

Mr & Mrs S Wortley

Wisteria House Residential Home - Somerset

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wisteria House Residential Home is a care home which is registered to provide personal care to 13 people. There were 13 older people living at the service at the time of inspection.

The home had a passenger lift, which makes access to the first floor easier. The house is an older style building set over two floors with some rooms less suitable for people with mobility difficulties. The management team considered the nature of the building when assessing people who wished to move in, to ensure their needs could be met.

People's experience of using this service and what we found

The provider had improved oversight of the home since the last inspection. This included actions and procedures to reduce the risk of preventable harm, better protect people from the spread of infection and consistently robust checks when recruiting prospective staff.

Since our last inspection fire safety had improved and was well managed. There had also been significant improvements to the home environment and décor. This had improved safety and people's quality of life.

People told us they felt safe living at Wisteria House Residential Home. This view was shared by relatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff praised the registered manager about the improvements they had made to the home and their passionate approach in providing good quality care.

Staff told us they enjoyed working at the home which had a supportive and homely feel. Staff told us they felt valued. They were encouraged and supported to develop their practice and progress professionally.

Surveys were undertaken which gave people, relatives and staff the opportunity to say what the home did well and what they could do to improve. Feedback from the July 2022 survey was unanimously positive.

The home had developed and maintained good working relationships with GPs, district nurses, social workers and the local authority care home in-reach team. The registered manager recognised how the home could benefit from and contribute to the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed medicines management, staffing levels and the deployment of staff to ensure people's needs were met in a timely way. At this inspection we found medicines management had improved, staffing levels had increased and there was a full staff team to meet people's needs.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 12 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and fit and proper person employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wisteria House Residential Home - Somerset on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wisteria House Residential Home - Somerset

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Wisteria House Residential Home – Somerset is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wisteria House Residential Home – Somerset is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with and received feedback from 12 members of staff including the registered manager, senior care assistants, care assistants and domestic. We made general observations of care and interactions between people and staff. We emailed two professionals for feedback and spoke to one professional on the telephone.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were protected from the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was now using PPE effectively and safely. This included staff wearing masks as recommended when in close contact with people using the service. Since the previous inspection staff had received refresher training in the use of PPE and hand hygiene. The importance of this had also been re-emphasised in team meetings.
- We were assured that the provider's infection prevention and control policy was appropriate for the service and was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Since the previous inspection the provider had ensured a regular cleaning schedule included all frequently touched areas. The home was visibly clean throughout and had a dedicated cleaner. Another staff member was responsible for deep cleans. Relatives commented, "Every time I go it's clean" and "It's always clean and tidy."
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "They kept us safe during COVID-19."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was supporting visits to people at the home in line with current government guidance. One visiting relative told us, "I visit [family member] three times a week and always do a test before I come."

Staffing and recruitment

At our last inspection the provider had not ensured robust recruitment processes were followed to ensure prospective staff were suitable to work at the service. This was a breach of regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

At our last inspection we recommended the provider review the number and deployment of staff to ensure people's needs were met in a timely way. The provider had made improvements.

- Since the last inspection the provider had improved recruitment procedures. There were now robust checks in place to ensure all prospective staff were suitable to work at the home.
- Satisfactory evidence of conduct in previous health and social care employment had been obtained. There were verified references on file from staff member's previous employers.
- Each staff member we reviewed had a satisfactory Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Since the last inspection the number of staff on shift had been increased from two staff to a minimum of three staff. The registered manager said, "We staff according to the needs of the residents rather than having a ratio of staff to residents." A staff member told us, "We have enough staff on shift at all times to ensure the residents are well looked after, that they are safe, and that they enjoy their day."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the premises were safe in relation to fire safety issues. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection fire safety had improved and was well managed. For example, all malfunctioning fire doors had been replaced including the kitchen and laundry doors. A fire risk assessment had been carried out in May 2022. This had identified a fault with one smoke alarm. This had been replaced.
- The evacuation list was up to date and corresponded with people's personal evacuation plans. This made it easier for staff, and emergency personnel not familiar with the building, to evacuate people safely in the event of a fire.
- Since the last inspection each person's door had been fitted with a framed picture of the person, alongside their name and the room number. This supported safe evacuation in emergencies.
- Since the last inspection staff had been encouraged to provide more detail when reporting and recording accidents and incidents. All information was then collated and analysed by the registered manager to help identify trends or patterns. Learning was shared with the team to help prevent a re-occurrence.
- Windows around the home had restrictors fitted which reduced the risk of people falling from height.
- Home environment risk assessments were in place for areas such as legionnaires disease, trip hazards, home security and water temperature.
- People had individual risk assessments as required to cover areas of their life including: mobility, dietary intake and skin integrity. These were reviewed with people's involvement as and when their needs changed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection we recommended the provider reviewed medicines management. The provider had made improvements.

