Wisteria House Dementia Care Ltd

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Inspection report

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Date of inspection visit:
19 November 2018

Date of publication:
23 January 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
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 19 November 2018 and was unannounced. Wisteria House Dementia Care Limited 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 Dementia Care Limited accommodates up to 22 people in an older style building. On the day of the inspection 22 people lived at the home. At the last inspectionin 2016 we rated Wisteria House Dementia Care Limited as Outstanding in the areas of caring and well led. At this inspection we found the areas of safe, effective and responsive were also outstanding. The provider, Wisteria House Dementia Care Limited also runs Wisteria House (Plymstock) which was rated as Outstanding at their last inspection in 2018. The provider continues to use their passion and experience to provide outstanding care and ensure people are living their best lives.

Why the service is rated Outstanding

The home's website stated, "My aim for the people living at Wisteria House is to firstly reduce stress and anxiety, by creating a world that is calming, friendly, affectionate and familiar. Then promote choice and control over one's life that adds meaning and purpose. Introducing activities, stimulation and independence to a level where individual's can experience living positively with 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 Dementia Care Limited had achieved a Level 1 (Level 1 being the highest) Butterfly award in January 2018. 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 a tremendous achievement 'The team demonstrates an approach that is spontaneous, skillful and committed to creating wellbeing with lots of positive social interactions. The team share caring and warm relationships with the people who live at Wisteria House Dementia Care Limited and there is a real sense that the priority is 'being' with people.' We found this to be the case during our inspection and noted that this was the fifth year in a row, showing a long standing commitment and embedded ethos to ensure a high level quality of life. This home and the provider's other home Wisteria House (Plymstock) are both Level 1 status, making them two out of the eight awarded this level nationally.

There was a full time registered manager supported by two deputies. These deputies worked 12 hour shifts over seven days a week for continuity with a handover day in the week. They also had two days allocated to complete paperwork. They worked closely with people, relatives and the staff team, being visible and working 'on the floor'. They knew people very well. The registered manager said, "We have time to oversee how people's needs are being met and are able to take a step back. The people living here give me back

more than I give to them. We eat together to create a social event and we all enjoy the 'family' atmosphere." 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 outings, escorts and quality staff time for people, gave 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. They said they enjoyed doing things with their loved ones and seeing the staff who they saw as friends. Relatives' meetings had further promoted friendships between families of people living with dementia which they said was very supportive.

There was a friendly and relaxed atmosphere within the service when we arrived, each person engaged with staff, each other and many different activities, depending on people's abilities and cognition. 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 on each shift. 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 individualised goals that had been devised between people and their key worker. For example, one person's list they were working through included, experimenting with jewellery and make up, enjoying a sherry, looking at family photos, using colourful paper, making craft butterflies and furthering their love of whales.

The environment had been tailored for people living with dementia to promote their independence. Each communal area was adapted for people moving through various stages of dementia. People, relatives and professionals were very happy with the care the staff provided. Everyone spoke about the staff and the care provided with positive enthusiasm, "Staff are very kind and accessible, they impress me no end", "Staff are very kind, will talk to me and listen to me" and "They know me well and are very quick to help me when I can't do something for myself."

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 especially understanding the Mental Capacity Act, with relatives who found this extremely helpful. Their learning in dementia care then enabled them to understand how their loved ones experienced the world. The provider told us how important it was that people had positive experiences when their relatives came to visit which had positive outcomes for both people and relatives. Relatives were now 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. For example, not to ask what people had for lunch or repeat questions that a person may not be able to answer. The provider had devised a bespoke training for relatives about the Mental Capcity 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 and had acted as advocates to ensure people's rights were protected. This ensured that relatives understood how people were still able to make decisions for themselves as much as possible. For example, if a person did not want to shave that day, this

was their decision. 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. There were excellent examples of innovate and thoughtful shared decision making involving compromises and outcomes for people that they were happy with.

People, staff and relatives worked together to run the home. People and families were very involved in care and risk planning, findings ways to access the community safely, organising events such as parties and recently Halloween. Families, staff and their children were all encouraged to dress up and join in. People and relatives were also involved in the lengthy recruitment process. There was also a thorough pre-assessment process for potential admissions and the provider made it clear that it was a two way process promoting "the importance of the ethos of helping people live in harmony together."

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 were asked for their thoughts and ideas. For example, one person had noticed the fire alarm was not heard in the laundry room and that the conservatory got too warm so these had been addressed and the person thanked for their contribution.

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. For example, one person who had been the Chair of a football club still attended their meetings independently in their 90's.

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 and staff 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 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 and it was policy for staff who knew the person's needs to accompany professionals. Their positive relationships were highlighted with the provider buying community nurses travel mugs so they could have a drink on their rounds. The provider also pro-actively sought audits from external agencies to further assess how the service was performing. Staff took on specialism
roles in a meaningful way and ensured specialised knowledge was used to benefit people. For example, there were career enhancing opportunities for staff and specialisms in appointments, end of life care, mobility, record keeping and quality of life.

