SHC Rapkyns Group Limited

Wisteria Lodge

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 24 and 25 October 2016. It was unannounced. There were 20 people living at Wisteria Lodge when we visited. People living there were all younger adults. The registered manager said people's age range was 18 to 60 years. People all had a physical and/or learning disability, and needed nursing care due to their complex needs. Many people needed support with all of their personal care, eating and drinking and mobility needs. A few of the people were living with behaviours which may challenge others. Some people were living with medical needs, including epilepsy and diabetes.

Wisteria Lodge consisted of two buildings – Wisteria Lodge and Stable Lodge. There was a large patio courtyard between the two buildings. All accommodation was on the ground floor and there was level floor access across all areas of the home. Each building had its own sitting/dining rooms. Each building had its own kitchen. Wisteria Lodge was situated in its own grounds, which were shared with other services, also owned by the provider. This group of services were situated in a rural area, north west of Uckfield in East Sussex. The provider for the service was SHC Rapkyns Group Limited, who own a range of services across south east England.

Wisteria Lodge 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.

Wisteria Lodge had been registered with the CQC for a period of time under a different provider, before this inspection. The home was registered by the current provider, SHC Rapkyns Group Limited, in November 2014, so this was the first inspection of the service since their new registration.

The provider had systems for audit of service provision. However some of their systems for audit required improvement because they had not identified certain areas. These included documentation relating to people's personal emergency evacuation plans (PEEPS), prevention of pressure damage and clarity of wording when describing people's needs and preferences. The provider's audits had ensured people received quality care in other areas. This included the cleanliness of the home environment and appropriate equipment so staff could meet people's individual needs. The registered manager and provider fostered an open culture.

People were safe at Wisteria Lodge. The provider ensured people received their medicines in a safe way, medicines were stored securely and records maintained. People were assessed for risk and their care plans outlined how they were to be supported to ensure their safety, for example where people had mobility needs or were at risk of choking. People's healthcare needs were met and staff worked closely with external professionals to ensure the stability of people's medical conditions. The safety of the environment and equipment was regularly reviewed.

Staffing levels ensured there were enough staff to keep people safe and enabled people to choose what they did during the day. Staffing levels meant people received the support they needed to eat and drink. The provider had effective systems for staff recruitment, which protected people.

Staff spoke positively about training and supervision. Staff described the range of training available which equipped them for their roles. This included training in safeguarding people from risk of abuse. All staff were aware of their responsibilities for safeguarding people. Staff said they felt listened to by managers and could raise matters during staff meetings and supervision.

People were treated with understanding and warmth. Staff clearly knew people as individuals and encouraged their independence. Staff understood the principals of the Mental Capacity Act 2005 (MCA). People had full records in relation to the MCA and deprivation of liberties safeguards (DoLS).

People were supported by staff who were responsive to their needs. People had care plans which were regularly reviewed. Staff followed what was stated in people's care plans. A wide range of activities were available for people to participate in, both inside and out of the home. People's relatives said they were consulted about people's care plans and felt involved with developing people's care plans. They also said they felt able to raise concerns with the manager.

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.

People were protected from risk and there were effective systems for the management of medicines.

Staffing levels were appropriate to meet people's needs and ensured they could choose what they wanted to do.

Staff were aware of how to protect people from risk of abuse.

The provider had appropriate systems to ensure staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to ensure they provided people with the care and treatment they needed.

The home had full systems to ensure people were assessed in accordance with the Mental Capacity Act (2005) and relevant referrals were made where people were at risk of being deprived of their liberties.

The home liaised effectively with external professions where people needed additional support.

People could choose their meals. Where people needed it, they received the support they needed with eating and drinking.

Is the service caring?

Good

The service was caring.

Staff cared for people in a kindly way, respecting their preferences.

People were encouraged to be independent and involved in how their care was provided.

Staff knew people as individuals and respected them as people.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their individual needs and were followed by staff.

People were involved in a wide range of activities, both inside and out of the home.

The service had a complaints policy which was approachable for people who were living with a learning disability. People's relatives were confident action would be taken if they raised issues.

Is the service well-led?

Requires Improvement

The service was not always well led.