- Since the last inspection protocols for the use of 'as required' medicines had been put in place. These provided guidance for staff to follow to ensure those medicines were administered in a consistent way. We identified more detail was required on these to make them more personal and this was rectified immediately.
- Medicines were managed safely. People received their medicines on time and as prescribed from staff with the relevant training and competency checks. Since the last inspection all staff had received refresher training and a senior carer had been designated lead for medicines in the home.
- Medicines administration records (MAR) had been completed correctly and were signed and dated where handwritten entries had been made on them. This is best practice guidance. A staff member confirmed, "The MAR charts get checked regularly."
- Medicines requiring stricter security were stored appropriately with stocks matching records.
- Topical cream administration charts were in place and had been completed to demonstrate people had their cream applied as required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Their comments included, "I love it here. I have very good staff helping me. I feel safe. It's lovely", "Staff are really nice. I feel safe. Relatives told us, "I think [name] is safe. Staff do all they can. I don't think [name] could be in a better home", "I absolutely feel [family member] is safe. They take good care of [family member]" and, "Yes I feel [family member] is safe. [Family member] says thank goodness I'm here."
- Staff had received training to understand the signs and symptoms that might indicate a person is experiencing harm and abuse. They were aware of their responsibility to report concerns to the registered manager or senior staff member on shift. Staff also understood how to raise concerns with external agencies such as CQC and the local safeguarding team.

Is the service well-led?

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure systems for assessing and monitoring the service were robustly carried out to identify where improvements to the service were needed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager had improved oversight of the home. The registered had increased the frequency and amount of time they spent at Wisteria House Residential Home – Somerset. The registered manager remained registered with CQC at another location.
- The management team had been strengthened by the introduction of two senior carer roles and a team leader. This supported delegation of tasks. The registered manager had actively encouraged staff to take on lead roles to improve their confidence and share responsibilities. This had helped build a cohesive team at the home.
- Auditing had improved. The registered manager had introduced a monthly manager's report with oversight of areas including fire safety, décor, care plans, maintenance, and infection prevention and control. Each monthly report also included discussion with a 'resident of the day' to help underpin observations and review of records.
- The registered manager had delivered improvements in line with the home's service improvement plan. This had included addressing décor, home maintenance, fire safety, recruitment procedures, medicines management and infection prevention and control. Improvements to the home environment had included a new roof, flooring, windows, fire doors, hoist for the first-floor bathroom, new carpets and outdoor furniture. A relative commented, "Considerable improvements have been made to the décor. They've done a lot of work throughout the whole building."
- Since the last inspection the registered manager had ensured their shifts were recorded on the rota which helped confirm accountability and who was working at the service on any given day.
- People, relatives and staff spoke positively about the registered manager. Their comments included: "[Name of registered manager] is a nice person", "I think [name] is very good, very considerate. [Name] listens to me", "[Name of registered manager] is an adept manager for the care home, shows a passion for care

work and is very much a team player as much as [name] is a manager" and, "[Name of registered manager] makes Wisteria House a happy environment for clients and staff."

- The registered manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The registered manager demonstrated a good understanding of their responsibilities under the duty of candour and promoted an open and honest culture. They told us, "If we have done something wrong we need to put our hands in the air. We apologise. Be open and honest. Tell people what we have done. Advise people and relatives what we've learned and what we've done to prevent it happening again."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The home had a supportive and homely feel. Staff commented, "It is a nice place to work. We all get along", "I enjoy how homely Wisteria is being a small residential home and working as a team with my colleagues" and "The staff and management have an obvious desire and drive to enrich the lives of the residents and ensure not only their safety, but their happiness." The registered manager described the culture of the home as "Homely. Professional. Close knit. I'm not a conventional manager, I like to muck in."
- Staff felt valued. Comments included: "I feel very appreciated in my job role, Wisteria House is very forth coming about their appreciation of their staff, we are always told thank you for our help and messages are often left in our communications log to highlight good work and appreciation", "I think it's a lovely home with a great team, a manager who you can talk to and where I feel listened to", "In staff meetings [name of registered manager] praises our work", "I enjoy my job and where I work" and, "I feel very proud to work at Wisteria House."
- The registered manager spoke positively about the staff when telling us, "Without them I don't have a home. I need a good team to lead the home. In 30 years I've never come across such a dedicated team who put residents at the forefront of what they do."
- Staff were encouraged and supported to develop their practice and progress professionally. This had included support to work towards higher qualifications in health and social care and staff discussions to identify additional training linked to people's needs. One staff member said, "I've been encouraged to learn and grow in ways that ensure both the safety of the residents, such as moving and repositioning, but also additional and pivotal skills that enrich and give personable touches to our care." Another said, "Opportunities to gain new skills and knowledge are available."

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

- Surveys were undertaken to obtain views of the home from people, relatives and staff and drive improvement. The most recent survey had taken place in July 2022. Feedback had included: "It was a good home before, but has got better." People fed back positively about staff, the home décor, safety, cleanliness, personal care, the registered manager and events.
- The July 2022 staff survey had included the following positive comments: "The best thing is working as a team", "Staff are respected as people not a number", "I have a clear path for career advancement", "Everyone gets on with the [registered] manager" and, "Keep up the good work with decorating the home."

Working in partnership with others

- The home had developed and maintained good working relationships with GPs, district nurses, social workers and the local authority care home in-reach team. The latter team consists of community nurses and occupational therapists. This collaboration had helped improve IPC practice and had enabled access to a range of training and guidance including diabetes, continence care and mental and emotional health and wellbeing. A professional said, "I have been working with staff on treatment escalation plans and alongside

[the registered manager] to improve the range of activities. I find [the registered manager] engaging. They take things on board."

- The registered manager understood the part the home played in the local community. They had established links with local neighbours and, with people's consent, invited them to share social events. A relative said, "[Name of registered manager] is excellent and does lots of events that weren't done before like barbeques and fundraisers."