

Wisteria House Dementia Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 30 January 2016 and was unannounced. Wisteria House Dementia Care Limited provides care and accommodation for up to 22 older people, many of whom are living with dementia. On the day of the inspection 21 people lived at the home with an additional person being admitted during our visit.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

One person said; "This place is unique. They have theme days where staff dress up and if it's your birthday they make you feel important and always make a cake." One professional said that of all the care homes they visited this was their favourite.

Wisteria House has achieved a Level 1 (level 1 being the highest) Butterfly award. The Butterfly award is awarded by "Dementia Care Matters" a leading UK organisation inspiring culture change in dementia care across the UK.

People were busy and were enjoying the company of the staff. There was a calm and relaxed atmosphere within the service when we arrived early in the day. As the day went on people were busy and enjoying a wide selection of activities and interaction from the staff. People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies, for example football.

People, relatives and professionals were happy with the care the staff provided. Everyone spoke about the staff and the care provided as being; "Unique" "Very dedicated" "Very good and very kind." They agreed staff had the skills and knowledge to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness. Compassionate care was really important to the values of the service and was clearly reflected in how staff cared for people. One person said; "Staff do a great job-they do a difficult job well." A relative said; "Dad is very happy and very safe living here. We are pleased he came here." People said they were very happy living at the service.

People were protected from harm as staff demonstrated they had the knowledge and skills to recognise and keep people safe from abuse. Staff had safeguarding of vulnerable adults training and had the knowledge on how to report any concerns and what action they would take to protect people.

People were assessed in line with the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguarding (DoLS). People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and staff worked with other professionals in their best interest. The registered manager had sought and acted on advice where they thought people's freedom was being restricted.

There were sufficient staff on duty at any one time to meet people's needs safely. People were protected by safe recruitment procedures. Staff were supported with an induction and an ongoing training programme to develop their skills and staff competency was regularly assessed. Staff received training in dementia care to support people living with dementia.

People had their health needs met. People received visits from healthcare professionals, for example GPs and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well, for example people had regular visits by district nurses to change dressings.

People's medicines were managed safely. Medicines were managed, stored, and disposed of safely. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

People were supported to maintain a healthy balanced diet and adequate hydration. People told us they enjoyed their meals, there was plenty of food and we observed people were not rushed. Drinks and snacks were provided throughout the day and could be accessed freely by people. People received support from staff as necessary in a careful, dignified manner.

People's care was planned with them and they were in control of saying how they wanted their needs met. Their care records were personalised. People's care records were comprehensive and detailed people's preferences.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in a wide range of varied activities within the home and in the community. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People, relatives and staff felt the service was well-led. People and staff described the registered manager and provider as approachable, available and supportive. Staff talked positively about their jobs and took pride in their work. People, relatives, professionals and staff confirmed the registered manager made themselves available and were very good.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager was passionate about the service. They had robust quality assurance processes in place. People's opinions were sought formally and informally. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents were investigated and, where there were areas for improvement, these were shared for learning.

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 told us they felt safe living at the service. Relatives said their relatives were kept safe.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Is the service effective?

Good ●

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services to ensure their health care needs were met.

Staff understood and applied the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) as required.

People lived in an environment which had been regularly maintained and updated.

Is the service caring?

Outstanding ☆

The service was very caring. Staff were passionate about the care

they provided and fully understood people's needs.

Staff were dedicated to meet people's needs so that each individual person could live their life as fully as possible.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Very positive caring relationships had been formed between people, relatives and staff.

People were in control of their care at every opportunity. People were actively involved in decisions about their care and support.

People's end of life wishes were well documented and respected.

Is the service responsive?

Good 

The service was responsive.

People's care records were personalised reflecting their individual, current needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Is the service well-led?

Outstanding 

The service was exceptionally well led.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence. The registered manager and provider provided strong leadership and led by example.

People were able to express their opinions and views and were encouraged and supported to have their voice heard.

People were included in decisions about the running of the service and staff were encouraged and supported to question practice.

The registered manager and provider had very robust and effective systems in place to assess and monitor the quality of

the service. The quality assurance system operated to help develop and drive improvement.

Wisteria House Dementia Care Ltd

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 checked 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.

The inspection was undertaken by one inspector on 30 January 2016 and was unannounced.

