

Wisteria Lodge 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?	Good ●

Summary of findings

Overall summary

About the service:

Wisteria Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 27 people aged over 65 living at the home.

The service had a manager who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:

- People felt safe and well-supported living at Wisteria Lodge, with management having put systems in place to train and make sure staff knew how to safeguard people. The management had also made sure the premises were safe for people; with systems to ensure equipment was tested, fire safety maintained and other risks minimised.
- People's needs were met because there were enough staff deployed throughout the day and night. Staff had been recruited robustly with all required checks carried out and records in place.
- People's medicines were managed safely and overall, infection control measures in place were effective in minimising the risks of cross infection.
- Staff had been trained appropriately and they were supported through supervision by management.
- The service respected people's right to be involved in decisions about their care. They had followed the Mental Capacity Act 2005 in circumstances where people could not make specific decisions or there was a potential deprivation of a person's liberty.
- The home provided a good standard of food to meet people's individual dietary needs.

- Assessments of people's needs had been carried out and care plans put in place. The service was in the process of moving to an electronic recording system. There were some lessons to be learnt in this process that management were addressing.
- Everyone involved in informing us about the service were very happy with the care provided. Staff were kind and considerate and respected people's dignity.
- The registered manager was stepping down from this role at the time of this inspection and were in the process of handing over responsibility to a new manager. Overall, there was good management of the home, clear leadership and a positive morale amongst the staff.

Rating at last inspection:

The home was last inspected in July 2016 and was rated as Good.

Why we inspected: This was a planned, unannounced, comprehensive inspection.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Wisteria Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On the first day of the inspection, our team comprised an inspector, an assistant inspector and a specialist nurse advisor; and on the second day, two inspectors.

What we did:

Before the inspection we reviewed information we held about the service. This included statutory notifications of significant events such as safeguarding adults investigations, and a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained feedback from local authority safeguarding adults staff and a health professional who had contact with the service.

During the inspection we met and spoke with 11 people to ask about their experience of the care provided. We spoke with five members of the care staff team and two visiting relatives. We looked at three people's care records in depth and samples from others, three staff recruitment files, medicines' administration records, staff training records and records relating to the management of the home.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and no one had any concerns around safety issues. Comments from people included; "It is very good here and I don't have to worry about anything", "The staff are all wonderful and I have no concerns", and "Yes, I feel safe, I get on with everyone well. It is my home."
- Staff had received training in safeguarding adults and had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out concerning people's care delivery to reduce the risks of harm to people. At the time of our inspection the home was transitioning to an electronic record keeping system. On the first day of the inspection we identified some issues, which the registered manager looked into. On the second day of the inspection the manager fed back their findings and we established that the issues concerned recording of information. The managers acknowledged there were still some learning in how best to use the new system to best inform staff on managing people's care and had addressed the matters we had identified.
- There were systems to keep people safe in the case of emergencies.
- The environment and equipment was safe with the maintenance staff having delegated responsibility for this. There were good systems in place and all equipment was safe and serviced.

Staffing and recruitment

- There was core of staff who had worked at the service for many years who were loyal to the home.
- People, relatives and staff all felt there were enough staff to meet people's needs. One person told us; "Whenever I need help, there is always someone there".
- Staff were recruited safely. Recruitment practices were safe with all required checks undertaken before staff worked with people.

Using medicines safely

- People's medicines were administered as prescribed and overall managed safely. The home had changed pharmacy and were getting used to a new system. Some anomalies and queries we identified on the first day of the inspection were looked into by the registered manger and addressed by the time we returned on the second day of the inspection.
- Staff were trained to administer medicines and their competency was regularly reassessed. Staff told us there were systems for reporting and following up any medicines errors or omissions.

Preventing and controlling infection

- On the first day of the inspection we noted some practices where improvements could be made to reduce the risk of cross infection in the home. By the second day of the inspection, the management had acted to ensure risks were lessened.
- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- People and relatives told us the home was always kept clean.

Learning lessons when things go wrong

- The service had a robust system in place to monitor and learn from incidents and accidents. Records showed any themes or patterns were identified.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments, individual care and development plans were individualised for each person and reflected their preferences and wishes.
- Support, care and development plans were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.

Staff support: induction, training, skills and experience

- People told us staff were competent and effective in meeting people's needs. Staff felt their induction was thorough and equipped them with knowledge to carry out their role. They also said there was very good training with a mixture of face to face training, work booklets and on-line training.
- Records showed that training was well managed with update training being arranged to keep staff knowledge up to date. Staff were knowledgeable when speaking with us.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave good feedback on the standard of food provided. Comments included, "Yes, I like most things they cook for us; sometimes could be hotter", "No complaints", and "I have been quite impressed and have no complaints".
- Staff supported people to receive meals which met their dietary requirements and assessed needs. For example, the texture and consistency of food and drinks they needed to reduce the risk of choking.
- People were given choice with alternative meals. Fresh fruit, yoghurts, snacks and a variety of hot and cold drinks were available at all times.
- People were weighed regularly and supported to receive appropriate nutrition. If required, referrals were made to health professionals for further advice and guidance.

