful, she comes around and speaks to everyone, I wish there were more people like her in the world". A relative said: "The management and ownership is first class".

Staff told us the management at Wisteria Lodge were positive role models and said the leadership within the home was strong. The registered manager and one of the Directors had completed a National Vocational Qualification (NVQ) level 5 in leadership in health and social care. We also found the clinical lead and one of the registered nurses had been enrolled on the NVQ.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Relatives and people told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. A nurse said: "We all take part in making things better, we check files, we speak to relatives and we have lead roles for things like infection control". The registered manager actively encouraged feedback and discussions with people and relatives. Meetings were held with people on a regular basis with topics discussed including staffing, menus and activities. Relatives consistently told us they were able to access emotional support from the registered manager and the provider. One relative told us they had regular conversations with the provider that helped them to deal with the challenges and stress of having a relative in care.

The provider told us they had identified environmental and decorative areas requiring improvement. They said plans were in place to change some of the carpets in the home and create additional garden areas which were accessible and suitable for people living with dementia. The provider said: "The current carpets are not in keeping with good dementia care". The registered manager told us they had recently been booked to participate in the "Gold Standard Framework - Dementia Care Training Programme" and said: "I am hoping to learn about the areas we can improve on and bring it back here (Wisteria Lodge)". A relative told us the home was always looking for new ways to improve and said staff regularly asked for feedback. They said: "The dementia care is good but I believe they could improve that aspect. I think they could have memory boxes on doors and maybe some different colours to help people understand where to go. I know about good care and what it looks like and I feel the care here is very good, we are lucky to have this place".

Records showed staff had opportunities to raise questions or concerns during team meetings and daily

handovers. Team meeting records documented discussions around CQC requirements, training in dementia, moving and handling and supervisions. One care worker told us the registered manager had an open door policy where staff could access support when required. They said: "We are a good team because we have a good manager and the owner also comes and says hello, they are in the job for the right reasons and they really do care".

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.