Before the inspection we reviewed the Provider information return (PIR). This 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 reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with 14 people who used the service, the registered manager, the provider and six members of staff. We spoke with four relatives and two health and social care professionals who had supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who were able to told us they felt safe. One person said; "People, including me, are safe here. Staff are very vigilant and anything out of place the staff will deal with quickly." Another person said; "Yes I do feel safe living here." A relative said; "Safe-definitely- I know what to look out for and I have no concerns [...] is safe." Another relative said; "There is always someone around which keeps people safe."

People were protected by staff who knew how to recognise signs of possible abuse. Staff said any reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. The Provider Information Record (PIR) shows the service had made appropriate referrals to the local safeguarding team to investigate. Staff told us safeguarding issues were discussed regularly within meetings to ensure everyone understood the different forms of harm and abuse. Staff explained how they might know if someone was anxious if they were unable to communicate. One said; "I have worked here for a long time, we all know people very well and would recognise when someone is unhappy."

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available throughout the service to help reduce the risk of cross infection. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. People had individual emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People's finances were kept safe. Some people had appointees to manage their money and some people held their own cash. Keys to access people's money were kept safe and two staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure. People's money was audited regularly.

People had up to date risk assessments to mitigate the risk of living at the service in place. People, or their relatives, had been involved in planning their risk assessments. Risk assessments highlighted individual risks related to people falling, diet, skin care and mobility. Those who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, for example special mattresses. Personal care plans highlighted staff were vigilant in checking people's skin; using prescribed skin creams when needed and helping people maintain their mobility. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support. For example, when people confined to bed needed two staff to support them turning, this was actioned. This helped to ensure people were moved safely.

Accidents and incidents were recorded and analysed to identify what had happened and action the staff

could take in the future to reduce the risk of reoccurrences. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People, relatives and visitors agreed there were sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. For example, an extra staff member was made available on the day of our visit to help assist a new person move into the service and provide one to one support to help them settle.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Recruitment files included relevant recruitment checks, for example disclosure and barring service checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. There were photographs in place for each person requiring medicines, a list of staff signatures and people's allergies were noted. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this. People who were able had signed to consent to staff administering their medicine. Where people had trouble with tablets due to swallowing difficulties either liquid medicine had been arranged or advice from GP's had been sought.

Medicines administration records (MAR) were in place for each person and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

Is the service effective?

Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Staff knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; "They couldn't be better."

Staff confirmed they completed an induction programme and said they were given sufficient time to read records and worked alongside experienced staff to fully understand people's care needs. Training records recorded staff had completed training to effectively meet the needs of people, for example dementia training. The provider confirmed the majority of the staff had completed the Butterfly training by Dementia Care Matters. This encouraged the staff to reflect and implement quick brief moments of activities / independent stimulation / relationship care to improve the quality of lives of the people living in the home. Staff had also achieved the 'Mattering in dementia care' focusing on improving and changing cultures in dementia care, by Dementia Care Matters

The registered manager confirmed staff would complete the Care Certificate (A nationally recognised set of skills training). Ongoing training was planned to support staff member's continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. One staff member said; "Really, really good training is provided."

Staff communicated effectively within the team and shared information through regular, daily handovers. Staff received appraisals, supervision and completed staff performance evaluation form with their line manager. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at the workshops and records showed staff discussed topics including how best to meet people's needs effectively.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity was assessed. Best interest decisions were taken where necessary in consultation with relevant professionals and relatives. Staff were aware of the outcome of best interest meetings which meant care being provided by staff was in line with people's best interest. We spoke to the registered manager and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undertaken MCA training and was aware of the process to follow if it was assessed people could be deprived of their liberty and

freedom.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager and PIR returned to CQC confirmed some people had been subject to a DoLS application to help keep them safe.

People who were able to confirmed and records evidenced consent was sought through verbal, nonverbal and written means. For example, if people were unable to verbally communicate staff were observant of their body language. People had been asked the frequency people wished to be checked at night. Staff ensured people were able to make an informed choice and understood what was being planned. Care plans gave clear guidance for staff to ensure explanations were provided to people about their care and treatment and their views respected.

People's individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People had their specific dietary needs catered for. People were shown two plated meals so they could visual them to help make a choice. Care records were used to provide guidance and information to staff about how to meet individual dietary needs. For example, people who required a diabetic diet received the appropriate diet, catering and staff were fully aware why this was needed. For example, the cook confirmed they had information on people's dietary requirements. Records identified what people disliked or enjoyed. A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified as at risk of malnutrition had their weight monitored and staff confirmed food and fluid charts were completed when needed. People had access to drinks and snacks 24 hours a day. The service provided a "snack bar" where people could go and help themselves at any time. People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. Comments on the food included; "Food- a bit too good! You only have to look at me to see that!" Other people said, "Lovely food", "Couldn't ask for better" and, "Always plenty of it."

