

Wisteria House Dementia Care Ltd

# Wisteria House (Plymstock) Dementia Care

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 29 May 2018 and was unannounced. Wisteria House (Plymstock) Dementia Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wisteria House (Plymstock) Dementia Care accommodates up to 20 people in one adapted building. On the day of the inspection 18 people lived at the home.

This is Wisteria House (Plymstock) Dementia Care's first inspection since they registered with CQC in 2017. The provider's other service had been rated as outstanding by CQC at their last inspection in 2016 and the provider used their experience to provide outstanding care at Wisteria House (Plymstock) Dementia Care. The home's website stated, "Wisteria House in Hooe, Plymstock specialises in 'Quality of Life' for elderly people living with a dementia." The national care homes review website had many positive reviews from relatives of people using the service. Most rated the service as excellent. We saw that people received outstanding care and were supported to have the best quality of life possible.

Wisteria House (Plymstock) Dementia Care had achieved a Level 1 (Level 1 being the highest) Butterfly award in October 2017. The Butterfly award is awarded by "Dementia Care Matters" a leading UK organisation inspiring culture change in dementia care across the UK. This was reported as being highly exceptional as the home had only been open for six months. The report stated, "Wisteria House (Plymstock) Dementia Care is an inspiring reminder that it really is possible to live well with a dementia." We found this to be the case during our inspection.

There were two full time registered managers covering seven days a week and they worked closely with people, relatives and the staff team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a very detailed daily dependency tool which enabled the provider to plan high staffing levels which supported at least weekly outings for people, give staff time to complete paperwork, organise events and further champion role projects which directly benefitted people and families.

People were living a full life and were enjoying the company of the staff. Visitors enjoyed being at the home and stayed for long periods as there was lots to see and do. Relatives' meetings had further promoted friendships between families of people living with dementia which they said was very supportive. There was a calm and relaxed atmosphere within the service when we arrived, each person engaged with staff, each other and activities. As the day went on people were busy and enjoying a wide selection of activities and interaction from the staff led by a quality of life lead care worker. An allocated staff member was responsible for managing people's quality of care each day. People were encouraged to live active lives and were supported to participate in community life where possible and build relationships with each other. Activities were meaningful and reflected people's interests and individual hobbies, including achievable 'bucket lists'.

The environment and the outside spaces had been tailored for people living with dementia to promote their independence.

People, relatives and professionals were very happy with the care the staff provided. Everyone spoke about the staff and the care provided as being; "Amazing", "A massive family with staff and people as one" and "The best home ever." They agreed staff had the skills and knowledge to meet people's needs and learning from extensive training supporting the ethos of person centred care and relationship care was evident throughout the inspection. This included sharing their learning about dementia care and health and safety with relatives who found this extremely helpful. Their learning in dementia care then enabled them to understand how their loved ones experienced the world. They were able to understand any triggers to behaviour which could be challenging and minimise risk and distress, making their time with loved ones a positive experience for all. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives and take considered risks to promote independence and inclusion in the wider community. For example, taking taxis to their usual hairdresser, going to church and celebrating the royal wedding at a local primary school. Staff promoted awareness of living with dementia and were sourcing children's books for the primary school to further enhance this relationship.

People, staff and relatives worked together to run the home. People and families were very involved in care and risk planning, finding ways to access the community safely, organising events such as BBQs and charity fetes to preparing for birthdays and being involved in the lengthy recruitment process.

People had their privacy and dignity maintained. Staff were observed supporting people with understanding about how individuals living with dementia saw the world and patience and kindness. Compassionate care was really important to the values of the service and was clearly reflected in how staff cared for people. They used a 'relationship care' model of care which meant they also understood how people living with dementia often were expressing 'feelings' through their behaviour. Doll and soft toy therapy was supported by the whole team and relatives also interacted with the dolls and realistic furry pets in a way which made their loved ones happy and relaxed. Valuing people and enabling them to feel they mattered was important and staff enabled people to make their own drinks, do their own laundry and gardening which people were clearly enjoying. People said they were very happy living at the service and staff found ways for people to enjoy accessing the community as they had done when living at home.

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. The provider worked hard to ensure relatives understood their loved ones needs and this had resulted in people being less anxious or displaying previous behaviour which could be seen as challenging.

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 managers had sought and acted on advice where they thought people's freedom was being restricted and had acted as advocates to ensure people's rights were protected.

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. The provider also pro-actively sought audits from external agencies to further assess how the service was performing. Staff took on champion roles in a meaningful way and ensured specialised knowledge was used to benefit people. For example,

there was an excellent end of life, continence and infection control champion.

People's medicines were managed very safely and overseen by a medicines champion. 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. The provider had asked the local medicines optimisation team to carry out an audit and were working to share their knowledge and good practice experience with other services and primary and secondary care such as hospitals and GP surgeries.

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. Taste testing sessions were organised weekly to enable people to try different foods in a fun way and results were incorporated into the menu and snack table. Staff understood how taste buds in the elderly could reduce flavour so they could monitor how people enjoyed different foods. People received support from staff as necessary in a careful, dignified manner and all staff routinely ate and had coffee with people each day. This had helped to forge close relationships between people and staff. The provider promoted a no 'them and us' ethos. For example, there was no uniform, staff area or bathroom and staff enjoyed relaxed time with people, often visiting out of work hours with their families and pets and attending events.

People's care was fully planned with them and their relatives following a day at the service before they moved in and people were very in control of saying how they wanted their needs met. An extra member of staff was on duty to help a new person settle in. Feedback was constantly sought and ideas for improvement quickly implemented. People's care records were very personalised, comprehensive and detailed people's preferences including picture life history books and achievable bucket lists.

People, relatives and staff felt the service was very well led. People and staff described the registered managers and provider as very approachable, available and supportive. Staff talked very positively about their jobs and took pride in their work echoing the ethos of feeling 'proud and worthy'. The provider's values and ethos were seen throughout care, in language used in paperwork and discussions and excellent training. Therefore, people were consistently kept at the heart of how the service was managed.