Some areas of the provider's audits required improvement to ensure all relevant issues relating to documentation were identified.

The provider ensured people received quality care by its other auditing systems and was open to developing new ideas.

Staff understood the philosophy of care, said they enjoyed working at the service, and were supported by managers.

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 24 and 25 October 2016. It was unannounced. The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the home. We reviewed the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with people who lived at Wisteria Lodge and observed their care, including the lunchtime meal, medicines administration and activities. As people used various methods of communicating with staff, we spent time observing people in areas throughout the home to see interactions between people and staff, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people's relatives and visitors, and a GP. We inspected the home, including people's bedrooms, sitting/dining rooms and bathrooms. We spoke with eight of the staff, including registered nurses, care workers, a domestic worker and the chef. We met with the registered manager and two managers for the provider.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff

recruitment records, medicines records, risk assessments, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People had complex needs relating to disability and/or learning difficulties. The provider and registered manager took account of this by ensuring people's safety in a range of areas, including medicines management, risk assessments, care plans and staffing levels. People's relatives confirmed people were safe. One person's relative told us warmly "She's safe here, oh yes she's safe." A different person's relative told us they were impressed by the way it had been identified that their relative's old bed was no longer safe for them. They said staff had promptly ensured their relative was provided with a new one which suited their needs. A member of staff told us "It's safe here." A GP told us the home was safe because "Staff don't ignore anything."

Registered nurses gave people their medicines in a safe way. They carefully checked each person's medicines admiration record (MAR), before giving them their medicines. Registered nurses took time with each person when giving them their medicines and there was no feeling of rush. They made sure they gained people's attention before giving them their medicines, addressing them by their own names and using plenty of eye contact. Registered nurses also made sure people were comfortable after giving them their medicines. They then rechecked themselves before signing the person's MAR and going on to support the next person.

MARs were well completed. Medicines were stored securely in medicines rooms in each of the two buildings. There were clear systems to ensure medicines were ordered each month. The medicine rooms were clean, tidy and well organised. Room and fridge temperatures were recorded; these were within normal limits. Drugs for disposal were recorded and stored securely until collected. Some people went out of the home on a regular basis and there was a full audit trail of their medicines when this happened. Where people were administered regular medicines by injection or by skin patches, registered nurses knew about rotation of sites to prevent tissue damage to people. Records about this were not always maintained. By the end of the inspection, the registered manager had ensured records were in place.

The 'as required' [PRN] guidance was generally detailed and informed staff when medicines were required. For example some people had seizures, the PRN information and records of when people had seizures were consistent in all their documents, so staff could safely care for people when they had seizures. A person was prescribed insulin on a sliding scale, depending on their blood sugar levels. The person had clear information in their records on which dose of insulin was to be given, depending on their blood sugar levels. All registered nurses were aware of this sliding scale prescription. Where people were prescribed skin creams, there were clear records to show which creams were to be applied to which parts of their body and when. One person had a bowel medicine prescribed PRN, this included guidance which clearly stated when the person was to be given the medicine. When PRN medicines were given the reason why was recorded on the back of the MAR and the outcome of whether the medicine was effective.

Most people needed support with mobility, many of them could be at risk of pressure damage and other people had additional risks associated with their conditions. All people had moving and handling assessments and care plans. These were regularly reviewed. They showed how their risk was to be reduced.

People who needed complex equipment such as ceiling hoists or electrically operated wheelchairs had them provided. These were regularly serviced. Where people were supported to move using a hoist and sling, they had their own hoist sling allocated to them, which only they used. They also had full information in their care plan which documented the exact type of hoist sling they used. Where people were at risk of pressure damage, they had risk assessments and care plans. People's air mattresses were on the correct setting for their weight. Their care plans had full information about their air mattresses, including photographs. Where people had risks such as choking, they had care plans which detailed how their safety was to be ensured. For example a person had a care plan which documented they had a tendency to put small objects in their mouth and could be at risk because of this. Their care plan documented actions staff were to take to reduce this risk. Staff followed this care plan.

