

Mentaur Limited

Wilton House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection took place on 9 February 2016 and was unannounced. At the last inspection in September 2013, the provider was meeting the regulations we looked at.

Wilton House provides care and support for up to six people who have mental health needs, learning difficulties, autistic spectrum disorder, and other associated complex needs. On the day of our inspection there were five people living in the service.

There was a registered manager in post. 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.

People felt safe in the service and were safeguarded from the risk of abuse. There were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults. We found that there were processes in place to manage identifiable risks within and outside the service to ensure people did not have their freedom restricted unnecessarily.

There were sufficient numbers of suitably skilled staff, during both the day and night, to meet people's needs and promote their safety. Robust recruitment processes had been followed to ensure that staff were suitable to work with people. Systems were in place to ensure people's medicines were managed safely.

Staff were provided with induction and training to keep their skills up to date and to support them to deliver appropriate care to people. Staff were supported with supervision and appraisal, which gave them the opportunity to discuss training and development needs, alongside any other concerns.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There were procedures in place to assess people's ability to make decisions about their care. Staff understood how to make best interest decisions when people were unable to make decisions about their care.

People were supported to maintain a balanced diet. Staff worked in conjunction with healthcare professionals to ensure people's health and well-being was maintained.

Positive relationships had been developed between people and staff who treated them with kindness and compassion. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff understood how to promote and protect people's rights and maintain their privacy and dignity. Relationships with family members were considered important and staff supported people to maintain these.

People received person-centred care, based on their likes, dislikes and individual preferences. Before people came to live at the service their needs had been assessed to ensure the care provided would be personalised and responsive to their identified needs. People were supported to undertake a range of social activities and pastimes in accordance with their preferences.

People knew how to raise a complaint should they need to and had accessible information on how to do this. People were asked for their feedback about the service and improvements were made in accordance with this feedback so as to drive improvement.

Leadership at the service was visible and as a result staff were inspired to provide a quality service. Senior staff regularly assessed and monitored the quality of care provided to people. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse and safeguarding procedures were in place.

People had risk assessments in place and staff managed any risks in providing care.

There was enough staff on duty at all times of the day and night. Effective recruitment practices were followed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

There was a system of staff training and development in place to enable staff to do their jobs.

There were systems in place to assess people's decision making abilities and staff appropriately made decisions in people's best interests when this was required.

People received care that met their health and wellbeing needs and people had access to a range of health and medical professionals.

Is the service caring?

Good ●

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People received support to maintain their health and wellbeing and were supported to undertake a range of social activities, hobbies and interests.

People's complaints were appropriately dealt with and were resolved to the satisfaction of the complainant.

The service sought people's feedback and took action to address issues raised.

Is the service well-led?

The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

Policies, procedures and other documentation were reviewed regularly to help ensure staff had up to date information.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good ●

Wilton House

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 was planned to check 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.

This inspection took place on 9 February 2016, and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection, the provider completed a 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 other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks. We spoke with three people who used the service, and also spoke with the registered manager, two staff members and the operational manager.

We looked at two people's care records to see if they were accurate and reflected their needs. We reviewed three staff recruitment files, four weeks of staff duty rotas and training records. We checked medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Is the service safe?

Our findings

People felt safe in the service. When asked what they would do if they did not feel safe or if someone was hurting them, one person replied, "I would go to the police and tell them." Another, when asked if they felt they were safe, replied "Yes." We observed that people were relaxed in the presence of each other and the staff that supported them. The service was secure and all visitors were asked to sign in as they entered the building so that people and staff knew who was present in the service.

Staff had a good working knowledge of safeguarding and understood how to report any concerns if they needed to. They told us about the safeguarding training they had received and explained how they put it into practice. They were able to tell us what they would report and how they would do so. Staff were mindful of the provider policies and procedures in place to protect them and people, and felt that they would be supported to follow them. We saw there was a safeguarding poster displayed in the service. It contained information with the various telephone numbers of the different agencies that staff and people could contact in the event of suspected abuse or poor practice. We saw evidence that safeguarding was a regular agenda item at staff meetings and residents' meetings. It was also discussed during staff one to one supervision. Safeguarding referrals had been made when required. People were protected from harm and abuse by staff who understood the principles of safeguarding.

People had risk assessments that identified specific and individual risks and which guided staff on how to keep them safe. We observed examples of positive risk taking during our inspection, as one person made themselves a late breakfast. We saw that staff stood aside to let the person prepare their meal, offering safety advice, e.g. to switch off toaster but allowing them to do what they thought was right. Each person had up to date risk assessments in place covering a variety of issues including; personal safety, family contact, finances and life skills. These were positive risk assessments which enabled people to be as independent as possible. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. Records showed they had been reviewed regularly but also when people's circumstances had changed.

Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep the person safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

The registered manager told us, and records confirmed that each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to determine how to keep people safe should an emergency occur. We also found a current business continuity plan in place that showed how the service would continue to operate in the event of an emergency.

Staff told us there was always enough of them to support people. One staff member said, "We always have enough staff on. If there are additional activities or health appointments etc. we will have extra staff on."

They went on to say they would cover for each other and had their own bank staff. They told us that they never used agency staff and this was confirmed by the registered manager and records. The operational manager also told us they did not use agency staff due to the complex needs of the people they were supporting.

On the day of our inspection there was enough staff to provide support for each person as required and as detailed within their care records. We looked at past rotas and found they were based on people's dependency needs and the planned activities of people who used the service. Our observations confirmed there was sufficient numbers of staff on duty which ensured that people received safe care.

We found that safe recruitment practices had been followed. A new member of staff told us, "I had to supply two professional references and proof of identification before I was offered the job." The registered manager confirmed that staff were not allowed to commence work until two references and their Disclosure and Barring System check had been received. We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

People were supported to take their medication safely. One person said, "I have my tablets." Another person indicated they had a positive experience in respect of medication administration. Staff were only allowed to administer medicines if they had completed training and had undergone competency checks to do so. We observed that people received their medication when they needed it. We reviewed four people's Medication Administration Record (MAR). All the MARs sheets were accurately completed. Medicines were stored correctly in suitable lockable storage facilities. Medication administration records were recorded when received and when administered or refused. This ensured there was a clear audit trail and enabled staff to be able to reconcile the medication that was held within the service.

Is the service effective?

Our findings

People thought staff were well trained and knew how to meet their needs appropriately. One person said, "They do a good job." From our observations we found that people received care from staff that had been provided with the appropriate training and understood their needs.

Staff confirmed they received training, including induction, to enable them to carry out their roles and responsibilities appropriately. The operational manager told us that all new staff underwent a period of induction when they commenced employment. The induction process was designed to give new staff sufficient time to read people's care plans, review policies and procedures and also spend time shadowing more experienced staff. This provided staff with the confidence they needed to deliver care independently, however, should new staff require additional time during the induction process then this was provided. The operational manager confirmed that the induction programme was competency based, and in line with the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of behaviour that all staff should achieve. Records showed that all new staff were expected to complete a robust induction programme.

Staff completed training that ensured they were able to carry out their roles and responsibilities appropriately. One new staff member explained that after they were offered the job, they had to do a test which included answering questions about colour coded chopping boards in regards to food safety and different scenarios about supporting people who would be using the service. The registered manager confirmed that staff received regular training to keep their skills up-to-date. They said, "Training here is very good, we have a lot of face to face and e- learning courses available. As we are a small team it is easy to make sure it is kept up to date." We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, infection control and medication. Staff were also supported to undertake nationally recognised qualifications, for example, the registered manager told us they were being supported to undertake their Level 5 Qualifications and Credit Framework (QCF). Staff received the necessary training to update and maintain their skills to enable them to care for people safely.

Staff were supported by the registered manager, both informally and formally. Staff said, "We have supervision regularly, every six weeks. We discuss all sorts of things." They told us they were very well supported. Records showed that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent to support was observed, including if people wanted to speak with the inspectors and assisting with personal care. Staff told us that they always asked people what they wanted to do and strived to give them a choice. Lifestyle plans and service agreements were signed in support plans.

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. We checked whether the service was working within the principles of the MCA. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The registered manager and staff told us, that they had received training on the requirements of the MCA. They explained they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) We found that applications had been made under the DoLS for some people as staff considered that their liberty may have been restricted. Staff were able to tell us who were subject to a DoLS and why it was in place. These actions showed that staff understood their responsibilities under DoLS arrangements.

People were supported to eat and drink a variety of foods. One person told us, "I like the food here, it is good. I get to have Chinese, Indian and am having Taco Shells today." There were plentiful supplies of fresh and chilled foods. People who used the service chose the weekly menu, with each person deciding on one evening meal. The person who chose the meal was encouraged to help prepare and cook the meal with staff support. People made their own breakfast and lunch with staff support if required. One person each week went with the staff to do the shopping. We saw that menus were planned in advance. A different meal was available for people every day but a choice was also available if people did not want what was on offer. Records were kept of food consumed for some of the people so that staff could ensure they were eating a balanced diet. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required.