The registered managers and provider 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 managers and provider were very passionate about the service. They had very robust quality assurance processes in place and fed back the results to people living at the home, using tailored dementia care audit tools to monitor sleep and boredom ratios for example. People's opinions were sought formally and informally. 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 with people, staff, other services and health professionals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt very safe living at the service calling it 'their home and family'. Relatives said their loved ones were kept safe whilst being enabled to take considered risks to promote independence and inclusion in the community.

People were supported by sufficient numbers of very suitable, experienced and skilled staff and relatives were involved in the risk assessment process and as a health and safety champion.

Risks had been identified and managed appropriately with full involvement of people and relatives in a meaningful way. Systems were in place to manage risks to people.

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

People benefited from thorough infection control measures.

People were protected by staff who were able to recognise and had good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Good 

### Is the service effective?

The service was very effective.

People were supported to maintain a healthy balanced diet in a way that met individual needs.

People were cared for by very 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

Outstanding 

required.

People lived in an environment which had been regularly maintained and updated and was designed to promote independence for people living with dementia.

### **Is the service caring?**

The service was very caring. Staff were passionate about the care they provided and fully understood people's needs, especially for people living with dementia.

Staff were dedicated to meeting people's needs so that each individual person could live their lives as fully as possible and as valued members of the community.

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.

Staff ensured people's equality and diversity was respected and used the accessible information standard to ensure effective communication and choice.

**Outstanding** 

### **Is the service responsive?**

The service was very responsive.

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

People were supported to participate in activities and interests they enjoyed with the focus on quality of life for each individual.

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

People's end of life wishes were well documented and respected and there was excellent support for staff and families.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well led.

**Outstanding** 

There was a positive culture within the service. There were clear values that included involvement, engagement, compassion, dignity, respect and independence. The registered managers 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 voices 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.

The provider's ethos ensured people were valued and part of the wider community and the provider was pro-active in sharing their positive quality of life ethos with other organisations to share their good work.

# Wisteria House (Plymstock) Dementia Care

## **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 29 May 2018 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 or spent time with all 18 people who used the service, the registered managers, the provider and six members of staff. We spoke with five relatives and a visiting health professional.

We looked around the premises, observed and heard how staff interacted with people. We looked at three records which related to people's individual care needs. We looked at six records which related to administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits including the Dementia Care Matters qualitative baseline observation audit report.



## Is the service safe?

### Our findings

The service was very safe. Relatives told us, "Staff keep me informed", "They [staff] have kept Mum busy which is what Mum needs", "You can't imagine the relief that [person's name] is happy and at 'home'", "The staff care for all [person's name]'s needs. They arrange outings for Mum. I cannot praise the staff enough - they have helped me understand dementia - I am reassured that I know Mum is safe and receiving excellent care." People who were able to told us they felt safe, smiling or giving us a thumbs up.

The health and safety champion for the home was actually a relative who was supported in this role by one of the registered managers. They spent a lot of time visiting their loved one who was at high risk of falls. Staff felt the relative would be good at envisaging potential hazards so they completed health and safety training with a manager. They did a 'walk around' with this manager every six months identifying areas that required improvement or coming up with suggestions after looking at what could possibly be a hazard to people. Recommendations already implemented included, storing manual handling equipment such as wheelchairs, hoist, weighing scales in a large area off the main hall way. The health and safety champion suggested closing this area off with a door to make a cupboard with a high handle so this was done. This was so as not to make people living with dementia feel they had been denied access through a door and the cupboard looked like a wall. Another suggestion was to have a key coded lock on the staff cupboard for more safety, especially if staff had paracetamol or antibiotics in their handbag.

People had up to date risk assessments in place to mitigate the risk of living at the service. People, or their relatives, had been involved in planning their risk assessments in two hour reviews by staff with specific training in risk assessing. 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. People could also have a double bed if this is what they were used to.

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. For example, using pressure mats to alert staff. There were very few incidents and falls. Motion sensors were installed in every bedroom to promote a good nights sleep and in turn reduce the level of falls. The home was made as safe as possible whilst enabling people to have a balance between real risk and independence. For example, one person was supported to take a positive risk and enabled to organise a taxi and go out to the hairdressers and choir. This was achieved through good communication with local businesses, such as the taxi service who had been supported to understand about dementia so they ensured the person entered the hairdressers for example.

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. The provider had completed their 'Safeguarding Adults' training also within their Masters at Surrey University. 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) showed the service had made appropriate referrals to the local safeguarding team to investigate, including an issue with an agency worker which they were following up. One person had become distressed and undressed. They had made a safeguarding alert, taken advice and ensured the person was reviewed by their GP. This resulted in treatment for a urinary infection and the person became more settled. Staff told us safeguarding issues were discussed regularly within meetings to ensure everyone understood the different forms of harm and abuse. As staff knew people so well they felt well equipped to know when people were not their usual selves. There were very few incidents between people living at the home because staff knew their needs well. One relative had said, "Mum has come to life. In other homes she didn't get out of bed and cried all the time. She's changed so much. They said she was 'aggressive' in other homes but she's never been that here. All the interaction is just wonderful."

People lived in an environment that was safe. 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.

The gardens were tailored to differing stages of dementia. The provider said it was designed by thinking about how people living with dementia looked at the world. For example, a decking and seating area enabled people to be involved in the garden in a safe way where they could see people gardening. Another area was being designed with raised beds, circular walks and flowers and shrubs at differing heights so people could enjoy a pretty garden wherever they looked whilst being able to move around it safely.

People, relatives and visitors agreed there were sufficient staff to help keep people safe. There was a very detailed dependency tool and agency use was rare. The dependency tool was reviewed and audited every three months or sooner if required. It worked out how many minutes were spent supporting each individual. For example, getting up in the morning, drinks, bath times and relationship care. The total was then cross referenced against the contracted hours, with additional hours to allow for unforeseen events. This was reviewed and audited every three months, or sooner if required. The staff team and managers jointly completed the dependency tool, and any concerns were addressed, for example more staffing hours were made available. This was to ensure that there was sufficient staff to safely meet the needs of the people living in the home but also allow extra time for relationship care and quality of life. A high staffing ratio was available 24-hours to include two registered managers across seven days a week and an additional staff member specialising in quality of life care and engagement each day (Quality of life lead role explained further in responsive).