People were protected by the provider's fire safety procedures. Fire equipment was regularly maintained and staff received regular training. People had been involved in fire drills as well as staff. A care worker described a recent fire drill where people have been involved, telling us "They enjoyed it." The provider and registered manager ensured people's safety by their maintenance checks. These included two weekly water checks, three monthly shower descaling, and checking of unused water outlets every seven days. The home's Legionella certificate was up to date.

Throughout the inspection, there was always one member of staff, and generally many more, supporting people in communal areas. There were enough staff on duty to support people in doing what they wanted to do. For example during the late morning, a person wanted to go out for a walk. There were enough staff to support the person in going out when they wanted to. There were enough staff to support people throughout meal times, so they received individual attention when they needed it. A person was funded for 1:1 care. The member of staff who supported the person on a 1:1 basis was able to concentrate exclusively on this person and was not called away to support other people or staff. People's relatives said there were enough staff to support their relative. One person's relative also told us they appreciated "There is a low staff turnover which means staff know him." Staff confirmed there were enough staff on duty to support people. They also said there were enough staff to ensure all people could be appropriately supported during an emergency, for example if a person experienced a seizure.

There were clear recruitment processes, which ensured staff were assessed as being safe to work with people before employment. All staff had a checklist at the front of their files to verify appropriate checks had been carried out. These had all been completed. Checks included application forms with full employment history, interview notes, health declaration, two references and police and other checks, all received before the person started work. Where staff moved from being a care worker to registered nurse, there was a clear audit trail through the staff file to show appropriate employment processes had been followed. There was a clear flow chart to show what documents were required for overseas staff to be entitled to work at the home in the UK. When staff required a visa to work, the expiry date was recorded, however there were no copies of the member of staff's visa to show, for example if staff could work limited hours a week. The registered manager reported this information was held at the provider's main office.

Staff at all levels were very aware of their responsibilities for safeguarding people from risk of abuse. A domestic worker was clear on what could indicate a person was at risk of abuse. They said they would always report any concerns to the nurse in charge. They said they were confident the registered nurse in charge would take action if they did this. A member of staff told us about their training in safeguarding people before they started working at the home. A care worker told us if they were concerned about an explained bruise on a person's body, they would make sure a full record was made, including photograph if relevant, and they would inform the person in charge. Registered nurses confirmed they would take action if they saw a care worker not caring for, or interacting with a person in a way which was not appropriate. The

provider had full policies on safeguarding people from risk of abuse. These were available to all staff. The registered manager had made referrals to the local authority when relevant where she considered a person was at risk of abuse.

Good

Is the service effective?

Our findings

People received an effective service because staff were trained and supported, including where people had additional health care needs. People were supported in eating and drinking what they wanted and needed. The home environment was suitable for the people living there.

Staff and others were positive about the training and support. A newly employed care worker described how they had been monitored when they started working at Wisteria Lodge and said they had felt "Supported" during this period. A domestic worker described the training given to staff as "Fine." A GP said staff were trained in their roles and the senior nurses were "Experienced." A care worker said "Of course," they received regular supervision to support them in their role and said "She's good," about their supervisor. A care worker said "Of course I can bring things up at supervision." Two registered nurses confirmed they received clinical supervision. One of them described how they had just been to head office for additional training in their role.

All new staff received a full induction, which complied with current good practice guidelines. Inductions also included areas such as the geography of the home, communication systems, policies and procedures and the use of wheelchairs. This training was followed in practice, for example we saw all staff automatically engaged people's wheelchair breaks when they had finished supporting them. The registered manager had a training and supervision plan so they could see which members of staff needed which training and when they were due supervision. The training plan included areas relating to care of the people living in Wisteria Lodge such as epilepsy and emergency care. Supervision records were appropriate for the role. For example a new to role registered nurse's supervision showed discussion around adapting to their new role, and there was an action plan for them to understand policies. All staff had received an annual appraisal. Some staff said they needed additional training in areas such as Makaton and supporting people who had a Learning Disability with appropriate activities. The registered manager was aware of these areas and was developing plans to ensure staff were supported.