People's medicines were managed very safely and overseen by staff with medicines specialism. 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 worked to share their knowledge and good practice experience with other services

and primary and secondary care such as hospitals and GP surgeries. The regular care reviews with people and their representatives included a full medicines review.

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 to enable people to try different foods in a fun way and results were incorporated into the menu and snack table. For example, people had enjoyed tasting some new crisp flavours and the winner was chosen for the 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 to promote a positive social environment. This had helped to forge close relationships between people and staff. For example, when one person's spouse did not arrive for lunch as usual, the staff rang them to check they were ok. 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.

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 scrap books and achievable goals.

People, relatives and staff felt the service was very well led. People and staff described the registered manager, deputies 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 manager, deputies 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 manager, deputies and provider were very passionate about the service. They had very robust quality assurance processes in place, including daily reviews of daily activities to ensure people felt noticed and cared for. The provider fed back the results to people living at the home, using tailored dementia care audit tools to monitor sleep and boredom ratios for example. The Dementia Care Matters Qualitative Baseline Observaiton Audit stated, "People received no negative (stress and anxiety) or controlling care throughout the observation." 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.

Further information is in the detailed findings below

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 has improved to Outstanding.	**Outstanding** ☆
Is the service effective? The service has improved to Outstanding.	**Outstanding** ☆
Is the service caring? The service remains Outstanding.	**Outstanding** ☆
Is the service responsive? The service has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Outstanding.	**Outstanding** ☆

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 adult social care inspector and an expert by experience on 19 November 2018 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. 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 22 people who used the service, the registered manager, a deputy manager, the provider, maintenance man and six members of staff. We spoke with two relatives and a visiting health professional.

We looked around the premises, observed and heard how staff interacted with people. We looked at three records in detail which related to people's individual care needs and discussed all 22 people with the managers. 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 and the Dementia Care Matters qualitative baseline observation audit report 2018.

Outstanding ☆

Is the service safe?

Our findings

The service was very safe because safety was not seen in isolation but as a result of knowing people and their capabilities and needs very well and finding out how staff could help them help themselves to be safe. People told us, "Yes I feel safe; this place is as near to home as it can be. Staff are accessible, they never push me away even when mighty busy", "I have been here years and feel perfectly safe", "Without a doubt this is a safe place to be" and "I have never experienced any problems here that would make me feel unsafe." Relatives told us, "We know what is going on so we can leave and know [person's name] is fine."

Safety was maintained and managed in a truly holistic way, seeing people as individuals with variable needs depending on their wellbeing. It was maintaining people's wellbeing that affected people's safety and abilities and therefore the support they needed. The ethos at Wisteria House, led passionately by the provider, was to not only promote a good quality of life and living led by a daily designated quality lead, but to pro-actively reduce stress and anxiety, ensure people had good nutrition and a good nights sleep therefore enabling people to be the best they could be. This then resulted in people being much safer because they could be as able as possible with optimum wellbeing. This was clearly seen in how staff interacted with people and from the safety audits. For example, negative interactions between people living with dementia resulting in safeguarding events were very low and had reduced each year since 2011.

The provider said, "We have a pro-active approach to reducing anxiety and stress. This does not come from one approach or technique it comes in the form of 100's of individual specialisms/techniques that are trained, implemented and reflected on by staff who are exceptional at reducing anxieties and stress as a whole team." This helped to keep people safe by enabling them to maximise their independence and well being. There were many ways that this ethos was put into practice. For example, by the various techniques staff used such as mirroring techniques, matching process (abilities, environment and staff), independent stimulation, helping people to feel worthy and proud, noise and visual stimulation assessments, reality acceptance, life history work and relationship care (discussed in responsive). Various therapies also helped people feel less anxious and therefore more able such as pet, doll, massage and beauty therapy. Staff were extremely knowledgeable about each person, knew what could make people feel stressed and less able and knew how to support them relating their care depending on how people were feeling. Staff really promoted people's independence by supporting them to feel physically and mentally as well as they could and offered support only to fill the need on a variable basis. For example, if a person was feeling low or had not slept well, staff knew to offer more support to keep them safe.

People had up to date risk assessments in place to mitigate any risks they may have but staff were still aware that these could be variable depending on people's wellbeing and how much support they may need. There were also individualised 'top tips' in each care plan on how to reduce any stress and anxiety and updated information about who the person had a particularly good rapport with in the staff team, for example. 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 such as 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 that staff were vigilant in checking people's skin; using prescribed skin creams when needed and helping people maintain their strength and mobility. As a whole risk was always teamed with holistic aspects of people's lives such as how they felt, if they had slept and eaten well and if they had been engaged in a positive way.

Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support. The business plan for the future included resourcing additional technology to use on electronic tablets to give people further choices of communication support applications. In short, to promote even better communication choices and information gathering. Staff also acted as advocates and challenged advice from health professionals if necessary considering people's reality (how they viewed the world living with their dementia) and quality of life. For example, when one visiting professional advised a person be supported only in bed, the provider discussed how they could meet the person's needs whilst ensuring they could get up and have a change of scenery also.