People were relaxed at meal times and those who required assistance had staff support during mealtimes. Nobody appeared rushed and all were able to eat at their own pace. To assist people all staff sat and ate meals with them to encourage people to eat. The provider said; "If staff eat at the same time they have found that people eat more."

People accessed healthcare services, their GP and district nurses visited and carried out health checks. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments. People whose health had deteriorated were referred to relevant health services for additional support. A health care professional said how the staff recognised when people were unwell and needed medical review and sought help appropriately. Staff consulted with external healthcare professionals when completing risk assessments for people, for example the tissue viability nurse. For example, if people had been identified as being at risk of pressure ulcers, guidelines were produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. They confirmed communication was good and they were called promptly when needed and appropriately. Healthcare professionals also confirmed they visited the home. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People and relatives were exceptionally positive about the quality of care and support people received. Comments from people included, "Their (the staff) approach is very good- very dedicated", "They have genuine feelings towards residents", "They adopt a very affectionate attitude to all residents.", "They are very good and very kind; they take me to watch Argyle", "If you have to go to a care home this is the best place you can come to", "Damn good care here!" and, "They spoil me! I haven't been well but they looked after me very well. I have everything I want." Relatives said; "My relative said she likes it here-that's enough for me", "My job involves working in elderly care so I know what to look for and all is well here" and, "Dad is always well cared for." A health care professional commented how well cared for people were in particular those needing significant levels of care.

People were in control of every aspect of their life at Wisteria House. The service had a strong person-centred approach and was very good at helping people to express their views so they could be understood and involved in all aspects about their care, treatment and support. People were supported to make informed decisions about their care with staff taking time to explain medical advice, for example.

People who lived in the service were supported by exceptionally kind and caring staff. People told us they were very well cared for, they spoke highly of the staff and the exceptional quality of care they received. This was confirmed through our observations during our visit. A survey returned by a relative said; "The home is perfect." A thank you card sent to the home said; "Thank you so much for your care for [...] while he was with you. We as a family are very grateful." The provider wrote in the service's website; "Everybody here is equal and we feel this is their home and needs to be treated as such."

The service website recorded; "At Wisteria House we believe that as a person's dementia progresses and their cognition (ability to make decisions) deteriorate, they go from being thinking beings to 'feeling' beings. Most of their decisions and communications are based around their present feelings and their sense of reality. In the home we try hard to 'jump into their bubble', their world, and connect with their present feelings, interpret their words or communications, regardless of how irrational these may seem to us. No one would choose to have anxiety, stress and fear or live in a chaotic world so we try hard to create a home and offer care which is calming and makes sense."

The provider said; "I had been doing my master's degree in Professional Practice (Relationship Dementia Care) and have learnt so much. It's been an emotional journey but I know that leadership matters in dementia care and training matters in dementia care. I'm passionate about seeing people occupied and happy. My aim is to provide an outstanding service for people." Staff said the provider and registered manager's aim was to provide a homely and friendly atmosphere for people. This was evidenced on the day we visited. For example people had several lounge areas to sit. Where people sat was dependent on what stage people were at with their dementia. One was a quiet lounge where people with advanced dementia could sit quietly or partake in activities.

The provider, registered manager and staff told us of a national award given to the service for their work with

people living with dementia. The provider said; "Wisteria House has achieved a Level one (level one being the highest) Butterfly award." The Butterfly award is awarded by "Dementia Care Matters" a leading UK organisation inspiring culture change in dementia care across the UK. Wisteria House achieved only one of seven Level one awards in the country. The service achieved the highest recognition from Dementia Care Matters by achieving an excellent score in the assessment process. This was only gained by a handful of accredited services. This included observations that included monitoring people's sleep and boredom levels.

A quote from the awarding body visiting professional was; "There is a real drive to promote good quality sleep at night time to ensure people feel refreshed and rested to enjoy the day together. People do not sit unoccupied with their eyes closed." The registered manager expressed the desire to maintain this and continue to learn how to meet the needs of people in the service.

