Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Wisteria House

492 Nacton Road, Ipswich, IP3 9QB

Tel: 01473726326

Date of Inspection: 30 May 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Kingsley Care Homes Limited
Registered Manager	Mrs. Ashleigh Broughton
Overview of the service	Wisteria House is a residential service for seven people living with a learning disability or mild mental health issues.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We talked with two of the people who used the service. They told us that they liked living in the service. People also told us that they got on well with the staff that supported them to go out to do their personal shopping, to follow their favourite activities, to be part of the local community and to go on holiday. This was substantiated by the records we looked at. People also told us that their rooms were comfortable and that they had their own belongings around them. One person told us, "Staff are good, very friendly, you need friendly people around you."

We observed that the staff were attentive to people's needs. Staff interacted with people in a friendly, respectful and professional manner. We saw that staff sought people's agreement before providing any support or assistance.

People's nutritional needs were met and people told us that they enjoyed their food and that they helped with the shopping and the cooking. One person said, "I help choose dinner and help to cook it sometimes."

We spoke with three staff members, they told us they were supported through supervision and that they believed they were trained sufficiently to support people with learning disabilities in all aspects of their lives.

We saw that the provider had an effective system to regularly assess and monitor the quality of service that people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People's care records included and details on how people chose to communicate. We saw that the staff team were able to communicate effectively with the people who used the service so that they could gain consent from people when offering support and to promote their independence.

We spoke with two staff members and the manager. They told us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. They told us that they sought consent from people on a daily basis and asked them if they wished to participate in activities and receive support to meet their personal needs. We were told that any treatment or care provided was always discussed and agreed with people, either in advance or at the time of delivery. We saw staff asking people if they wanted the help or support offered to them whenever a staff member approached them.

We looked at the care records of three people who used the service. There was evidence in the records that people and their families were consulted about the care and support they were provided with. This included participation in their initial assessments and care review meetings. The manager explained that people were involved in regular reviews regarding their care and welfare. One person we talked with told us that, "We have meetings where I can decide what I want to do."

We were told that, if people needed help and support to make decisions about their care and treatment, the staff would be able to access independent advocates to assist them. The manager confirmed that they and the staff had received training on the Mental Health Capacity Act 2005 and the Deprivation of Liberties safeguards. This meant that the provider ensured that staff had knowledge of how to support people who lacked capacity.

The manager told us that guidance and training had been provided to staff around respecting and involving the people who used the service. The staff we spoke with gave

good examples of how the people were given choices, asked their views and how their independence was promoted. This meant that, before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Therefore, people were able to live full lives and did so in ways that suited their personal choice and preferences.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People we spoke with told us that the staff knew them well and supported them in the way they wanted and that they made sure they got what they needed.

We looked at the care records of three people who used the service. We saw that people were included in writing their own care plan. Where they were able, people had signed their care plan to show that they had participated in the process.

We also saw that the service consulted widely with people who knew them about the care and support they would need to enable them to live a full and meaningful life. This included their families, key workers, advocates and other professionals who were involved with their support, such as the speech and language therapy (SALT) and occupational therapy (OT) teams.

The care plans had been reviewed recently, were person centred and contained detailed summaries of people's life histories. They directed staff to ensure that they protected people's choice and independence. The care plans also reflected people's needs and contained evidence that they were seen by a doctor as needed and had access to other healthcare professionals such as psychiatrists, dentists and chiropodist.

The care records covered what the person preferred in their daily routine such as getting up, bath time, mealtimes, how the person preferred to occupy themselves and a list of their likes and dislikes. There was also a record of significant things to be aware of for that person that may affect their day-to-day life, health or wellbeing.

We saw evidence that this service was proactive in providing activities, entertainment and interesting pastimes for the people who used the service. Staff members took people out individually and on planned trips. Staff told us how they supported people to access the local community and confirmed that all of the people had the choice of going on annual holidays. We saw that people had discussed their plans for their holiday during house meetings.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that people were provided with a choice of suitable and nutritious food and drink.