Staff placed a huge importance on ensuring people had a good nights sleep and rest. Night care plans reflected exactly how people wanted to be cared for. These were audited using a 52 point audit called 'Care during the Night' audit. The audit looked at exactly how people were behaving during the night and how their routine could promote effective sleep and therefore affect safety. A previous audit had shown 33% of people living in the home -always woke up upon being checked (staff observation) by the night staff team. 33% of the people living in the home - sometimes 50/50 woke up upon being checked. 33% of the people living in the home - never wake up to any sound. The provider had recognised how stressful being woken up and not having a good nights sleep could be for people, especially with dementia. One person said, "I get very anxious here at night. I haven't been here long. I have my light on all night as I am worried in case there is a fire." The registered manager said the person was sleeping much better and was able to enjoy their days. The provider had invested in bedroom motion sensors as a result of auditing sleep, with best interest decision making involving people and families. These, along with detailed night care plans, had reduced the need for regular night checks and the potential for staff to disturb people, as staff could monitor anyone getting out of bed who may be at risk unsupported. The night shift leader carried out a night unannounced inspection quarterly to ensure safe care at night. Audits had shown a reduction in falls or people accidently going into the wrong room at night and therefore promoted safe, effective sleep. Monitoring boredom during the day as opposed to genuine 'resting' also helped promote people's sleeping patterns.

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, such as sleep and rest promotion which clearly helped to minimise the possibility of repeated incidents as there were very few incidents and falls. The home was not only made as safe as possible whilst enabling people to have a balance between real risk and independence but enabled people to be safe themselves to start with. The provider shared their favourite quote saying, "'What good is it making someone safer if it makes them miserable?' We believe Wisteria House has a good balance of quality of life and safety not just in our approach but also in our outcomes.

People were encouraged to go live their lives as they wanted and to go out. Staff completed 'can do' and 'meal can do' lists about people to focus on what people could do, only supporting when people needed it. One person living with dementia enjoyed having their own front door key. The provider said, "Seeing their response to such a small thing was so moving and really improved the person's well being so they were happy and safe." The person also enjoyed, making their own health appointments, putting out the bins and "meeting and greeting the bin men". The staff went out of their way to ensure they thanked the person for all their help. The provider said, "This has encouraged the staff team to reflect on independence no matter how

small, and how this can have a significant difference to people's mental well being on issues such as independence. The staff team saw a fantastic and moving experience with some ladies choosing their own clothes and paying for them by themselves, which may seem small but had a massive impact on individuals mental well-being and therefore their safety and ability." Another person was through distance assessments (discreetly assessing abilities) was now able to make their own cup of tea and for staff, use the microwave and buy a drink in the pub because staff knew what they needed to be able to do this. For example, simple notes by the door key pad helped them remember how to use it and discreet staff presence had enabled staff to know when the person was familiar with the area and able to go out safely alone.

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 and was a good role model for staff. 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 family interaction. 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 and personalities well.

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. There were designated staff lists showing who had a 4x4 vehicle so staff could get to work when it snowed.

People, relatives and visitors agreed there were sufficient staff to help keep people safe. People said, "They [staff] come really quickly. Response immediate", "I am very independent so hardly use my bell but when I do they come very quickly" and "If I am in my room and ring my bell they come reasonably quickly, got to give them time to get there, when they do I get a feeling of joy and happiness." There was a very detailed dependency tool and agency use was rare. The service insisted on receiving agency staff portfolios including training and employment details before using any agency staff. 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. 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 deputy managers across seven days a week and an additional staff member specialising in quality of life care and engagement each day 8-8pm (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 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. 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 manager.

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, staff had written their own whistleblowing policy and told us they also felt confident in speaking up and monitoring each others' care delivery to ensure people received the best service. A recent employee had been dismissed for not upholding the visions and values of the service. The second job interview for potential employees was six hours spent at the home 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 also allocated a named 'buddy' for support. The provider showed us staff feedback about staff who had not been suitable to move forward with permanent employment, showing how seriously staff felt about getting it right for people. For example, they had said, "Lazy – lack of initiative, quiet, rude, negative, poor body language – general mannerisms, no personality, blank canvas – not really trying, appearance not clean and tidy, - staff were concerned about their standards, not keen to listen and learn from the staff team, not a team player, rushing people and being thoughtless and not thinking about people living in the homes emotions and feelings."

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 said, "They supervise me taking my medication. They always ask if I am in pain and if so give pain relief. They use a body picture and ask me to point to any sores or distinguishing marks I might have noticed when showering," "I rarely need medication but when I do they give it to me" and "My medication is always given on time. I can ask for pain relief and they will give me some."

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 Dementia Care had a medicines champion. They worked in accordance with NICE guidelines. They carried out monthly medication audits with one of the management team as well as regular medicine reviews as part of reviews of care with people and their families to ensure the least amount of medicine was prescribed in the person's best interests. 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. Vaccinations were offered to staff and regular visitors also, paid for by the home.

There was good infection control management with a staff member leading this role specialism. Staff had worked through the NHS Infection Prevention Control folder implementing good, safe practices within the home. Staff had received bespoke training related to the premises and people they supported including single use gloves, hand hygiene and correct disposal of waste. 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. There was plenty of personal protection equipment and we saw this being used appropriately. People were also encouraged to be involved as much as they could be in cleaning

and tidying.