The home also received the "Dementia Quality Mark" last year for the fourth year running. This is a locally recognised award for homes that undertake care for people living with dementia. Staff said this helped them to have a better understanding of the care needed to support people living with dementia. This was evident throughout our visit. For example, the award criteria stated the service should offer specialist person centred care and training for staff that reflected the needs of people living with dementia. This was achieved through the extensive training and supervision provided to staff from the registered provider and registered manager. Also in the way the meals were offered. For example, people living with dementia often forget what meals they ordered and in some cases what some food would look like. Therefore the staff took plated meals, often a choice of two, to show people so they could visually choose their meals. Staff provided activities which reflected the knowledge of staff of people living with dementia and their unique knowledge of the person. This ensured this reflected how the person, had they been able to, would choose to pass their time.

People were spoken to in a friendly, courteous manner at all times. Staff were observed treating people with kindness, patience and compassion throughout our visits. Staff kept people occupied so they didn't sleep during the day, through boredom and lack of stimulation, but also recognising people may need an afternoon nap, for example after lunch. Therefore, as the staff agreed, people then slept better at night and increased people's overall quality of life. Staff provided art and craft work throughout the day. Staff wore aprons which held craft items that they could produce quickly if they felt someone was looking bored or sleepy. Night staff had worn suitable pyjamas during the night. When people got up during the night they would only see people in nightwear, rather than clothes so people living with dementia recognised that it was night time. Staff said people who got up at night were more willing to return to bed to help them sleep at night and be fresher and awake during the day. Staff said this had a knock on effect with people eating better during the day. The staff team did not wear uniforms, the provider said; "We like to come across as a friend who is there to assist and not to just put on a uniform which says I know best." The service's brochure stated; "How can you make a meaningful connection and build on a genuine friendship if one person is wearing a uniform?"

People told us how they remained independent and that this was encouraged by staff. One person said; "I still go to watch the local football team play-but with staff support." This person had been involved in the local football team for many years and without this extra support, brought in on match days, would not be able to attend these matches. Other people told us they enjoyed the cookery sessions and one person said; "I have always liked cooking and this means I can still do it." Another person told us, "I have complete freedom to come and go and I have a front door key." This demonstrated that staff encouraged and supported people to remain independent, and an awareness that protected people from social isolation. The provider discussed the service website and recorded under "What we pride ourselves on" stated; "We

pride ourselves on the smiles that we receive, and even better if we receive a smile on approaching you as evidence that you were anticipating a positive conversation. The staff team believe that fun, feelings, friendship and affection are equally as important as the health of your body."

Staff spoke highly of their work and said they enjoyed their work. Staff said; "We always put people first" and, "We respect people and watch and listen to what they want." This meant staff had an approach that placed people at the centre of their care. For example, we saw a member of staff sitting next to a person who had no verbal communication and ensured they were included and felt cared for. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. The staff was holding the person's hand and using a sensory item which lit up and made a noise to help them engage.

People who were able to said they could choose whether they wanted female or male staff for their personal care and told us this was always respected. Staff went the extra mile to ensure people had their choices met. For example, people who liked port with their cheese and biscuits were provided this. Staff spoke to people in a kind, gentle way and in a polite manner in ways they would like to be spoken to. All interactions we observed were courteous, gentle and kind. We observed staff spending one to one time with people who needed it. We observed this person smile showing they were happy with the company of the staff member. Staff were patient and both the person and staff member were at ease.

People were supported at times of emotional need. Staff ensured people's emotional distress and stresses were responded to quickly. We observed one person speaking to another in an unkind way. Staff quickly responded by diverting this person to another area and remaining with them to help them settle. Another staff member remained and supported the other person. Staff demonstrated time and again that they understood how people's dementia could affect them and that each person was unique.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Discussions with staff showed they knew people well and what was important to them. For example, people who were now confined to bed due to their deteriorating health. One staff said; "We try to give them as much one to one time as possible, check on them all the time and make sure they are comfortable and clean. [...] has been with us a long time and we know how they like to be cared for." Professionals agreed the staff were very caring, were aware of people's wellbeing and contacted them promptly and when needed for assistance. Care plans were individual and recorded people's wishes. Records showed each care record was updated and reviewed regularly. This helped to ensure staff had the correct information to support people's current care needs.

People told us their privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed.

People's end of life was planned with them and their relatives. Files held a treatment escalation plan which documented people's wishes on resuscitation. Staff were trained in end of life care with the local hospice. This helped to ensure staff could collectively provide a compassionate and empathetic service for people nearing the end of their lives and their families. People's care files held detailed information on people's wishes for their end of life care. This included an "End of life wishes" form and an advance care plan detailing people's plans for their funeral including the order of service, songs, where they wanted either to be buried or ashes scattered and any particular reading at the service. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interest. A thank you card from families whose loved one had died at the service recorded; "Thank you for all you done for mum we really appreciated it. You took a lot of worry off our shoulders. Mum

only ever had good things to say about you all." Another thank you card recorded; "Thank you so much for all your care for [...] while he was with you. We as a family are very grateful."`

Health professionals confirmed end of life care was thoughtful, compassionate and palliative care specialist advice sought when needed.