Staff working with other agencies to provide consistent, effective, timely care

- A visiting health practitioner told us. "I have never come across any problems. They know their residents well and can recognise when to contact us. They then act on any guidance and work with us. This is a very good service".
- We saw examples in people's care records of appropriate referrals being made to health services. Each person was registered with a GP and had access to chiropody, dentists and opticians.

Adapting service, design, decoration to meet people's needs

- Wisteria Lodge is comprised of an older style property with a modern extension. The premises were homely, well maintained and decorated and furnished to a high standard. For example, the conservatory was well presented with visual stimulation (a lit water feature), birds, and accent walls. There were also safe and well-appointed garden areas with seating, astro turf and privacy.
- There was clear signage throughout the home but this was not clinical or institutional in feel.
- Hand rails were in place throughout the home.
- The home had art work displayed in communal areas by a local photographer of local landmarks.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had put systems in place to monitor people's health needs. Records reflected this was the case for ongoing or emerging health issues.
- People were referred to appropriate health care professionals such as speech therapists, dieticians or specialist health services when this was needed.

Ensuring consent to care and treatment in line with law and guidance

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.

- The service worked within the principles of the MCA.
- People's care records reflected that people with capacity made decisions and were involved. People had signed their care records to show they consented to their care and support.
- The registered manager was aware when people had Powers of Attorney (POA) in place: this is a legal authorisation to represent or act on another person's behalf.
- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at Wisteria Lodge.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager had made appropriate referrals to the Local Authority where people were potentially deprived of their liberty. Appropriate applications had been made for DoLS and the registered manager monitored when these orders were due to expire. At the time of inspection, no DoLS granted had conditions attached. The registered manager was aware of the need to follow any conditions if these were in place.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with during the inspection was positive about how their care was provided, providing evidence that they were treated as valued individuals.
- A relative whose parent had moved from another home told us, "It has been brilliant. Much more homely and family friendly, which suits us all much better. She is very happy. The home has bent over backwards to help her. We are over the moon".
- A relative responded in a survey questionnaire, "Overall we are very pleased that Mum is now living at Wisteria Lodge. She is looked after by kind, attentive, friendly, professional staff. Family members are made very welcome and it is easy to ask questions".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in how their care and support was planned and delivered. Records showed people, and where appropriate, family members and health professionals were all involved in decisions regarding ongoing care and support.
- Relatives told us they were kept well informed at all times and felt fully involved in people's care and support.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with dignity and respect by a consistent staff team who knew them very well.
- People's privacy was respected. People could lock their bedrooms and staff knocked before entering people's bedrooms to maintain their privacy.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.



Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People spoke positively about the care they received at Wisteria Lodge. One relative told us "It's a little slice of heaven, all we can say is; excellent, excellent, excellent" Another relative told us "Staff are lovely, the home is lovely." "Staff treat us like family, everyone knows each other and gets on well". A healthcare professional said, "It's that question isn't it; would you put your family member in here?" They then went on to say that they would.
- People's assessments were generally detailed and regularly reviewed, however; on the first day of inspection, we identified some areas where recording could both better inform staff and evidence the care provided. It was acknowledge that the home was in the process of transitioning to a new electronic recording system. The registered manager took note of this and had made improvements by the second day of the inspection.
- People's care and support plans were personalised to meet their individual needs.
- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make a complaint and were confident any concerns would be addressed.

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were clear management plans in place for the development of the service. For example the home was moving to electronic records management from paper records to better plan person centred care for people. They had also changed pharmacy systems to improve medicines management.
- Compliments and feedback from people received showed the service was providing high quality care to people living at the home.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.

- The registered manager was stepping down and a new manager was working alongside the registered manager to allow a smooth transition of management.
- The managers and staff all said that the provider took an active interest in the home, maintaining a high presence, and that they were very supportive.
- Staff were positive about the management and the changes that were in progress. One of the staff told us, "She's the best manager I have ever had. Very approachable and good with all the residents. If my parent needs care, this is the place I'd want". Another member of staff said, "I would not want to work anywhere else". A relative told us, "It is wonderful".
- The registered manager understood their legal responsibilities and had ensured relevant legal requirements, including registration and safety related obligations had been complied with. Statutory notifications had been sent as required. A statutory notification is information that the law requires CQC are made aware of to support our monitoring function.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- There were clear management plans in place on how to monitor the quality of service provided to people and for development of the service.
- People, relatives and professionals had been involved in quality surveys to seek their views on the service.
- Regular meetings with staff and residents were held. These provided people with a forum to be kept up to date and to input into the development of the service.

Continuous learning and improving care

- Results from quality surveys had been analysed and used in development plans.

Working in partnership with others

- Feedback from health and social care professionals was positive and demonstrated that the home worked in partnership with external agencies to effect good outcomes for people and to meet their needs.