People were supported by suitable staff. Safe and thorough 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 managers 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. The whole staff team had a 'transferable' DBS. This enabled the managers to check if any new 'undeclared' criminal convictions had taken place within the staff team since employment

began via the DBS update service/gov.uk. This was audited and recorded every six months by the managers. People living at the home and the whole staff team and any visitors were involved in recruitment to ensure the right people were employed to promote the ethos of the home. For example, the second interview was for six hours with the provider and spending time 'on the floor'. People and staff completed feedback on the suitability of an applicant. After a three month probation period, staff, people and families gave further feedback. All new staff were now also allocated a named 'buddy' for support.

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.

Wisteria House (Plymstock) Dementia Care had a medicines champion. They told us about their role. They said they worked in accordance with NICE guidelines. They carried out monthly medication audits with one of the management team and was training all team leaders, including how to appropriately order interim medications (to include ordering for the least waste possible). They had compiled a folder of all patient medication leaflets and ensured all policies such as covert medication, homely remedies and storage policies were up to date and followed. The home had just had a visit from the Plymouth clinical effectiveness and medicines optimisation team. The provider had asked them to come and do a report on their systems. They were impressed with the service and small recommendations had already been addressed. Staff also had yellow card leaflets and contact details for use to raise any medicine concerns they found when dealing with other primary and secondary health care. These had been used to raise a lack of access to 'just in case' medicines from a pharmacy for end of life care, which had been resolved.

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. A link care worker also worked with local pharmacies to ensure people living in the home could access flu vaccinations. This year 89% of the staff team who were able to have a flu vaccinations had chosen to receive this to protect the people living in the home from flu. Next year the staff team were aiming for 100% and the home would be offering to fund this service to any regular visitors, for the benefit of the people living in the home.

There was excellent infection control management. This was led by an infection control champion. Staff and management had chosen them due to their high standards of cleanliness and dedication to ensure that the staff and home maintained a high standard of infection control. They researched resources and the provider purchased the NHS Infection Prevention Control folder which they had worked through implementing good, safe practices within the home. They had adapted the infection control audit to suit Wisteria House. Staff had received bespoke training related to the premises and people they supported including single use gloves, hand hygiene and correct disposal of waste. For example, there were robust cleaning schedules to include an audit on equipment such as wheelchairs, profiling beds, mattresses, hoist slings and also 'quality of life' products in communal areas. They ensured there was plenty of personal protection equipment and we saw this being used. Laundry sacks were room numbered and kept in people's rooms. This meant people could do their own washing easily. The care worker said, "I love my champion role and I feel proud that I am able to implement my ideas and that the owner, managers and staff support me."

## Is the service effective?

### Our findings

People received very 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 very well, and this helped ensure their needs were met. The home's website stated, "The staff team are extensively trained, particularly on 'relationship dementia care' and pride themselves on being attentive and approachable." We found this was the case during our inspection. The staff took time to find out about people, their preferences, personalities and how they viewed the world whilst living with dementia. The ethos was to promote the best quality of life they could for people. This resulted in a home which gave effective care to people as individuals, whilst ensuring they mattered within the wider community. One relative said, "I feel confident that staff are doing their best to understand and meet mum's complex needs."

The national care homes review website included recent comments from friends and relatives such as, "FANTASTIC! My 96-year-old aunt has always been difficult and her increasing dementia was not being managed at her previous care home where she was destructive and angry. Six weeks at Wisteria House Dementia Care and she is calm and settled with her dementia managed in a dignified, friendly and caring way. Not only is she contented, so am I, knowing she is safe and being looked after by capable and caring staff. Well done Wisteria House Dementia Care...you have got it right" and "This was our first visit to the care home, everything appeared well organised, clean, especially the toilet downstairs, all the people we saw/spoke to were looking well-kept and content, due we assume to the care given by the staff. Our friend was looking so well after only two weeks with the home, in fact the best we had seen him for at least two months when he was either at home with care visiting him or in hospital. Well done staff and management - excellent." Relatives we spoke with also told us about how their loved ones had changed for the better since moving to Wisteria House. One couple were visiting to celebrate a birthday. This was a joyful occasion, people living at the home and staff were all involved. The person whose birthday it was told us, "Wonderful isn't it. It's my home."

Staff confirmed they completed an induction programme which also introduced them to the provider's ethos and policy and procedures and they said they were given sufficient time to read records and worked alongside experienced staff to fully understand people's care needs. The staff rota showed many times where staff were allocated time to complete paperwork, complete 'champion' work, attend training or devise workshops or resources for families. Staff had completed training to effectively meet the needs of people, for example extensive dementia training. This encouraged 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 and was central to the home's ethos.

All care staff had completed the Care Certificate (a nationally recognised set of skills training), regardless of previous training, to ensure individual staff were kept up to date with their training skills. Ongoing training was planned to support each staff member's continued learning and was updated when required. This covered equality and diversity and human rights training as part of this ongoing training. Staff completed additional training in health and safety issues, such as infection control and fire safety. All staff thought the

training and support was amazing.

The staff were encouraged by the provider and registered managers to take on meaningful champion roles on topics they were interested for the benefit of people living at Wisteria House (Plymstock) Dementia Care. There were currently champions specialising in continence and urology care, with staff showing interest in a stroke and epilepsy champion for the future. Each champion told us how their role had made a difference. For example, the continence and urology care champion had joined with the NHS continence team and bowel and bladder team and attended link meetings and training sessions. Through this link and training the continence care champion had been able to purchase and implement new continence aids around the home that have proven to help individuals maintain their dignity. The most recent was the squatting stool that helped people that were prone to constipation. They had also introduced the soft football that helped people that became anxious when going to the toilet by them being able to squeeze the football. This had proven to reduce the anxiety with one particular person. They also did training sessions with people about pelvic floor exercises to further enhance continence. Also staff were trained in caring for one person's ileostomy (a stoma constructed by bringing the small intestine out onto the surface of the skin). The champion shared their knowledge with staff through training workshops.