Is the service responsive?

Our findings

People were central to the care planning process which was person centred at all times. People were cared for and supported by staff who were responsive to their needs. Staff took time to get to know people so they knew how people liked to be supported. People had a pre-admission assessment completed before admission to the home. People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Care plans were regularly reviewed as staff got to know people. This provided staff with up to date information on people. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate. On the day of our visit one person was admitted to the service. A designated staff, extra to the number on the rota, had been assigned to assist this person settle in. This included working on a one to one with them, remain with them to show them around the building and support them and their family with the admission process. This staff member told us how they collected information by talking with the person and their family. Information was also sent to the service by other professionals before their admission to ensure the person's needs and likes and dislikes were understood. We observed staff spending time with the person to ensure they were happy with how their care was going.

People, where possible, were involved with planning their care. People and relatives were then partners in the care planning process. For example, where people's general health had deteriorated this was discussed with the person where possible. Staff then responded by contacting the GP and district nurses for advise and support, this helped ensure they remained comfortable. Relatives also confirmed staff kept them informed of any changes. A relative said; "They always let me know what is going on." When people's needs changed care plans were reviewed and amended to reflect any change. Healthcare professionals agreed the service was responsive to people's needs when they became unwell and contacted them quickly and appropriately.

People's care records included a "My Childhood" and "Life history." This included detailed information about their background and needs, including their health and social care needs and personal care needs. For example, when and if a person needed staff support and equipment to mobilise. The care plans had information including the name of other services involved, for example hospital consultants and dentists. Care plans recorded people's physical needs, such as their mobility and personal care needs choices. We observed staff ensuring people had pressure relieving equipment where required, for example special mattresses were in place to protect their skin integrity. Additional information recorded included how staff could respond to people's emotional needs if a person had additional needs, for example those people living with dementia and who required extra support. This information was clear for staff to respond to support people. Additional information recorded included people's faith, social and recreational needs and how they could be supported so these needs were met. Records were regularly reviewed with people or, where appropriate, with family members. One person confirmed when asked, that they had been asked and involved in updating their records. Where people's dementia affected people's orientation at times, care records documented the importance of providing simple information, easy instructions and reassurance. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the several lounge areas and their own bedrooms. This enabled people to call at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One person said; "They don't take long to come when I use the bell."

People were provided choice on a day to day basis, for example being offered a choice of drink with their meals. We saw people being offered an alcoholic drink with their cheese and biscuit as an afternoon snack. Activities were provided and people who wished to participate were encouraged to. The service employed a designated activities coordinator who arranged a wide variety of activities. The activities staff spoke passionately about the importance of ensuring people continued to remain part of their own community regardless of whether they lived in a care home. For example, the professional who visited as part of the Butterfly Award recorded; "In Wisteria House there is a strong drive to be part of the community not a home in isolation, people spend time outside in the garden when the weather allows. A neighbour from around the corner walks to the front garden and says 'Oh it looks lovely! I saw the bubbles and wanted to see what you are celebrating, you make the area look so nice.'" This showed the service was part of the community and forging links with the neighbourhood. People told us they were able to maintain relationships with those who mattered to them. Several relatives visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service. A health care professional commented about the service always appearing happy with lots of stimulating activities going on.

People received regular activities provided by the activities staff and assisted by the staff on duty. The activities staff told us about their role including meeting people on a one to one basis and in group discussions on their interests. We observed many activities taking place during our visit. The staff told us how proud they were on achieving the "Butterfly Award." The activities staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People spoke very highly of the activities arranged. The service had an "Activities Cupboard" which included a range of art and craft items, dressing up items and reminiscence items. People could help themselves or staff supported people to partake in a range of different activities.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went onto say they felt the management would take action to address any issues or concerns raised. One relative said; "I have never needed to make a complaint" and one person said; "I have not had any complaints." One professional confirmed they'd never had any concerns about the service.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access and in a format to assess people. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

Is the service well-led?

