

T Chan Wan Fong

# Wisteria Lodge

## Inspection report

24 Brookdene Avenue  
Watford  
Hertfordshire  
WD19 4LF

Tel: 01923350553

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 15 September 2017 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.

At the last inspection the service was rated good. At this inspection we found the service remained good.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. A relative also said they felt their family member was kept safe.

Individual risks to people were appropriately assessed, identified and managed.

There were enough competent staff to provide people with support when they needed it. Staff had been recruited through a robust recruitment process and had received appropriate training and support to help enable them to carry out their roles effectively.

People received appropriate support to eat and drink sufficient amounts to maintain their health and well-being in relation to nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice in relation to all aspects of their lives.

People, relatives and staff told us, and we observed that people were treated with kindness by staff who respected their privacy and maintained their dignity.

People and their relatives were given the opportunity to feed back on the service and their views were listened to and acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access and participate in meaningful activities and to pursue hobbies and individual interests both within the home and in the community.

People were supported to share their views by giving feedback through residents' meetings or by recording their dissatisfaction in a comments and complaints book located in reception. People knew how to complain if they were unhappy with any aspect of the service and were confident they would be listened to.

There was an open, transparent and inclusive atmosphere within the service. People and staff had regular

meetings to discuss the service and think about future developments and improvements they could make.

There were systems and processes in place to monitor the overall quality and safety of the service and shortfalls identified were promptly acted on to improve the quality of the service. People gave positive feedback on the management of the service.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 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 15 September 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) which the provider is required to send to us, and gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff supporting people who used the service, we spoke with one person who used the service, one relative, two care staff, the registered manager and the provider.

We requested feedback from commissioning staff, however we had not received any at the time the inspection report was drafted.

We reviewed care records relating to three people who used the service, three staff recruitment records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

# Is the service safe?

## Our findings

The majority of people who lived at the home were unable to communicate verbally but we observed staff supported people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and appeared happy living at Wisteria Lodge. A relative we spoke with told us, "I always feel that [name] is safe and well cared for and although there is a busy road outside I know that the front door is secure and [name] would never go out alone."

People were supported by staff who had been trained in safeguarding and who were able to demonstrate that they knew how to identify potential abuse and the process they would use if they needed to report any concerns. We spoke with two staff and both knew about whistle blowing and explained the circumstances in which they might use the process to report or elevate concerns to the safeguarding authority or CQC. Both staff felt that any concerns would be dealt with swiftly and effectively by the registered manager.

People had their individual risks assessed to help keep them safe. Where an individual risk was identified actions were put in place to help mitigate and reduce risks. There were various risk assessments in place which included road safety and going out in the home's minibus. Staff were able to explain how they kept people safe. For example, in relation to people who had been identified at risk of choking. We saw there were control measures in place to reduce the risks to people. These included emergency first aid techniques, ensuring the person's food was soft and smooth and where necessary, a referral to the speech and language therapist.

Staff were recruited through a robust recruitment process in which the provider completed a range of pre-employment checks before staff started work at the service. This included staff completing an application form, undertaking a disclosure and barring check (DBS) and taking up a minimum of two references. We saw that there were sufficient numbers of suitably qualified and experienced staff available to meet people's needs in a timely way.

People received their medicines regularly and in accordance with the prescriber's instructions. Medicines were ordered on a 28 day repeat prescription cycle. Staff checked the medicines when they were delivered to the service. Medicines were stored correctly and stock amounts were checked and recorded following each medicine round. Staff had received medicines training and had their competencies checked. We checked a sample of medicines and found the stock balances to correspond with records. Medicine administration records (MAR) sheets were completed accurately and were audited regularly by the registered manager.

## Is the service effective?

### Our findings

People were supported by staff who had received training in a range of topics relevant to their role. They were regularly supported by the registered manager which helped them provide effective care and support to people who used the service. A relative told us, "I know the staff have the right attitude to work with the people who live at Wisteria Lodge."

Staff received training to support them to be able to care for people safely. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as managing behaviour that can challenge and safeguarding people. Staff said they received support as and when needed and were fully confident to approach the registered manager for additional support at any time.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered manager demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. A recent application to the local authority had been made by the registered manager in relation to the finances for one person.