Staff communicated effectively within the team and shared information through regular, daily handovers. Staff received appraisals, supervision and completed staff performance evaluation forms 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. When staff completed their performance evaluation before a supervision or appraisal they spoke in person centred language and focussed on what was best for people's quality of life and how they could improve. Ideas were listened to, for example the home now had a range of realistic fur cat toys which people were enjoying stroking throughout the inspection.

The home had been completely re-furnished in 2017 and the design and layout was research based on promoting independence for people living with dementia to ensure a homely, non-institutionalised feel. There were three lounges with a central kitchenette which people, staff and relatives could access at any time. There were no formal drinks 'rounds'. People were able to make their own drinks if they could or could indicate if they would like a drink easily through moving towards the kitchen or holding a cup. Fluid charts were used to monitor people at particular risk. These were up to date and showed what fluid people should be having and were analysed each day. At handover a member of staff was nominated to be hydration lead for that shift. Staff were always visible and people were able to move around the areas as they wished.

Loosely, the lounges were tailored to different stages of advancing dementia, enabling quieter areas, free and safe access to the garden from two exits and varying stimulus that people could touch and use themselves or with staff. The 'Green Lounge' was described by the provider as having a "traditional homely feel, very similar to most elderly people's lounge at home. Most people who choose to sit in this room enjoy watching television without too much distraction. Most afternoons the people in this room choose a film to watch. It is the quietest and most formal of our communal rooms." People, during the inspection were watching a film together and had control of the remote. Relatives popped in and out and told us they often stayed for long periods as it was so homely with lots of things to do and places to go within the home and gardens.

The 'Middle Lounge' for people living with middle stage dementia was where most of the activities/stimulation occurred. There was a therapy corner filled with all sorts of soft pets and dolls, used to help reduce people's stress levels or when people found their mind orientating to a much clearer time in their past. The staff team's study area was in the next room along, making it the hub of the home where

people and staff gravitated. The provider told us that the television was not often on in this room as most of people who chose this room were no longer able to follow the television for any length of time. Instead staff helped people choose DVDs and during the inspection staff sat with people engaging with a musical. People really engaged with familiar songs and some people got up to dance.

The Conservatory was for people living with the later stages of dementia when engagement could be more difficult. The room was designed to be visually stimulating and was full of items to visually look at, light therapy and sensory items. The provider told us staff deliberately did not put a television on but used it to play DVDs of sensory pictures such as fish tanks or rain forest pictures with calming music. Specialist chairs with built in pressure relief cushions, tilt options and wheels were used appropriately to reduce the level of transfers with the hoists to reduce stress levels and could be used to access all the ground floor rooms. It was a peaceful and calm room and some people were sitting with relatives looking at large print or photographic books of places or hobbies they enjoyed.

There were pictorial signs around the home to help people orientate, such as photos of a bathroom and kitchen. The main kitchen had a picture of a commercial kitchen. Corridor décor had been thought out with plain carpets (which is good practice for people living with dementia) and uncluttered walls with memorable pictures such as a painting of a giraffe with its head pointing down the corridor towards another memorable picture. We saw people navigating their way independently to bathrooms, for example. People had made their own name plates with pictures they had chosen for their doors so they could find their rooms easier. There was no staff area or bathroom as the ethos was that they were all equal. The provider said, "I've got these tiles in my bathroom at home."

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 managers and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered managers and staff had undertaken MCA training and was aware of the process to follow if it was assessed people could legally be deprived of their liberty and freedom in their best interest. The registered managers confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered managers and PIR confirmed some people had appropriately 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 and pictures. 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 very well. People could choose what they would like to eat and drink by physically looking at meals plated and drinks. People had their specific dietary needs catered for. 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, the cook and staff were fully aware why this was needed. 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 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, some people taking a bowl and offering them to others. People and relatives could make requests about what was on offer. People and visitors made very positive comments on the food provided.

People were relaxed at meal times and those who required assistance had staff support during mealtimes. People were supported to wash their hands as an indicator it was meal time. Nobody appeared rushed and all were able to eat at their own pace. To assist people and create an inclusive family atmosphere all staff sat and ate meals with people, which in turn helped to encourage people to eat. One care worker told us, "I had lunch with [person's name] the other day. When they ate all their roast dinner and said it was delicious, I told them it made my job worthwhile."

Once every week staff enabled people to do a taste testing challenge which was 2-3 different items of food such as, sausages, cheese, crisps all varying from the most expensive to the cheapest. Staff put items in separate bowls and people marked which one was the favourite. This was then ordered for the next week's menu. Staff said this was a good way of seeing how people's taste buds were changing/reducing so they could offer more flavourful foods. In the summer people picked their own strawberries, beans, tomatoes and herbs for the cook.

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. 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. Staff kept health professionals up to date with changes to people's medical needs and contacted them for advice. This helped to ensure people's health was effectively managed.

## Is the service caring?

### Our findings

The home was exceptionally caring and care and support was firmly based on the home's caring ethos. The home's website stated, "Where possible the staff team have removed, or at least reduced all barriers to 'them and us', the staff share all cutlery, crockery, mugs, toilets and eat the same meals at the same time in the same room. We do not wear uniforms or have a staff rest room, routines are kept to a minimum and we have no labelling language. Everybody here is equal and we feel this is their home and needs to be treated as such. Some of the staff team even wear shoes that look like slippers." This was happening during our inspection. Each staff member for example, stopped and ate and had tea and coffee with people, having a chat or in friendly silence. This included the domestic and maintenance person.