Outstanding ☆

Is the service effective?

Our findings

People received very effective care and support from staff who were very well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively. Management and staff knew the people they supported very well, and this helped ensure their needs were met. The home's website stated, "We promote; Quality of Life through Relationship Care. We ask ourselves regularly, 'How often are the staff team feeling 'Worthy and Proud' – we keep the focus on Quality of LIfe of 'BOTH' the people living and working within the home. We also value the Chief Inspector of Social Care for Care Quality Commission's 'Mums' Test'. Is our home worthy of someone you love and care for?" The provider's family member had been a resident at the home.

Health professionals in the recent quality assurance form had commented, "The care and staff are fantastic, all are approachable, friendly, kind and treat the residents with respect", "Lovely friendly home, staff excellent at their jobs, very patient and understanding. Everyone is accepted and time is taken to make them feel special and wanted. Well done" and "Wonderful home, always friendly, warm and inviting. Lovely staff who appear when needed and are very attentive and very caring. Wonderful place." We found this was the case during our inspection and knowledgeable staff were always available to escort any visiting health professional. The staff took time to find out about people, their preferences, personalities and how they viewed the world whilst living with dementia. They then shared what they had learnt with family and friends to ensure positive visiting. 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.

The national care homes review website included recent comments from friends and relatives such as, "A first class, very friendly and caring environment. Any problems arising appear to be dealt with quietly, quickly and efficiently. Top marks to all staff", "We were so worried about putting mum in a home. Now we can say Wisteria House has changed our minds. We are so happy [person's name] is in their care, we love spending time with granddad and the other residents. So much so we stay for two hours!" and "[Person's name] was treated excellently. Staff were amazing and professional and full of compassion. 100% for hospitality, friendliness, atmosphere and surroundings."

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 'specialism' 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. The dementia training had been interactive called 'bus tour' training. Staff had experienced what it may be like for a person living with dementia. For example, using background noise headphones, dark sunglasses with dots on to simulate reduced vision and extra large gloves whilst they carried out memory tasks. Staff described what it was like to be spoken to from

behind for example. Staff told us they also took note of how visitors interacted with people. This had resulted in bespoke training for relatives in understanding dementia including how to interact, about different types of dementia and how these presented and enabling them to ask questions and seek peer support from each other. The provider said, "This had been successful and really promoted more stress free visits for people living in the home and their visitors. People will remember how they felt and this could affect the next visit." Staff also attended bespoke dementia workshops by the provider who was qualified in Relationship Care training. This included examples of people staff supported and reflective practice. Staff were trained in Quality of Interactions Schedule (QUIS) and carried out regular three hour discreet observations focussing on how people were 'feeling' which were then used to inform during people's reviews. This measured the quality and quantity of staff/people interactions. Staff were able to clearly show how a loved one was living their lives. In addition relatives were also offered Reflective Empathy workshops to discuss how dementia affected people and those around them.

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 specialism roles on topics they were interested for the benefit of people living at Wisteria House Dementia Care Limited. For example, record keeping, leadership, quality of life, appointments and healthcare. This also encouraged staff retention and career progression. Each specialism was clearly set out showing what training was needed before working towards a specialism, and regular competency evaluations with signed off steps. Staff were then able to assist others in the specialism by providing train the trainer training, sharing conference information, carrying out audits and role modelling. For example the appointments specialism ensured staff were experienced in attending appointments and healthcare visits and able to advise, act as an advocate and communicate clearly to the staff team any advice.

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 further. One question asked, "what new things have you learnt about people recently?" All evaluation said how staff felt able to speak openly and frankly about themselves and their role. Staff were clearly valued and supported. Staff said they liked the specialisms role (created by the provider after staff feedback) because any staff could undertake any specialism and there was no one champion as had been previously. There was a health and wellbeing staff representative who attended external council workshops and shared ideas at staff workshops. For example, staff all worked one 12 hour shift and then smaller shifts as the provider felt home / life balance was important and staff breaks were delegated and monitored to ensure staff took them. New team members were welcomed in the staff newsletter, staff efforts were recognised and praised and any ideas welcomed. For example, following the achievement of the Level 1 Butterfly Dementia Care Award staff had had a party as a thank you from the provider.

Staff also completed 'Worthy and Proud' statements. These shared what made them feel worthy and proud so they could celebrate and think about the impact their work had on people. Statements included, "I enjoy

every day and look forward to the resident's parties, it's a fun and relaxing atmosphere, we all know one another so well" and "It is a lovely place to work. We are one big, happy family. Our residents are well cared for and we treat them the way we would wish to be treated. We like to see people happy which is rewarding. We are proud to work in a great care home."

The home had been decorated in a homely and thoughtful way and although not purpose built with some smaller areas, the design and layout was research based on promoting independence for people living with dementia to ensure a homely, non-institutionalised feel. People were helped discreetly to be independent. For example, one toilet had the person's name on the door so they could find it easily near their room. This had reduced their issues with continence and self-neglect.