People were provided with a good choice of food and their individual likes, dislikes and food intolerances were well known and respected. Assessments had been undertaken where people had been identified as at risk of choking. We saw that these people were provided with a soft diet and control measures were in place to protect people from harm.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, learning disability services, optician and dentist.

## Is the service caring?

### Our findings

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes.

We spoke with one relative who told us they felt the staff were kind caring and sensitive to their relatives needs and wishes. We observed staff to be kind to people and to take their time when communicating with people so they could understand what support people required. A professional worker told us "The people who live at Wisteria Lodge are well cared for and they have a varied and fulfilling life."

We observed that staff spoke with people in a respectful manner and always made eye contact with them. For example we saw one person who was helping the staff member with the laundry. We saw that the staff member made this a positive and fun experience for this person with lots of smiles and laughter.

One staff member told us, "We have to always remind ourselves that this is people's homes and along with that we have to ensure we respect people's dignity and privacy, like knocking and waiting before we enter someone's bedroom. They went on to say how they always maintain a person's modesty when they provided care to that person. They told us "Towel management is very important, especially because the all the carers here are female supporting four young men."

We saw evidence from people's plan of care that they were involved, where possible, in making decisions about their care. Where people could not be fully involved because they lacked capacity their relatives, advocates and professionals were involved in making best interest decisions.

One relative we spoke with told us, "We are consulted whenever necessary as our [family member] does not have capacity so we consent on their behalf and the decisions are always made in [name] best interest anyway."

People's care plans were written in a person centred way and contained detailed information to inform staff how to support people individually. The support plans contained an individual profile about the person, their likes and dislikes and information about their life histories. The care plans were produced in both a written and pictorial format in order to ensure that people who were unable to comprehend the written word were able to fully understand, agree and consent to their plan of care.



## Is the service responsive?

### Our findings

People's needs were kept under regular review and any changes to their needs were responded to accordingly. For example if people required additional support or if they required a review of their mental health needs. People received care that was flexible and responsive to their changing needs.

People were given opportunities to participate in a range of activities. On the day of our inspection there were limited activities taking place however the registered manager provided evidence of a range of recent outings that people had taken part in. This included a trip to the golf range, visits to the cinema and regular trips out for lunch and shopping. Staff confirmed that every day people were provided with a choice of activities to participate in. The registered manager told us they used a pictorial folder as a prompt to encourage people to choose the activities that they liked to do. For example pictures of bowling and golf. We were told that another person was supported to visit their [relative] who lived locally, on a regular basis.

People and their family members were asked for feedback on the service. Staff were also able to give feedback at team meetings. People, their relatives and staff told us they felt their comments were taken seriously and they felt listened to. We saw that there was a pictorial complaints procedure displayed within the main lounge of the home which assisted people who were unable to fully comprehend the written word, on how to make a complaint. Relatives told us they knew how to raise a concern and felt confident that the registered manager would act on any concerns they raised.

## Is the service well-led?

### Our findings

We spoke with one person who lived at Wisteria Lodge, one relative and two staff members who all told us that the service was well led and managed. There was a registered manager working at the service. 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.

Although the majority of people were unable to verbally provide their comments on how the home was managed we were able to observe a very relaxed and informal atmosphere throughout our visit. We saw two people enjoying an affectionate and jovial banter between the provider and themselves, where both people demonstrated a genuine fondness and trust with this person. The registered manager promoted an open and inclusive culture within the service.

The registered manager was knowledgeable about the people who were used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One staff member told us, "I think because we are such a small team we are good at communicating with each other and we always help each other out when we need to cover extra or spare shifts."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff told us that they were offered the opportunity to attend staff meetings where any issues arising in the home were discussed. The registered manager provided evidence that confirmed people who lived at Wisteria Lodge were consulted and involved in the running of the home. We looked at the feedback and noted several positive comments from relatives. Actions were put in place where necessary following suggestions, this demonstrated that people's views were taken into account.

There were systems in place to monitor the overall quality and safety of the service. Where shortfalls were identified, actions were put in place to address and improve these.