The provider told us their ethos was based on 'relationship care' between the staff team and each individual living in the home emphasising it was about really getting to know each other. For example, care was about enabling people to do what they could. One daily record showed how staff supported people to clean their own dentures and another showed how staff had learnt dance moves with one person. People smiled as soon as they saw staff, the registered managers and the provider. There was a focus on meaningful conversations between individuals rather than just 'did you enjoy your meal?' as well as a sense of respect. We saw the registered managers making extra efforts as stated on the home's website, to have real conversations, humour and banter with people as we went around the home. Staff were aware of people who may be sleeping through lethargy and boredom and took time to sit with people to make sure they were happy. One person completed a lovely adult colouring of dolphins which they told us they liked and each time we saw them they were fully engaged in another activity. Staff had cultivated relationships between people living at the home and there were little groups of people having positive 'conversations' regardless of their level of understanding. A man and a woman had a long 'chat' using sounds and smiles referring to a napkin and including staff who made positive, encouraging comments.

Staff had laminated cards of prompts showing particular items and activities of interest each individual had. They said they used these when they needed an idea to help engage someone, but also to add new opportunities for people such as helping prepare for home events. For example, cards reminded staff that [Person's name] likes their hair being plaited, likes people to go through photos, likes hand massages and likes decorating jam jars. One person was talking about making cakes for an upcoming Alzheimer's Society charity party. Lists included people's realistic 'bucket lists' and staff were working towards achieving these over time. For example, a trip on Torpoint ferry and shopping to buy arts and craft materials.

People and relatives were exceptionally positive about the quality of care and support people received, talking of the 'exceptionally kind and caring staff'. This was confirmed through our observations during our visit. Visitors stayed for long periods, enjoying spending meaningful time with their loved ones. Staff told us one relative had said they had come off their anti-depressant medication since their loved one had moved in. Visitors were encouraged to join in with activities or chores. One relative came regularly to wash their mum's hair, many ate with people and they enjoyed attending events with their wider families and children.

The national care home review website was full of positive comments about the caring nature of the home



such as, "My wife and I received a warm welcome and were immediately aware of a happy atmosphere. The caring staff were very observant, and therefore aware of residents' needs. The bright decorations in all rooms, and around the gardens, added to the general uplifting ambience of the home", "Since step-father-in-law has been a resident, his self-confidence has improved as also his general alertness. This is entirely due to the ambience and great personal care by the staff" and "We were so pleased to find a home where my parents could be together. The home is beautiful and their own rooms are well equipped and very comfortable. The staff are wonderful - infinitely patient and caring and always with a smile. Nothing is too much trouble and they are all in the business of solving any queries or concerns however small. The key to their care is quality of life as a priority. I visit at all times of the day and I am always made welcome. I feel very happy to know mum and dad are well cared for and looked after. I would recommend this home to anyone! All the staff without exception are super." One relative said, "[It's] very welcoming. I would recommend to anyone, thank you Wisteria House for loving our mum like we do and making her and us very happy." This was echoed by the five relatives we spoke with during our inspection.

Once every three months people and relatives were supported to complete quality assurance forms. There were three different forms, one was a bit more detailed for those who had sufficient mental capacity, another was a simple one asking questions such as, 'Are the staff kind to you?' and 'Do you trust the staff?' and the other one was a picture format form. People didn't have to write their names and could be anonymous. Comments from the recent quality assurance survey included, "We are so grateful for the loving care mum received from your wonderful staff. She was very happy and we were always welcome. We could not have found a better home for her" and "Wisteria House has been a place of respect, dignity, professionalism, laughter and care that goes above and beyond." A visiting clinical effectiveness and medicines optimisation lead had written to the home to say, "Your home was lovely to visit in terms of appearance and atmosphere and the caring attitude shown to residents of the staff. The team leaders were receptive and interactive." The service was already using 'yellow reporting forms' to ensure other services knew where improvements could be made as people used external services such as pharmacies.

The home's website stated, "Feelings Matter Most. We believe that as a person's dementia progresses and their cognition (ability to make decisions) can go from being more 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." This was the case throughout the inspection. There were many small, caring moments shared. For example, one person enjoyed styling hair. A care worker went to wash their own hair so the person could style it, brushing, drying and plaiting it. In another area, a person was enjoying having their makeup done with a care worker and then the person did the care worker's make up.

Staff encouraged the use of doll therapy for people particularly living with advanced dementia. One person found the company of a doll very comforting and staff were extremely respectful, treating the doll as a real child. They told us how 'Sam' went with the person on trips out as it encouraged them to go out and reduced their anxiety and he wore pyjamas to indicate to the person it was night time. We saw lovely interaction with the person, doll and staff throughout the inspection. People, staff and relatives all told us about a wonderful party for 'Sam's' birthday. People made invitations and a cake and invited staff and families' children to celebrate. Thank you cards re-iterated people's enjoyment. One said, "My little people were invited to a very special party at a fantastic and unique home for people living with dementia. A beautiful, unbelievably thoughtful 2nd birthday party for Sam who is much more than a doll for one person." Daily records also recorded one person enjoying feeding the 'fur-real' cat biscuits and settling them on their bed. Staff knew the person had always had a little dog at home and supported the person with 'pet 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. Staff thought one person did not seem quite themselves so had spoken to a relative and then arranged for a hospital appointment with them. Two relatives told us how appreciative they had been of the help they had from the staff team. They had been supported to discuss their loved ones needs with social services. They said, "It's wonderful to know he is so happy and content. It was such a stressful time but now he really is home." To this the person gave us a thumbs up and smiled. The Dementia Care Matters Level One Butterfly award report (explained in well led) stated, "There was no controlling care in evidence throughout the whole day which is extremely unusual and a huge achievement." The provider also attended the Devon Kite Mark and Dignity in Care Home Forum and the Outstanding Society.

Regular residents' meetings were held and families invited to ensure people were involved in the running of the home. Meetings were meaningful and staff used effective communication to enable people to join in. Some staff said they sat with people to discreetly explain. Each meeting had individual records and format, asking questions such as 'How do you feel the staff are doing?' and 'Are there any maintenance issues?' One person said they would like a mirror and a laundry basket so this was ticked off as done. One person wanted to see some animals so an owl sanctuary visit was booked and a staff member brought their guinea pig in. Another person wanted a large Santa in the garden for Christmas so staff booked a shopping trip to get one. A relative had asked for yoghurt bars on the snack table so these were bought. They commented how happy they were with their loved ones weight gain since being at Wisteria House.