People were supported with eating and drinking and staff showed they understood people's needs. One person had a bowl of finger foods like grapes and strawberries, placed by them to eat when they wanted. A care worker asked a person if they had enough after they had eaten their main course. The person's eyes lit up and they smiled, clearly happy with their meal. A person indicated they did not want to eat their lunch. The chef offered them sandwiches, they indicated "No", the chef then offered them cake, they indicated "No", the chef offered them yogurt and the person indicated "Yes."

Care workers sat down to support people when they were eating and drinking and made it a social occasion. Staff supported people to eat at their own pace. A care worker smiled at the person they were supporting, making sure they had eye contact while they were helping them. Staff made sure people were safe when they were eating and drinking. A person was eating their meal independently, a care worker made sure they did not eat too much food each time, so they could swallow safely. At a mealtime, a care worker noticed quickly when a person was restless. They supported the person in re-focussing on what they were doing, so they got the food and drink they needed. When they were supporting people to eat, staff ensured they were at a level to observe people swallowed safely. For example a person had a very high wheel chair and the care

worker sat on a high stool, so they could see the person was swallowing their meal and drink safely.

All people had clear plans about eating and drinking. A person had a care plan which documented they preferred finger foods. A different person had a very detailed care plan about the aids they used when eating, including the type of spoon and how their plate-guard was to be placed in relation to where they were sitting. A person had a care plan about the specific type of chair they used at mealtimes which enabled them to eat independently. These care plans were all followed by staff. Where people had food allergies, this was recorded and staff knew about them. For example a person was documented as being allergic to chocolate, and the risks to them because of this. Staff knew about this care plan and how they were to reduce risk to this person.

Many of the people had difficulties with swallowing and were prescribed thickening agent in their drinks to enable them to swallow safely. Information in people's care folders set out the consistency of drinks each person needed. Staff knew about these care plans and followed them in practice. People had plans to show how much fluid they needed in 24 hours to reduce their risk of dehydration. Their fluid charts showed these were followed in practice.

Many of the people had healthcare needs. A GP said the staff "Jump on any issue at once, they're very responsible," saying "You don't find unexpected things" and "Staff try to pre-empt problems." A person's relative described the good relations with other professionals, saying they appreciated the way the visiting physiotherapists always let them know "What they've been doing" to support their relative. They said staff followed the physiotherapists' directions for their relative. Staff ensured people's health care needs were met. A person had a potentially unstable medical condition, their records clearly showed staff had been liaising regularly with their medical team about the person's condition. A registered nurse described a person's seizures in detail, including how long the person's seizures generally lasted, how they supported them during a seizure and what actions they took if the person did not follow their usual pattern. This was clearly documented in the person's records. Several people received a liquid diet via a tube. These people had clear records to show the tube was rotated in accordance with guidelines, to ensure the person's comfort and safety. A person had a history of dislocation of a joint. A registered nurse told us about actions to take when this happened, what they told us was fully reflected in the person's care plan.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

In their PIR, the provider gave us accurate information about the number of people who were subjected to a DoLS. All of the staff were fully aware of which people had a DoLS in place. They were also aware of what this meant for each person. All of the people had mental capacity assessments where relevant. These were very detailed and decision specific, for example where people needed equipment which could restrict their movement such as bed rails. They also had consent from appropriate persons where relevant. These were regularly reviewed.

The environment of Wisteria Lodge was appropriate for people who were living with complex disability needs. All rooms and access to the outside were level floor. Corridors were wide enough for people in

wheelchairs, including large wheelchairs, to pass each other with ease. All bedrooms, ensuites and bathrooms were wheelchair accessible. The outside patio/garden areas were wheelchair accessible. People who lived with complex disability needs had equipment provided individually for them to ensure their safety and comfort. This included a wide range of different types of hoists to support people in moving, including celling hoists. Where people needed specialised beds, seating and wheelchairs, these were provided. A person preferred a double bed to a single bed, and one had been provided.

Good

Is the service caring?

Our findings

Staff showed a caring approach to people. They gave people positive reinforcement when they engaged with them. Interactions between people and staff were good and it was clear staff knew people, and people knew staff. People's relatives also commented on the caring nature of staff. A person's relative told us they visited regularly and said "I know they're well cared for." Another person's relative said "The atmosphere here is lovely." A person's relative said "We know she's in the best place because they're always happy." Such comments were echoed by others. A GP told us "Staff know the people very well here." A new member of staff said about their co-workers "They're very, very nice people, and they're kind."