People were able to access additional health care when required. One person told us the registered manager had discussed trying to get an appointment with a psychiatrist to help with anger management. On the day of our inspection one person had a dental appointment. The staff told us that each person had a 'health passport'. They explained that this contained all documentation regarding the person's health with contact numbers and information. Staff told us they always supported people to attend required appointments if this was the person's choice, so they could act upon any guidance that was given.

People had access to healthcare services and care plans and health action plans contained contact details for professionals such as the dietician and chiropodist. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Is the service caring?

Our findings

People told us they enjoyed living at the service and were happy with the staff that supported them. One person said, "I like all the staff." Another person told us staff were friendly and helped them to deal with any issues they had. They appreciated the impact this had upon them and spoke with fondness about the relationship they had with their key worker. We observed that people were relaxed with the staff that supported them and smiled and chatted with staff when they were near them. People often sought out staff to talk and staff always responded with a smile and gave them the time they needed to discuss things.

Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. We observed staff chatting with people about things of interest to them. Staff were able to tell us about individuals and the contents of their care plan, and we observed that the information they provided us with was reflected in their care plans. Our observations confirmed that staff had positive relationships with the people they supported. They spoke with people appropriately, using their preferred names. Many of the staff had worked at the service for some time, which enabled them to build meaningful relationships with people.

Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. People's care records included information for staff about their preferences, and life histories. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

Privacy and dignity was observed throughout the day. We found that one person did not like the sound of water running in the bath, so staff filled the bath then informed them it was ready. The person would then bathe when ready. For another person, staff had made a 'Do not disturb' sign, to be placed on the bathroom door as they were anxious about others interrupting their privacy. This was an example of the efforts staff took to ensure people's privacy was maintained. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Advocacy services were available to people should these be needed. The registered manager told us there was access to an advocacy service if required. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required. For one person, records confirmed they used the services of an Independent Mental Capacity Advocate (IMCA) to ensure their best interests were always represented.

There were areas within the home and garden where people could go for some quiet time without having to go to their rooms. People had the ability to be as private and independent as they were able to. The registered manager told us visitors were able to visit at any time and that people went to visit family and friends when they wanted. We saw within care plans we reviewed that visitors had been to the service and that staff supported people to maintain important family relationships.

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. The operational manager and registered manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. The information gained from the pre-admission assessments had been used to start to formulate care plans and risk assessments for when the person moved in. Care plans we reviewed, showed this had taken place.

People told us they were involved in the development of their support plan and spent time with their key workers, discussing their goals and aspirations. Staff told us it was important that people and their relatives were involved so that they received the right care to meet their needs. They told us that people were able to discuss their support plans during weekly meetings with their key workers. In the care files we looked at there was evidence that weekly meetings took place and people were given the opportunity to amend their support plans if they wished.

People were able to make choices about all aspects of their day to day lives. From our conversations with people, we saw that the care and support was based upon their needs and was person centred. Most people had lived at the service for some years but records confirmed that they or their relatives had been asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

We looked at care plans which were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were as meaningful as staff could make them in order for people to input into the service. For example, they were based upon aspects of daily living that were of importance to people, safeguarding, complaints, menu choices and activities.

People had an individual plan of activities for each day which had been developed with their key worker, and showed a variety of activities. One person said, "I am going swimming this afternoon." They went on to tell us about other things they did through the week including a disco at the pub. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and volunteer jobs. The service ensured that people were supported to undertake activities of their preference.

Records also showed that people were supported to keep their rooms clean and to retain skills that would empower them, and enable them to develop skills in the event that they would move on to a supported living environment.

People were provided with information if they needed to make a complaint. One person told us they would speak to a member of staff if they had any concerns at all. The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service. We saw there was an effective complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The service had sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the service.

Is the service well-led?

Our findings

There was a registered manager in post. During our inspection we observed them chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between them and the staff was open and respectful. They had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

Staff told us that there was an open culture within the service and that they could speak with the registered manager about anything. They told us they felt valued and would be listened to in all circumstances. They said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes that might take place and knew who the senior management in the organisation was, feeling able to contact them if required.

Staff were aware of the whistleblowing policy and procedures within the service and was able to describe the actions they would take if they felt it appropriate. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which discussed a variety of issues, including safeguarding, training and development and ideas in respect of improving service delivery. Meetings were an opportunity to raise ideas and staff told us their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said that communication was good and they could influence the running of the service.

We found there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The registered manager told us there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes in place, designed to enhance daily practice and drive future improvement. We found that frequent audits had been completed and records confirmed that audits had been completed in areas, such as infection prevention and control, medicines administration and fire

safety. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.