When we spoke with two people who use the service about the meals provided, they told us that the food was well cooked and that they had plenty to eat. One person told us that all of the people living at Wisteria House chose the meals they wanted on the menu, took part in preparing the meals and helped with the shopping. We were shown the menus, which were actual photographs of the meal on offer. This meant that people were actively included in the choice of what they were going to eat.

We looked at the planned menus, they were varied and nutritionally balanced. The manager told us that they endeavoured to support people to eat a healthy diet and balanced the menu so that the popular, less healthy meals were set alongside low fat healthier options. We saw that fresh fruit and vegetables were freely available and the manager assured us that most of the meals offered were made from scratch. One person told us, "I like trying new things, I get lots to try."

All of the staff had been trained in nutrition, food hygiene and diabetic care to ensure that they were able to promote the health and wellbeing of the people who used the service.

Staff told us that the snacks were available throughout the day and evenings. Snacks included a variety of food and drinks, ranging from fresh fruit, cakes and biscuits to crisps, sandwiches, tea, coffee and fruit drinks. People were able to choose their own breakfast and lunch, often preparing it for themselves.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During the inspection we saw that people were relaxed and comfortable with staff and other people who used the service and that staff received appropriate professional development.

We spoke with the manager and two staff members who were on duty and they confirmed that they were supervised and had access to a senior staff member if they needed to discuss any concerns they had. This meant that staff were provided with the opportunity to discuss their work, raise concerns and to receive feedback and direction from their line manager.

The staff we spoke with assured us that they received a good range of training including an induction, the mandatory subjects and other topics appropriate to caring for people living with a learning disability.

The training records we saw showed that the training offered to staff included understanding autism, infection control, safeguarding adults, food hygiene, safe administration of medication, moving and handling, managing behaviours that challenge, the Mental Capacity Act (2005), deprivation of liberty safeguards, first aid, nutrition, communication skills, maintaining confidentiality, dignity, Control of Substances Hazardous to Health (COSHH) and fire safety.

The majority of staff have attained or were working towards a National Vocational Qualification (NVQ) in care.

The staff members we spoke with told us that they believed they were properly trained to work with the people who used the service and that it was well organised. This meant that this service ensured that staff were appropriately trained to be able to care for people effectively.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The manager told us that annual surveys had been carried out, when the people who used the service, their family, the staff and other professionals, such as doctors and social workers were asked their views of the quality of service people receive. The results were analysed and the results were shared with the participants. Where concerns were identified, people were contacted by the manager to discuss their worries and action was taken to rectify any issues that were raised. We saw that the majority of comments on the questionnaires were positive.

One family member said, "All of the residents I have met on my various visits seem to be 'at home'."

During the inspection we saw letters from family members expressing their support of the service and appreciation of the care their family members received. One letter, written in in praise of the support the manager and staff gave to one person moving into the service read, "I have expressed to (the manager) personally, my gratitude for all (their) help and advice during what has been a very traumatic and worrying time for (the person moving in) and the family…… We are very pleased with what has happened thus far and reassured by the professionalism, kindness and care shown by (the manager) and the staff."

The manager told us that they carried out audits covering a wide range of outcomes and talked with the people who used the the service on a daily basis and monitored staff and the delivery of care closely.

The area manager visited the service weekly and carried out a quality assurance audit monthly, including checking that care and personnel files were up to date and had been reviewed regularly. The health and safety checks, such as fire safety checks and portable appliance testing (PAT) were also audited. The report of the visit was given to the manager, whose responsibility it was to take any necessary action and progress was

monitored by the area manager.

The service also gave the people who used the service and their relatives an opportunity to voice their opinions about the service and quality of care through meetings which were held regularly and were recorded. During the inspection we saw notes of residents' meetings. We saw that people were given an opportunity to discuss many aspects of their life, including planning their future activities, their annual holiday, what they wanted to eat and the decoration of the house. All of the people were asked individually if they were happy with the quality of the service they received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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