Staff supported people in making choices. A person preferred to spend parts of their day independently propelling themselves in their wheelchair along the corridors. They clearly enjoyed doing this. Staff stopped and chatted to the person as they went back and forth. They did not stop them from doing what they wished and encouraged them, as this was what they wanted to do. A person lost interest in doing an activity with a care worker. The care worker asked them if they wanted to continue. The person indicated they wanted to do something else and the care worker said "That's fine," and smiled at the person.

Staff ensured people's dignity. Staff made sure they carefully wiped people's mouths after eating and drinking. They supported people in going to the toilet and cleaning their hands before and after meals as they wished, or needed. A person showed us how their hair had been done that morning and indicated the care worker had helped them to do it in the way they wanted. A person's relative told us staff always made sure the person wore the types of clothes they preferred, which suited their needs, but kept their individual appearance

Staff showed respect to people. All staff consistently asked people if they could assist them by putting clothes protectors on before lunch. At lunchtime, a person was already at the table, a care worker asked them for permission to move them because another person, who used a large wheelchair, wanted to get past them. They also thanked the person afterwards when they moved them back to where they wanted to sit. A care worker was assisting a person to eat at lunchtime, they said "Thank you" when the person opened their mouth wide enough for their spoon.

Staff supported people in engagement. A person helped a care worker with a task. The care worker said warmly to the person "You're very good," when they did this. A care worker was putting a cloth on the table for lunch. They explained what they were doing to a person who was sitting at the table and asked them to help where they were able to. When care workers were tidying up after an activity they automatically involved people in supporting them with doing this.

Staff clearly knew people and people appreciated contact with staff. A care worker praised a person when they ate parts of their meal independently. The person reacted with happiness and excitement, clearly enjoying the praise. A care worker supported a person colouring in a picture in a book. The care worker gave the person encouragement, using eye contact and praised the person for what they were doing. A registered nurse supported a person with taking their medicines. The person could not communicate verbally. The

registered nurse smiled at the person and the person gave the registered nurse a beautiful smile back in acknowledgement of praise from the registered nurse. Staff all knew people as individuals, and spoke of them in affectionate tones.

Where people showed behaviours which may challenge or were anxious, staff supported people appropriately remaining calm, so matters did not escalate. After lunch, a person did not want to give back the spoon they had used, gripping it hard. The care worker did not react, they smiled at the person, remained friendly and calm and said they would come back later, which they did. A care worker noticed when a person was looking very unsure when they were supporting them to move in their wheelchair. They reassured them with a smile, saying "I'll be right here with you all the time."

A care worker told us about the importance of understanding that the people were not children and needed to be treated like adults . They described how they supported people in deciding what they wanted to do. For example saying if a person did not want to be in one part of the home, they supported them to move to another part. A care worker said "We know all of them as people." The registered manager also showed a detailed knowledge of all of the people living at Wisteria Lodge.

People were supported in making their rooms personal to them. One person's room was pink and full of pink items, as well as pink bed linen. Staff said this was their favourite colour, so they and the person's relative had supported them in having their room like this. Another person's room showed posters of their favourite football team. People had pictures and items like ceiling mobiles, as they wished. All people had different duvet covers, depending on their own preferences.

Peoples' care plans showed the caring nature of the home and also how people were respected as individuals. A person who was not able to communicate verbally had very clear information in their care plan about how they showed if they were in pain. A person's care plan documented the word they used to talk about their parent. We saw staff using this way of communication when discussing matters about the person's parent with them. A person's care plan documented the individual way they used to get attention when they felt they needed something doing for them.

Good

Is the service responsive?

Our findings

Staff responded to people in the way they wanted. Every person had a care plan about how their individual needs were to be met. A wide range of activities were supported both inside and outside the home. The registered manager responded when issues were raised about the service. People's relatives told us how people were responded to. A person's relative told us "Any change or problem, they let us know." Another person's relative said "We come when we want to," but said "I tend to ring before we come, they're so busy, they may be out." A GP said staff always followed people's care plans.