There were three lounges which people, staff and relatives could access at any time. 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 and varying stimulus that people could touch and use themselves or with staff. The front lounge had a traditional homely feel, very similar to most elderly people's lounge at home. Most people who choose to sit in this room enjoyed watching television or reading without too much distraction. The middle lounge for people living with middle stage dementia was where most of the activities/stimulation occurred. There was storage for all sorts of soft pets and dolls and activities, used to help reduce people's stress levels or when people found their mind orientating to a much clearer time in their past. 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 from a Disney film.

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 and sensory items. 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. There was also easily accessible weighing equipment that could be used with hoists and wheelchairs to reduce any anxiety for people.

There were pictorial signs around the home to help people orientate, such as photos of a bathroom and 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 dog and cats corridor. This helped people find their way as independently as possible by using the colours and pictures. We saw people navigating their way independently to bathrooms, for example. People had made their own name plates with pictures they had chosen with staff for their doors so they could find their rooms easier. There was no staff area or bathroom as the ethos was that people and staff all lived and worked together.

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, provider 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 were aware of the process to follow if it was assessed people could legally be deprived of their liberty and freedom in their best interest. Staff continually reviewed individuals to determine if a DoLS application was required. For example, they were closely monitoring one person to identify any areas where risk was increasing, such as putting too many clothes on to go out, but promoting their independence as a priority and involving the person. This person was encouraged to feel valued by staff asking them to carry out more chores within the home rather than outside. This kept the person busy and reduced risk without any restrictions. The PIR confirmed some people had appropriately been subject to a DoLS application to help keep them safe.

Due to a thorough understanding of the MCA and focussing on people's rights the provider and staff had noticed that some relatives struggled with understanding the MCA ethos and could sometimes become anxious. For example, a visitor had commented on one person not having shaved or not acting in the way they expected. The provider now delivered a bespoke training session for relatives helping them to understand how the home enabled people to make their own choices as much as possible. The provider also kept the MCA on staff meeting agendas and randomly asked staff questions when they visited to promote the ethos of people's choice.

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. Fluid charts were used to monitor people at particular risk of dehydration. 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. 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" were people could go and help themselves at any time, some people and staff 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. The website made it clear that, "All of the staff team from the manager to the maintenance man stop working and spend time enjoying all their meals at the same time as the people living in the home. Just like a family" which we saw. One care worker was sharing their packed lunch with someone. They were eating it with their eyes closed, "it's so delicious", they said.

As at the provider's other home, Wisteria House Dementia Care Limited had started the weekly 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. The recent week had seen a new flavour of crisps chosen for the snack table.

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.

Outstanding ☆

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 staff in all roles.

The website went on to say, "The Wisteria House staff team try to make each new day a happy day with many things to look forward to. Our aim is to create a homely atmosphere where you can feel relaxed and comfortable, where staff can sit and talk to you about any worries that you may have and give you a hug if it's welcomed. Each member of staff comes across as a friend, who can assist you with any difficulties that you may have and help you to focus on the things that you can do rather than leaving you to dwell on the things you can't. 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." People told us how they loved being at the home saying, "Staff are very kind and accessible, they impress me no end. They never push me away even though they are mighty busy. They are very considerate and they respect my preferences", "[Staff] are very kind, will talk to me and listen to me. Although on the whole I am independent especially when in the shower, they always shout into me to check I am okay. They know me well and are very quick to help me when I can't do something for myself" and "Staff can't do enough for me. They always ask what I want doing before they leave me to do things for myself. When I first arrived here the staff made every effort to help me settle in. They saved my life and now I try to help others to settle in when they first come to the home." The staff recognised this and made the person feel very valued, seeking them out to introduce new people. People and staff all used the term 'family' and it was clear they all felt connected, talking about each others' families and things they had been doing.

Some people with short term memory loss had forgotten about positive things they had done and were sounding sad. Staff were keen to help them remember in a gentle way. A care worker nearby started to talk about the lovely time they had had shopping together last week. The person responded and ended up chatting away about the slippers they had bought. Another person was saying they were not allowed a nice cold beer. The care worker then talked about the lovely beer the person had had on Sunday and the cocktail making event. The person then started having a good laugh with people about forgetting saying heartily that they must have been drunk. This helped the person feel positive about their forgetfulness and the group of people all had a lovely time talking about their cocktail afternoon and making everyone laugh. There was such a great interaction throughout this event and throughout the day with staff able to acknowledge people's memory loss in such a positive way.

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 and to understand how they liked to be supported. Care plans showed exactly what people could do for themselves. One daily record showed how staff supported someone to be as independent as possible whilst understanding the person had little insight into the progression of their dementia. The staff told us how they did not use the word 'no' but enabled the person to be guided without knowing staff were supporting them, by supporting whilst distracting with chat, for example. Staff realised the person's memory was worsening but did not make it obvious to the person, starting repeated conversations as if new. Another person often forgot what they had said so staff gently repeated the last sentence to start again with short phrases they would understand as stated in the care plan. One person living with dementia liked to 'treat' staff and wanted to be gentlemanly and pay for everything so staff enabled them to think they had.