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. They told us, "The best days are when we see everyone so happy" and "People were so happy to see me and had noticed I had gone when I was on holiday. The best time of day is coming to work in the morning and seeing them all happy." 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. This had a knock on effect with people eating better during the day.

The provider attended "Devon Kite Mark" meetings. Their other home had achieved the Dementia Quality Mark for four years in a row and were hoping Wisteria House (Plymstock) would do the same. 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 with person centred engagement and organisation of inclusive, sociable meal times and many staff workshops on 'relationship care'. 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 managers.

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. All staff were trained in equality and diversity and put their learning into practice. For example, they had addressed issues

in a sensitive way when they had seen relatives turning off the TV without asking people or not speaking in a respectful way to their loved one.

## Is the service responsive?

### Our findings

The home was very responsive to people's needs as individuals. People were central to the care planning process which was person centred at all times. The home's website stated, "Each person is treated as an equal, free to make their own choices in life, free to get up and go to bed when they like, wear what they like, eat where they like, join in with activities if they want to. We have no set visiting times and welcome and support families and friends. The staff team are very generous with affection and we like to have lot of fun moments as you will see from our many photographs." This was the case throughout our inspection.

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 as well as an in-house visit for six hours which enabled staff to assess how people's needs presented themselves when in the home. A more in depth care plan was developed as they settled into the home. Care plans in relation to health and personal care were 'live' on the computer system and therefore up to date and relevant. As changes occurred such as a GP giving new advice, the staff team would be given guidance using the in-house computer messaging service instantly and the care plan would be amended that day.

Care plans were regularly reviewed as staff got to know people. This provided staff with up to date information on people. The quality of life champion (explained further in responsive) took the lead on care plan reviews. They said and we saw, "Once every six weeks I read through the care plans and check that everything is still the same. If it's not I will change it and date when I changed it, I also speak to the individuals about their care plans, read to them any changes I may make if appropriate." They took into account accessible information standards showing people a simple piece of paper which said, 'Do you understand your care plan? Are there any changes you would like to make?' She asked people to point to a thumbs up if they understood and a red cross if they didn't and then implemented any changes as necessary.

Health and social care professionals, family and friends were involved in this admission and assessment process to ensure the home could meet people's needs. When people moved in, an extra member of staff was on duty to help them and their family 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. Relatives spoke of this support during the inspection, remembering their positive welcome and subsequent relief. Staff collected information by talking with the person and their family.

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. When people's needs changed, care plans were reviewed and amended to reflect any change. Quality of Life observations were completed and the results shared. These were observations using "dementia care matters" (a nationally recognised dementia resource) tools looking at negative behaviour, sleep and boredom. There were discussions with family and staff and including the person if able, following

these observations on things the home did well and what could be improved on. For example, one person was going to try having a wash bowl to wash their own cups. People's health issues were discussed with records noting, 'putting a napkin on 'Sam' seems to increase food intake'. Care was thoughtful, innovative and very person centred.

People's care records included a "My Childhood" and "Life history". The quality of life lead had started making life history books with people. These were scrap books with magazine cut outs, photo-copied pictures, and all information on people's lives. These were used with people to celebrate their lives as well as informing staff about them. The quality of life lead said, "I love sitting and doing these with the residents as I find out a lot about them and it brings out fantastic smiles! We will sit there for hours talking about their life and doing arts & crafts in their books! I really enjoy finding out about all the individuals' life history and love looking through all of their old photos. It's something I feel really passionate about and enjoy doing it!"

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. People told us they were able to maintain relationships with those who mattered to them. Family and friends told us how they were involved in the running of the home, organising and attending events. There were no 'activity' staff because all staff were involved in engagement and stimulation depending on people's needs. One staff member was allocated as being responsible for 'quality of life' from 8am to 9pm each day supported by a 'Quality of Life champion lead'. They ensured staff consistently used people's life history and preferences to offer realistic goals and engagement depending on people's needs and had time to focus on individual activities. Staff all understood people's individuality when arranging activities and ensured people had a variety to choose from.

Staff said they enjoyed finding different ways to engage with people that reflected their history as well as new opportunities. This was reflected in staff comments in supervision sessions. There was 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. 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 spoke very highly of the activities arranged. A corridor with accessible activity cubes, (open square shelves with a range of items such as a china tea set, dusters, napkins, vintage items etc) which encouraged people to be part of the running of the home including domestic chores. People were folding up washing, dusting with staff and some people were watering the garden. The provider told us they were installing a domestic washing machine so people could experience the whole laundry process as they would at home. The home's website said, "We find this kind of stimulation very good at helping people to feel worthy especially as the staff team are very generous with their compliments." People and staff were enjoying being together and we heard lovely compliments given to people. One person had been anxious and wanted to go home so staff went for a walk in the garden with them and the person then did some dusting. The person

went up to change into a lovely dress ready for another person's birthday party later and told us what a lovely day they were having. Later a group of people were being supported to finish icing the birthday cake and were all putting chocolate buttons on it. They told us it was 'their friend's birthday' and they were laughing about trying to keep it a surprise. There was a home 'Birthday Champion' who was busy sourcing candles in the shape of the person's name. People were talking about a recent 60th wedding anniversary party where there had been 15 guests, balloons, presents and entertainment.

There were a wide range of activity items around the home so people could help themselves or staff supported people to partake in a range of different activities. The activity cubes and therapy room had a wide range of art and craft items, dressing up items and reminiscence items. During our inspection around the communal areas were vintage toy vehicles and books on transport which people were touching and looking at. Hairdresser doll heads and jewellery hangers were popular with people who were styling hair and wearing different necklaces. At lunch time staff complemented people on the results. We sat with one person at lunch who proudly showed us their floral hairband and new necklace. People moved throughout the rooms as they wished, picking up items or stopping to watch an activity. One person enjoyed putting cards in order and proudly showed staff the result. A white board game was popular with people choosing a topic such as 'the beach' and listing 'things you find on the beach'. The provider website said people often gravitated to doing what they did most at home such as washing up. We saw people doing this during the inspection, chatting with staff of all roles. One person, who had chosen to remain at the home although they did not live with dementia, told us how the staff had ensured they had good internet reception, which was important to them.