People all had care plans, which were regularly updated. A registered nurse told us how important it was to involve people's families as much as possible. This was to ensure care plans related to what each individual wanted. The registered manager showed us their systems for reviewing each person's care plan. These reviews took place regularly, with each person and key family members, as well as the multidisciplinary team. A person's relative told us about their involvement in these reviews. Peoples' relatives said they could also discuss issues about people's care when they visited. For example a person's relative told us they had noticed their relative was showing changes, particularly they were reacting to increased noise. They said they were reassured that the staff had already identified this and were able to inform them of factors which were causing this and actions which had been progressed to support the person. A person's relative told us "I'm regularly updated about any changes etc."

A person told us their relative was "Complex and hard to get to know," but staff "Do know what to do" for the person. People's care plans were clear. For example a person had a complex physical disability, however their care plan clearly set out how they could manage their wheelchair on their own and how staff were to enable this. A different person had been assessed as needing to use specific foot-wear, their care plan included a picture of how the footwear was to be placed on their feet. Staff followed these people's care plans when supporting them. A person had a communication care plan which stressed the importance of using, short, simple sentences when talking with them. We observed all staff, including the chef, doing this when they spoke with the person.

People had needs relating to personal care. A person's care plan stated they were at risk of constipation. Their care plan stated the specific actions and recordings staff were to make to support the person and ensure they remained comfortable. Staff were clearly following this care plan. A person had a clear care plan about how they were to be supported with their specific personal care needs. Staff were aware of this care plan and showed an understanding of how important it was for the person's dignity to work within the care plan.

Some people could show behaviours which may challenge. They had care plans which outlined how they were to be supported. For example a person's care plan documented their repetitive behaviours and how staff were to support them and reinforce their positive behaviours. A different person had a care plan which stated specifically where they should sit at meals because otherwise they became distracted and did not eat what they needed. Staff followed these care plans throughout the inspection.

Staff ensured people could participate in the activities they wanted, together with other people they wanted to be with. A person's relative told us the person was living with their "Friends that they like," that "They have routine but there is a flexibility within that routine." There were a wide range of different activities provided to people during both days of inspection. This included two care workers supporting two people in playing a board game together. The staff clearly knew the people well and the right ways of supporting each person's engagement. During a different activity, a care worker was leading people in singing, encouraging them to join in. People were clearly enjoying the activity, laughing and moving their hands in time to the music. There was a general atmosphere of fun throughout the range of activities provided. Where people did not want to be involved in group or more noisy activities, staff supported them. For example a person was walking back and forth, away from the other people. A care worker promptly observed this and asked them if they would prefer to go out for a walk. The person indicated they wanted to do this, so the care worker went and got the person's coat and they went out together.

People went out of the home regularly. A person's relative described how the person was doing drama at college "Which is something he enjoys." They said they also went swimming, and went to a local club. The person's relative said the person particularly enjoyed the outside entertainers. A person's relative said they liked the home because "There's lots of trips out for them." A different person's relative said staff supported people in going out on individual activities, saying "They take her out on shopping trips and all that, which they really enjoy." A person's relative told us they took the person out at least once a week, they said the person particularly enjoyed going to garden centres. Several people went home to their families over the weekend.

People said they were confident they could raise issues with the registered manager and were sure any issues would be addressed. A person's relative told us "I'm happy to raise anything with her and I know it will be addressed." This was echoed by another person's relative who said "I'd be happy to go to her." Another person's relative said "I'd ring up and raise an issue, they also ring us with concerns." A relative told us "Many years ago I made a complaint, it was dealt with, so I'd be happy to go to them again."

As well as a complaints procedure, which was displayed and available to people, each person had their own complaints procedure. This had been written in an accessible format for the person. We looked at complaint records. There were no current complaints documented. The registered manager told us this was because people's relatives were regularly updated and they contacted them with any concerns. They said they had an open door policy, people visited when they chose and someone was always available to talk to them. We saw people's relatives had an easy rapport with staff, including the more senior staff, and were happy to bring up anything with them when they visited. There were records of a number of compliment cards / letters / emails from relatives, local authority and a best interests assessor. They related to attitude of staff to service users, helpfulness of staff, progress of people, care delivered and complimenting them on the BBQ.