People smiled as soon as they saw staff, the registered manager 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 manager and staff 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. The provider said, "We know people's personalities. We are 'brave with banter' and adapt to people's language and sense of humour. One person was putting their hands out to staff for a hug and there was lovely interaction with them. Staff also took time to sit with people to make sure they were happy and to help them engage with a film and others, for example.

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. One person was 'chatting' to staff using inaudible words but staff acted positively and nodded and made comments with the person looking like they had been understood. Staff encouraged them to talk about London where they had lived and this resulted in more coherent words being used.

Staff had laminated cards of prompts showing particular items and activities of interest each individual had. Each person had a list of activities and things they particularly liked to do to remind staff of useful engaging topics. 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 called 'My Favourite…' reminded staff that [Person's name] liked a particular TV show, particular song, actor, game and food. They liked to sort jewellery and have their nails painted, both which were happening.

People and relatives were exceptionally positive about the quality of care and support people received. This was confirmed through our observations during our visit. Visitors stayed for long periods, enjoying spending meaningful time with their loved ones. Visitors were encouraged to join in with activities or chores. Relatives came regularly eat 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, "I cannot fault this home at all. [Person's name] is safe, happy and content. They have not been this happy for years at home. The staff are caring, understanding and trustworthy. The interactions between people and staff are amazing. This home is perfect", "[Person's name] has improved so much. He calls it home. The management have been extremely helpful and the staff are so kind", We were very impressed. The staff are so kind, respectful and patient. [Person's name] came home and her general health and mobility were much improved" and "People's safety and wellbeing must obviously come first. Everyone is very approachable." This was echoed by the two 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; in depth, medium and basic depending on cognition and understanding levels. People didn't have to write their names and could be anonymous. Comments from the recent quality assurance survey included mainly scores of excellent. Any comments such as, "some low furniture" had been addressed and relatives commented on the caring staff.

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 with people's input being valued. For example, some people enjoyed make up, 'girly things' and styling hair. Care workers said they often washed their own hair so people could style it. One care worker was saying to one person, "Can you help me wash my hair? Thank you, you are so good at looking after me." People enjoyed having their 'make up' done. Staff used soft make up brushes for sensory stimulation and people also did staff make up. People and staff were clearly enjoying doing things together.

People were valued and included in assisting staff with tasks. Staff encouraged the use of doll therapy for people particularly living with advanced dementia, asking people if they would mind changing the baby, for example. Some people found the company of a doll very comforting and staff were extremely respectful, treating the doll as a real child. For example, they were quiet around the 'sleeping baby'. Daily records also showed how people enjoyed the 'fur-real' cat and supported people with 'pet care' and thanking people for their help. One person was very happy holding the lead of their 'dog.

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 had acted as a person's advocate when social services had said that a person could go home. They had supported the husband who had said they did not think they could cope and looked at how they could assist with any barriers and assure the person they would be supported for a trial at home and not to worry.

The Dementia Care Matters Level One Butterfly award report (explained in well led) stated, "There was no controlling care in evidence throughout the observation." Staff were sharing meals with one care worker talking with a person about their favourite foods. Another person was brought bread and butter and helped to butter the bread themselves or put sugar in their tea themselves. The report spoke of people lovingly brushing a care worker's hair, having make up applied, helping one person polish an ornament and accepting people as part of the team, laying tables. They noted staff initiating topics of conversation with people and smiling as two people carried on talking about where they had previously lived. Staff were vigilant in ensuring people were included in conversations saying about people, did you know….? For example, one person had been a ballerina and this generated some lovely discussions about dance. The provider also attended the Devon Kite Mark and Dignity in Care Home Forum and the Outstanding Society to share their ideas and ethos and learn.

Regular residents' meetings were held and families invited to ensure people were involved in the running of the home. Meetings were meaningful with a clear agenda and staff used effective communication to enable people to join in. Each meeting had individual records and outcomes were recorded such as [Person's name] would like a TV in their room, would like more strawberries and fresh cream, would like a table cloak

(a more dignified description) and would like these items on the snack table….more sweets and toffees. One outcome record said, "We look forward to our birthdays, we get spoilt".

Staff all knew to promote a good day and 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 promoted the time of day, dimming lights ready for night time to orientate people, for example. A good nights sleep was important so people were not tired and ate better during the day for example.

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 not acting in respectful or person centred ways. The provider was looking at ways to further emphasise that all were welcome at the home including LGBT (lesbian, gay, bi-sexual and transgender).

Outstanding ☆

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 preadmission 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. 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. People could also start to meet other people at the home and reduce anxieties being able to get to know about their potential new home. People living at the home were encouraged, if able to, to pro-actively help people settle in. One person said, ""I like to see others settle in like I did. It was wonderful." 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, remaining with them to show them around the building and support them and their family with the admission process. Staff collected information by talking with the person and their family. 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. Key workers took the lead on care plan reviews and staff were matched with people they particularly got on well with or shared similar interests. Staff used various ways to communicate with people taking into account accessible information standards such as pictures, large print or writing a simple phrase.