The provider and staff told us how the maintenance person had enlisted the help of one person to make a cart on wheels. They spent two hours working, putting in screws etc ending in a big cheer when the task was finished. They went off to have a celebratory port and lemonade. This was also highlighted in the Dementia Care Matters Level One Butterfly award (as explained in well led). The report also commented on how staff understood how to 'be' with people by getting down to one person's level who was bent with arthritis. Staff told us about when they had laid down on the floor to chat and comfort a person who had accidentally fallen, until the paramedics came.

The quality of life champion lead said, "This role makes me feel worthy and I enjoy taking residents out to places they want to go and seeing them enjoy themselves outside of the home. I try to book a special trip out once every two weeks depending on the weather, to places such as the Aquarium, Mountbatten, the Hoe, but residents go to the local shop, lake, church, local school weekly (more in the summer) and local coffee mornings weekly. Once a month they held a theme day. We saw that the last one was a Mexican day, where they had lots of different Mexican foods, drinks and got to dress up like Mexicans and shake maracas! The next theme day was a wedding theme where staff had sourced over 30 wedding dresses to wear, hair and make station, prosecco and fancy cakes! There were many engagement opportunities for people and entertainment. For example, people had enjoyed animal visits, cake making, arts and crafts, games, flower arranging, using stimulation rummage boxes, a day at the races day, sensory games such as bubbles and brass cleaning.

There was excellent end of life care led by the End of Life champion. They had completed the "Six Steps to End of Life Care Programme" course through the local hospice. They were supported to implement recommendations and learning and said, "The whole point of the course is to be able to be more open and honest about end of life and how to approach conversations with residents and families and I personally had become very enthusiastic and passionate about this part of care. [Wisteria House] really appreciate the end of life care I was so passionate about which had not happened in my last care job. I felt I had struck gold!"

They arranged meetings with each family to discuss end of life care in advance when people were well. Following a death the end of life champion gave families a booklet with end of life information, bereavement and practical support. They said, "I've had a really positive response from all I've spoken with and it's been interesting to learn more about the resident. I explain about the changes that may happen, the medications used and how we can still provide quality of life even when someone takes to their bed. This information is used when we know someone's nearing their end of life and staff will read this care plan and then have the knowledge of what's expected from us as carers on how to care for them." Changing health needs were rated using a traffic light system so staff could monitor any decline and pre-empt the need for end of life care preparation.

The end of life champion was allocated time to complete paperwork and was devising a workshop for staff with managers. This would be followed by training from a local funeral directors so staff could learn about the process. They said, "We never stop caring and even when residents leave our home to go their chosen funeral home it will be good to see how this is all done." They had linked up with staff at the hospice for advice and had also shared their knowledge of how to care for people living with dementia with the hospice, sharing resources. The 'Dying Matters' website was used as training tools, including videos. They said, "I could not be happier in my job role here and feel that the knowledge I have is greatly accepted and put into practice."

People were able to call for staff assistance at all times to respond to their needs and staff were very visible. People had access to call bells wherever they were in the service. One person was supported in bed and their room had been arranged so they could see out the door and the TV brought closer with their personal items. A carpet coloured pressure mat alerted staff to any people attempting to enter their room, whilst being non-institutional and discreet. Staff spent time with them throughout the day.

People and relatives knew who to contact if they needed to raise a concern or make a complaint. They felt the management would take action to address any issues or concerns raised. A visiting GP said people seemed very happy at the home and found the staff very helpful.

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 an accessible format. 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 (Plymstock) 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. As well as regular provider support, this was further helped by the two full time registered managers who worked together on Thursdays and covered seven days a week. They were all very knowledgeable about people's needs and spent lots of time with people living at Wisteria House.

Wisteria House (Plymstock) Dementia Care website stated their aims and values, "We have a simple but central focus to our homes aims and values: - 'Quality of Life through Relationship Care' and we ask ourselves regularly, 'How often are the staff team feeling 'WORTHY AND PROUD' - keeping the focus on 'Quality of Life' of 'BOTH' the people living and working within the home." All staff told us how proud they were and how this was the best job they had had in care. The provider said they also valued the CQC 'Mum's Test' stating in their values 'Is our home worthy of someone you love and care for?'. The provider and whole staff team we saw said they were more than happy for their loved ones to live at Wisteria House. A relative had written to the provider to say, "Your philosophy regarding dementia is so obviously the right one and your staff share your ethos wholeheartedly."

The company's values and visions also 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 were passionate about promoting the service visions and values and had great enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The two registered managers worked together every Thursday and were responsible for different managerial roles. This ensured that people and staff were supported by a manager every weekend and enabled managers to get to know people very well. They also accompanying them on trips out. One registered manager told us how they went to church with one person and how they both enjoyed dressing in Sunday best and staying for the coffee, cake and chat after. The person had been upset on moving to a home so the manager had organised regular church outings to cheer them up. Staff spoke of the leadership vision of, "Are you pro-active or re-active" and we could see staff actively monitoring people's body language for example to see if they were happy, offering relevant individualised engagement. For example, one staff member had the idea of using the laminated prompts of individual's interests and engagement which had worked particularly well. Staff used these during the day to simulate conversations and distract people from negative feelings. Staff had clearly adopted the provider's ethos and enthusiasm and this showed in the way they cared for and spoke about the people they were looking after.

People and relatives all spoke very positively about the provider and the registered managers. People said; "I love my family here" and "They make it my home, and it is." One relative had written to the registered managers recently to say, "You go above and beyond, you have wonderful people skills and lead a wonderful team of staff" and "You lead an excellent team by example. We will always be grateful." Another



relative said, "You have made my mum very happy and given me my life back, thank you. The best in Plymouth."