Our findings

Wisteria House Dementia Care Ltd was very well led and managed effectively. There was a positive culture within the service, the management team provided strong leadership and led by example. People, relatives and staff all spoke positively about the provider and the registered manager. People said; "They (the provider and registered manager) are perfect to run the home together-they balance each other out." Other comments included; "Very supportive", "Always make themselves available to us" and, "They are both approachable." The provider and registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The staff demonstrated they embraced these values when discussing the service.

There was a clear management structure in the service. Staff were aware of the roles of the provider, registered manager and deputy managers. The registered manager and provider demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

The company's values and visions included: "Promote choice and control over one's life that adds meaning and purpose. Introducing activities, stimulation and independence to a level where individuals can experience living positively with dementia." These were evident at the inspection and were understood and put into action by staff. The provider and registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the provider.

The PIR returned to CQC stated that the leadership within the service was split into two areas. The registered manager took on the lead responsibility for Quality of Service, with the support of the shift leaders covering the area of medicines and professionals visits. The provider took on the lead responsibility of Quality of Life with the support of a team leader. The PIR says; "This was deliberately designed to ensure that compliance does not dominate over quality of life. Quality of life and the high level of relationship care is put at the top of the agenda."

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise if things go wrong.

The provider's and registered manager's vision for the future was to maintain the standard of care they had achieved to date. They shared their goals of continuing to provide excellent care, enabling people to achieve their potential and their goals and to continue with a range of varied activities. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for and spoke about the people they were looking after.

Wisteria House had achieved a Level one (level one being the highest) Butterfly award. The Butterfly award is

award by "Dementia Care Matters" a leading UK organisation inspiring culture change in dementia care across the UK. This is only one of seven of Level one's awarded in the country. Information about this award had been posted on the service website and service notice board. Management and staff told us of the celebration after achieving this award. The provider and registered manager said the award had been shared with everyone involved in the service.

The PIR recorded that the provider continued to "open her mind" to new innovative ideas and shared good practice both locally and within the Butterfly Homes network across the country. The provider attended various yearly seminars at Surrey University and continues to attend reflective leadership training through Dementia Care Matters. Both the registered manager and provider kept up to date on any current national guidance. Both had also signed up for the higher level qualification, level five, in Care and Leadership Management. The provider presented a workshop entitled 'Leadership Matters' at the Brighton Dementia Conference. The provider was also a guest speaker at Dementia Care Matters training at Exeter 'Culture Change in Dementia Care', the workshop was based on leadership skills.

The provider and registered manager maintained their own professional development by attending regular training. The provider had completed Personal Centred Dementia Care, Training Matters in Dementia Care (enabling them to provide training to all staff on Personal Centred Dementia Care through 36 reflective practice workshops) and Leadership Matters in Dementia Care. The provider and registered manager felt this specialist training had been incorporated into the development of people's individual support plans to ensure their dementia needs were met appropriately. The provider and registered manager said the training opportunities and skills learnt by the staff would be used to further improve the quality of the staff team and the lives of people living at Wisteria House.

People said the registered manager and provider were visible, kind and compassionate. The registered manager and provider made themselves available to talk and meet people and visitors. Staff spoke highly of the support they received from the registered manager and provider. Staff felt able to speak to any of the management team if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and many had worked at the service for a number of years. One staff member said; "I love working here." This sentiment was repeated among staff who had nothing but positive comments to say about the working at Wisteria House.

Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first. Many staff had worked for the provider for many years. The service held regular staff meetings, called "Staff Workshops", to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were happy in their work, the registered manager and provider motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager and provider had an open door policy and often worked alongside them by providing care to people. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff. The registered manager and provider both viewed this as a positive if staff should raise concerns.

The PIR stated that Wisteria House has awarded some staff the "Relationship Care Certificate" voted by the staff team, it goes onto say; "these members of staff receive a higher wage for that year. The management have given out vouchers for good ideas on improving the quality of life on behalf of the individuals living in

the home." Therefore rewarding staff for their hard work and involvement in the running of the service.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

People were involved in the day to day running of the service. People met in smaller groups to talk about the service due to their needs. We saw recorded in staff recruitment files that people were involved in the interviewing of new staff. The interview questions and responses were document. Surveys were completed and any issues highlighted; the registered manager confirmed they would be addressed and fed back to people. This showed the service listened and acted upon people comments.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided. The provider and registered manager demonstrated a commitment and passion for the service and modelled high standards of care, through a hands-on approach and attention to detail. As well as seeking feedback the provider and registered manager encouraged staff to carry out observations to monitor people's mental well-being. They undertook various shifts in the service to allow them to assess the quality of the service at different times of the day. This included unannounced checks during the nights.