Staff also used a Functional Behaviour Profile which they found excellent in ascertaining individual's cognitive score and in turn comparing and contrasting them with the other people living in the home. The FBP is a nationally recognised assessment which looks at various cognitive areas such as using tools; hair brush or razor for example, completing tasks such as buttons, decision making process time and support needed, showing enjoyment and understanding simple requests. This enabled the staff team to not only provide appropriate activities and stimulation but also to 'match' people at similar stages of dementia. The FBP was also discussed in the relatives' yearly reviews and this helped loved ones to understand the speed or direction in which the individual's dementia was progressing. This gave loved ones time to prepare for the next stage and consider future support, particularly in enabling stress free and enjoyable visits for all involved.

People, where possible, were involved with planning their care. They said, "I think I have a plan and I think I did my bit in it", "Yes I have a plan and given my views on it. It is comprehensive" and "I have a care plan and when I first came here we discussed it and they also encouraged me to settle in. This care home saved my life I can't thank them enough." 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, recognising that people could still do up their buttons or wash their own face. Care was thoughtful, innovative and very person centred.

People's care records included a "My Childhood" and "Life history". Each shift (8am-8pm) included a quality of life lead who was allocated to ensure each person had the engagement and stimulation and the day they wanted to have. 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. During our inspection, each person had different activities in front of them, sometimes short bursts of engagement depending on their memory. For example, jewellery sorting, doll's head hair brushing, make up, simple games and adult colouring.

The provider and staff were very clear that a good nights sleep was important so helped to ensure people were not dozing because they were bored. Key workers were making life history books with people. These were scrap books with magazine cut outs, photo-copied pictures, family photos and all information on people's lives. These were used with people to celebrate their lives as well as informing staff about them and promoting meaningful conversations. For example, there were pictures of [person's name] with their friends, pictures of a farm and pigs (their past career) and photos of their dad and a butcher's shop where they had worked.

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 was a low number of active visitors so staff were trying to encourage loved ones to visit for activities. There were no 'activity' staff because all staff were involved in engagement and stimulation depending on people's needs.

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. The provider was qualified and passionate about 'relationship care'. The website stated, "Relationship care between the staff team and each individual living in the home is really getting to know each other. I believe you can sense this in the atmosphere within the home. Why do most of the people living in the home smile when a member of staff approach them? Why do most of the people living in the home trust the staff team so implicitly? It all comes down to the relationship care. We believe that there is more to polite and superficial conversation, that can tend to occur in other homes such as 'did you enjoy your cup of tea', 'did you enjoy your meal', 'I'm just going to take you to your bedroom', etc. Just like in shops we hear, 'have a nice day' it's polite, automatic but not a real conversation. We believe in the

importance of making that extra effort, not just in conversation but also a bit of appropriate banter and a sense of humour, bringing out a laugh or two. Who would want to be left to dwell on any anxieties that you may be experiencing?" Staff used their knowledge about people to help them care for themselves too. For example, staff put cream on the doll's face and so the person accepted cream on theirs.

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. One person said, "They look after me and enable me to socialise as I usually do. If I have a committee meeting and there are no staff available (they usually are) the manager phones the club and they send a taxi for me. The stewards then look after me." Staff said, "We really enjoy spending time with people. We go for a walk over to the park and talk about the seasons or a squirrel. We go to the memory café in town regularly so we see other people too. I love it here and people seem to as well which makes it so rewarding." There were many 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. The provider was promoting involvement in domestic washing with people at the moment. People and staff were enjoying being together and we heard lovely compliments given to people. Staff had come together to collect ideas for the Christmas celebrations. Each person's key worker would choose a personalised gift for people and everyone had their own advent calendar. A staff member was responsible to ensuring people had the 'best birthday'.

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. There was a wide range of art and craft items, dressing up items and reminiscence items and a table with a sign saying, 'Please sort me'. This was to help people feel useful. At lunch time staff complemented people on what they had been doing. People moved throughout the rooms as they wished, picking up items or stopping to watch an activity. Staff were completing tasks but chatting and involving people throughout. The Butterfly report stated, "Everyone was engaged in a 'Play your cards Right' game. An electronic device was used to show a local map to someone, staff chatted about a person's career in a bank and there were lots of warm, connected moments that connected people and their lives and created reminiscence." Each person had an individualised list of ideas for their trips out. These included, pub lunch watching the boats, shopping trip to get shoes, aquarium, cream tea on the Hoe and a ride to Dartmoor.

There were lots of theme days such as the Royal Wedding and recently Halloween. People had enjoyed planning and dressing up. We saw photos of people smiling with green hair and witches costumes! 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, sensory games such as bubbles and cleaning.

There was excellent end of life care led by staff trained with the local hospice. Staff were supported to implement recommendations and learning. Staff 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, the person's celebratory life scrapbook, bereavement and practical support. 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 'Dying Matters' website was used as training tools, including videos.

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. Staff spent time with one person supported in bed 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. 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 very few complaints and any 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. One person often became anxious and made complaints. Staff knew they particularly got on well with the registered manager who took the person's concerns seriously although they were clearly unfounded, which we witnessed. The person often came to the registered manager now to talk about their dreams.

Outstanding ☆

Is the service well-led?