Requires Improvement

Is the service well-led?

Our findings

People told us the home was well run. A person's relative told us they were "Impressed by the efficiently." A different person's relative told us "It's definitely improved over the years." A person's relative said the home was "The best of what's available." A GP told us the management of the home "Seems to be very good." A member of staff spoke positively about the managers, saying they were "Willing to learn."

The provider had a system for regular audit of a wide range of areas. These audits did not consistently always identify areas where improvements in people's documentation were required. For example, all people had individual personal emergency evacuation plans (PEEPS). These did not state where each person should go in the event of needing to be evacuated from the building and how they were to be supported if this became necessary. Three people had care plans about how risk of pressure damage was to be prevented for them when in bed, but not when they were up in a chair, which they were during the inspection. We asked staff about how they reduced the people's risk when they were sitting up in a chair. They all told us what they did, however the actions reported varied between the different staff. Audits had not identified that because this information was not written down, staff were not providing a consistent, planned approach to preventing the person's risk of pressure damage. Some people had unclear information in their records, so information in their care plans did not reflect other information in their care folders. This included information relating to thickening agent in one person's drinks and about management of another person's specific medicines care and treatment. The provider had not identified that this could cause confusion to staff and so put the person at risk of not receiving appropriate care and treatment. Some people's care plans were not clear, for example a person's care plan stated the person "Likes music," but did not document the type of music they liked. When we spoke with staff and the person's relative, they told us about the specific type of music the person enjoyed. The provider's audits had not identified that information to support the person's individuality had not been documented.

Management's systems had ensured people's needs were met in other areas. Regular cleaning audits took place and all areas of the home were clean, including areas like light pull-cords, the undersides of dining room tables and behind tumble dryers, all of which can be difficult to clean. Management's approach ensured staff were able to follow good practice guidelines. Several people had very high or low wheelchairs. Appropriate variable height seating had been provided so staff could sit down with people when they supported them with eating and drinking, to make it a social occasion and ensure they could observe people were swallowing their food and drink safely. The registered manager audited areas of risk such as when people fell or if they developed wounds. These records were clear and identified any risk factors which needed to be addressed. The provider and registered manager were open to developing further good practice guidelines. For example an area relating to medicines and good practice had been identified at a sister home. The managers outlined the actions they had progressed in relation to this area.

The registered manager had an open, inclusive attitude. They were happy to stop and talk with people and staff who approached them. They were very much available, walking between both buildings, and did not remain in their office for extended periods of time. People clearly knew the manager as a person who they were familiar with. A person wheeled themselves up the manager and grinned at them, pointing to

something about their appearance which they wanted them to notice. Staff were also happy to approach the manager to inform them of issues, such as how a person was feeling that day and the person's response to an intervention. Registered nurses and the registered manager told us about the importance of the duty of candour when discussing matters with people, their relatives and other relevant persons.

Staff confirmed they felt involved and supported by managers. A member of staff told us there was always a senior manager on call, so there was always someone to go to, when they were on duty. A domestic worker told us they could raise issues at staff meetings and had done so at times. They said they felt listened to when they had needed to raise issues. A care worker told us "If I don't like something, I'll soon tell them." They said they were confident action would be taken if they did this. Staff meetings took place on a regular basis. The notes of these meeting were reviewed by senior managers for the provider during their regular audits. Staff all knew about the provider's whistleblowing policies. They said they saw senior managers regularly, so would not find a difficulty in approaching them if they needed to with any issue of concern.

Staff told us how much they liked working at Wisteria Lodge. They said the philosophy of care was very different from other places they had worked at. We spoke with a registered nurse who told us they had worked in acute medical and emergency areas before, and had not been sure about working at the home at first, but "Now I love it." They said, unlike other areas they had worked in, they had to "Really get to know" each person. They said this took time but "It's worth it" and described the "Rewarding" nature of the work. A care worker told us "I really like it, every day is really good." Another care worker told us "It's a good working place, people working here are helpful, full of ideas."