The provider was very experienced in dementia care and clearly had a passion for providing and promoting a high quality of life for people living with dementia. The provider's other dementia care residential service has been rated as outstanding in 2016. As part of their training in 'Relationship Dementia Care' through Surrey University they had learnt how to observe, monitor and record the level of quality of life within the home. For example, their study on people's levels of sleep and boredom throughout the day showed low levels in relation to the national average and very high levels of independent stimulation and social communications, including laughter and affection. We saw lots of laughter and affection between people and all levels of staff throughout our inspection. The provider praised the staff team throughout our inspection and was clearly proud of their achievements. Staff said the provider was very involved in the running of the home, calling every day and visiting often. People and relatives knew who they were and enjoyed a caring relationship.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. For example, they gained advice and support from the local authority relating to a complaint to ensure it was managed in a sensitive and open way. 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.

Wisteria House (Plymstock) Dementia Care had achieved a Level One (level one being the highest) Butterfly award in October 2017 for 'Exceptional Person centred dementia care. The Butterfly award is awarded by "Dementia Care Matters" a leading UK organisation inspiring culture change in dementia care across the UK. The provider had requested the audit from Dementia Care Matters. This is only one of eight Level One awards in the country, another being the provider's other similar service in Plymouth. Information about this award had been posted on the service website and service notice board. Management and staff were very proud as the home had only been open for six months at that time. The report said, "Congratulations to the team for this incredibly impressive and unique achievement which represents a first for Dementia Care Matters for a new home." Highlights of the report were written by the auditor and included, "Beauty and pampering was not as you usually find in care home. There was an amazing sense of reciprocity and friendship with people living with dementia doing the hair, nails and make up for the 'staff'. There were lovely moments of tender touch for people in later stages of dementia." This was a regular occurrence and seen by us during our inspection. The report said of the provider 'There was an encouraging sense that the whole team 'gets it' and is not reliant on the provider to make things happen; she has created a whole team approach. For example, the day before our inspection a registered manager had decided to organise for people to visit a new dementia café in town and they had enjoyed the opening ceremony.

Staff felt extremely well supported by the provider and registered managers and each other and clearly felt worthy and proud. One care worker had posted, "Our lovely home has achieved a level 1 Butterfly award! It has opened my eyes to exactly how care for the elderly living with dementia should be. Everything I believed in is right here. We are all a massive family and each carer brings something different and unique to us. I've never been happier in my work, you have to see it to believe it." The care champions also wrote to us saying, "By being given opportunity to extend my knowledge in an area I am very passionate about and implementing what I learn makes me feel very worthy within my role."

The provider and registered manager said the award had been shared with everyone involved in the service. There had been a 'Family Evening' with a buffet and complimentary alcoholic drink to celebrate. The invitation had stated, 'Let us know any other subjects you would like to talk about and please inform us of

the number of guests'. Relatives said these events were very well attended. They had discussed the Butterfly award, plans for the garden, training available for families and a talk on dementia. Each event was followed by an evaluation form, comments included, "Very informative", "Good idea to meet other relatives, thank you" and "Well done". One relative asked for a canopy over the front door and this was in place. One family member had said they had learnt a lot about how not to correct her mum but to enjoy their conversations. The next event was next week. Staff told us, "The BBQ was amazing, seeing everyone in their summer hats enjoying cocktails in the sun."

Following the inspection staff wrote to us to share their views on the service. Comments included, "I have watched the staff and residents come together as one to make it a home to be proud of. The management make me feel as important as anyone else" and "I have enjoyed every shift, the management are second to none" and "This is the best job I've ever done. I thank the provider for letting me work here." All staff told us they felt proud and worthy which was strongly promoted by the provider who greatly valued their staff.

Families of people living at Wisteria House (Plymstock) Dementia Care also felt part of the 'massive family'. They said after attending the doll birthday party, "Having lived through what the devastating effects dementia can have on a person and how much it takes away from them I am blown away! The amazing team go over and above to create the most amazing place not only for residents but for their families too! I love the fact my kids are able to share these experiences too!"

Ideas for improvement were constantly encouraged from families. Plans were in place or ongoing from these suggestions relating to a green house, raised borders, higher backed chairs for the garden and adult and children swings. A clothing party was being arranged with the local woollen mill.

The provider was keen to share their ethos with other care homes and the community welcoming visits from other organisations. One home manager had written following a visit, "It was so tranquil. We gained some inspiration and thank you for sharing the tools you use." It was important that people felt valued and mattered as part of the wider community. The quality of life champion said, "I have been able to keep a good communication with all the local outside places such as the church, the primary school and find out what is going on within those places on a weekly basis, such as the tea & dance group at the church and the friendship group, although I am constantly finding new links all the time. All residents and their families are always invited on trips out, a poster is made of the next trip out so they can let us know in advance if they would like to come." They had arranged to celebrate the Royal Wedding with the nearby primary school. People had dressed up and enjoyed celebrations with the children in a meaningful, interactive way.

People were supported to help organise charity fundraising days. Last September 2017, a Macmillan coffee morning was held with a cake sale with cakes made by people living at the home, staff and families. There was a raffle with donations from local businesses and live music. Next weekend was another charity cake sale. The home also had connections with the local Girls Brigade who made Easter cards and gifts for people living at Wisteria. As a thank you, people were visiting their club to present hobby craft vouchers to the brigade and see what they did. The provider was also purchasing appropriate and informative books for children at the local primary school to help them learn about living with dementia in a positive way.

The PIR recorded that the provider continued to share 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 managers and provider kept up to date on any current national guidance and maintained their own professional development by attending regular training. 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 and attended CQC and Skills

for Care workshops in outstanding care. 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 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. We could see how training was practically used to enhance people's quality of life and this ethos was shown in very interaction and in records.

Staff were motivated, hardworking and enthusiastic. They shared the philosophy of the management team to put people first. 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 managers and provider motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered managers and provider had an open door policy and often worked alongside them by providing care to people, the office opening onto the communal areas. 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. Staff received a higher wage for that year. Management had given out vouchers for good ideas from staff 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.

There was a very effective quality assurance system in place to drive improvements within the service. Audits (31 in different topics) 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 managers 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 managers 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 night and was fed into annual reviews.