Our findings

Wisteria House Dementia Care Ltd was very well led and managed very effectively. People said, "The registered manager and provider are approachable. I love them to bits, If I was to be unhappy she would make adequate suggestions to resolve them. They are really good coping with emergencies. Very professional and constantly keeping up to date with standards. The manager and staff pander to everyone's needs regardless of how busy they are", "Management here is excellent. They can't do enough for me or any of the residents here", "Yes, we [the manager] get on well. We have a leg pull sometimes and I like people with a sense of humour" and "I am very happy here. People get together here; we speak to each other as well as staff." There was a positive culture within the service, the management team provided strong leadership and led by example, with role modelling spoken about often to further embed the home visions and values. As well as regular provider support, this was further helped by the full time registered manager and two deputy managers. There was a handover day and managers covered seven days a week. They were very knowledgeable about people's needs and spent lots of time with people living at Wisteria House Dementia Care Limited.

Wisteria House Dementia Care Limited 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. They all praised the registered manager saying, "We are very lucky to have [registered manager's name]. She is very fair and if you have any concerns she will always listen and help in anyway she can. She deserves a lot more recognition for the work she does."

Staff were asked to complete an annual manager's evaluation to give an honest opinion of the managers' role and performance, looking at attitude, decision making, skills, knowledge and communication. Comments in the recent evaluation included, "You always seem to know what to do without thinking about it, there is rarely a question you don't know, you can pass on skills, caring and fair to all and I couldn't ask for more, brilliant manager and always there for us. A listening ear. Not just a manager but one of the team". There was an open door policy and the registered manager and deputies were visible and available. A communication system was in place which enabled the manager and staff to discreetly show how important any issues was. For example, if staff left the door open they just wanted a chat, if they asked to speak in the quiet room, the manager knew this could be a more formal meeting. People and staff were able to access the manager and the office throughout the inspection.

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 and on meeting agendas. Managers accompanied people on trips out. During the inspection, the registered manager was organising a trip out for one person to buy some jewellery. 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. They knew people so well they used their knowledge to distract people from negative feelings. For example, we saw one care worker asking a person which music they would like on, the choice was musicals or 1960's music. They chose the former and the care worker told us how the person had always been in a choir. We saw the joy from their smile and staff smiling when they all started singing with others joining in. 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 manager. People said; "When I first met the manager I knew straight away Wisteria House would be perfect. The interaction between the residents and staff is amazing" and "I cannot speak highly enough of the owner or manager. Having recently been for respite [person's name] now is a long term resident. They always enjoyed it there" and "The management have been extremely helpful and the staff are so kind."

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 2018 and this was the second time Wisteria House Dementia Care Limited had been rated Outstanding. 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 maintenance man told us how much they enjoyed getting to know everyone at the home and they had some lovely banter with people, getting them to help out if they could.

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. They said, "I have never had to complain I am so happy here but I am sure if I did that it would be resolved." The registered manager and deputies 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.

Wisteria House Dementia Care Limited had achieved a Level One (level one being the highest) Butterfly award five years in a row for 'Exceptional Person centred dementia care of the highest quality of life level'. The Butterfly award is an award 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. The report said, "This is a tremendous achievement. The team demonstrated an approach which is spontaneous, skilful and committed to creating well being with lots of positive social interactions. The team shared caring and warm relationships with people who live at Wisteria House and there is a real sense that the priority is 'being' with people." Highlights of the report were written by the auditor and included, "The genuine care, friendship and love between the whole team and people living here is demonstrated with closeness and hugs and kisses, sharing lives and moments together. There is a mutual giving and exchange

of care as the people equally notice and take care of the team." This was a regular occurrence and seen by us during our inspection.

Staff felt extremely well supported by the provider and registered manager and each other and clearly felt worthy and proud. Following the inspection staff wrote to us to share their views on the service. Comments included, "What makes me feel proud and worthy is when I can make someone else's' day better. We feel very proud of our team, how we all work well and the home's achievements in the Butterfly Award and CQC inspections. I don't have a happiest day, I love them all."

Families of people living at Wisteria House Dementia Care Limited also felt part of the 'family'. The provider was keen to share their ethos with other care homes and the community, welcoming visits from other organisations and homes.

It was important that people felt valued and mattered as part of the wider community. For example, encouraging people to maintain clubs and events they would have continued at home and to enable people to attend the local memory café. Staff enjoyed helping people to sit outside the front door in the small courtyard so they could all wave at the neighbours and passers by with people. Some people had become friends with neighbours and dog walkers from the park. People were supported to help organise charity fundraising days. There had been a charity cake sale with people participating. Some people enjoyed going to the local art house cinema to see special screenings about Plymouth and vintage films such as Black Beauty.

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 continued to attend reflective leadership training through Dementia Care Matters. The registered manager and provider kept up to date on any current national guidance and maintained their own professional development by attending regular training. The registered manager and deputy manager had completed 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 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. We heard an example about how staff had felt able to raise an issue with another staff member about their quality of work for the benefit of people. Staff had written their own whistle blowing policy. Staff said they were very 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, the office opening onto the communal areas. Staff said they felt their concerns were listened to and acted upon.

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 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 night and was fed into annual reviews.