

Wilton House Limited

# Wilton House Residential and Nursing Home

## 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 

### Overall summary

This inspection took place on 05 March 2015 and was unannounced.

Wilton House Residential and Nursing Home provides accommodation and nursing care for up to 51 people with dementia. On the day of the inspection 47 people lived at the home.

There was a registered manager at the home. 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.

At the last inspection on the 10 April 2014 we asked the provider to take action to make improvements in relation to the care and welfare of people who use the service, people's nutritional needs, safeguarding people, supporting workers, assessing and monitoring the quality

# Summary of findings

of service provision and records. We received an action plan from the provider that said they would meet the relevant legal requirements by 09 May 2014. We found at this inspection the provider had met all the relevant legal requirements.

The provider used safe systems when new staff were recruited and the staff were aware of their responsibility to protect people from harm or abuse.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information. There were hand overs from staff at the beginning of each shift and daily notes for people were updated.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also understood the importance of giving people as much choice and freedom as possible. The manager had appropriately made applications for DoLS. Staff gained consent from people whenever they could and where people lacked capacity we saw that arrangements were in place for staff to act in their best interests.

People were provided with appropriate food and drink to meet their needs and there were systems in place for staff to support people, so that their health needs were met.

Staff were kind and people appreciated the positive relationships they had with staff. People we spoke with were complimentary about the staff providing the service. Choices were given to people at all times. People's privacy and dignity were respected and all confidential information was held securely.

Care plans included information about people's history and interests. People's individual needs were assessed and were specific to them as individuals. Staff were knowledgeable about how to manage people's individual needs and assisted them to take part in appropriate daily activities.

The manager encouraged staff to take responsibility and supported staff to grow. The manager also had a support structure in place from area managers. There were regular audits and action plans to improve the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient staff members available to meet people's needs and keep them safe and effective recruitment practices were followed.

Staff understood how to recognise signs of abuse and report any incidents and concerns. People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report concerns.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005.

People's health and nutritional needs were met by staff that had knowledge and skills to provide effective care.

Good



### Is the service caring?

The service was caring.

People were happy with the care they received. Staff were knowledgeable about people's needs and preferences.

People were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People were involved with the planning and reviewing of their care. People knew how to complain and they were responded to appropriately.

People were involved in making decisions and given choices.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in post.

People's safety and well-being were at the heart of the way the home was managed. This was because the manager had taken steps to identify and reduce risks to continually review the service provided.

The manager was approachable and had the support of area managers.

Good



# Wilton House Residential and Nursing Home

## 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 was unannounced and took place on 05 March 2015. The inspection team consisted of two inspectors. Before we visited we reviewed the information we held about the home including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During our visit we spoke with eight staff, twelve people who used the service and four relatives. We looked at five care records and two staff files. We spoke with two external health care professionals. We looked at the quality of the home environment and observed how staff cared for people. We looked at a range of policies, procedures and other documents relating to the running of the nursing home.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

# Is the service safe?

## Our findings

Our previous inspection of 10 April 2014 we found that the provider was in breach of Regulations 9 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During this inspection we found that all improvements had been made and the provider was meeting the legal requirements and regulations in these areas.

People felt safe using this service. One person said, "Yes it is safe here, it's not my own home but the staff try as best they can and I certainly feel the environment is safe and secure." A relative we spoke with said, "I have never had concerns about safety and if I did I would raise them immediately but I have not had to."

One person said, "I am happy here and I feel safe". All the staff we spoke with were able to describe what constituted abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding adults and were aware of the provider's safeguarding policy. One staff member said, "I am very well aware of how vulnerable our residents here are and I would not tolerate anything other than respectful and high quality care. I would report any concerns in an instance." People were protected from abuse and avoidable harm by staff who knew how to keep them safe.

We found risk assessments were in place for all people who used the service. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. Staff told us, and we saw in the documented risk plans, that some people were unable to activate the alarm call bell so the level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made on at least an hourly basis and were recorded accurately and in a timely manner.

We looked at the risk management plans for people with complex health care needs and found them

comprehensive and informative. For example we looked at the risk management plans for one person with diabetes, another with a percutaneous endoscopic gastrostomy (PEG) and another person receiving palliative care. We noted that people were appropriately referred to external health care professionals, such as dieticians and speech and language therapists and that a general practitioner (GP) visited every week. We saw that advice and information given had been incorporated into people's care plans and risk management strategies. Staff knew the people they cared for. This showed us that people's care and support was regularly reviewed and changed as their health needs required.

Whilst acknowledging extremely busy shifts all of the staff we spoke with said there was sufficient staff to support them to deliver care to a good standard. We observed that there were enough, suitably qualified staff to meet people's needs in an unrushed and calm way. Call bells were answered in a timely manner and we saw that staff were available to attend to people's needs. One person said "you can't fault the staff, staff are fantastic". We saw staff gently encouraging people who used the service. For example we heard one staff member say, "Take your time, you really do not have to rush." Another staff member said, "We treat our residents as individuals and our care delivery is based on need and not on tasks. I will not rush my residents that would not be right."

One staff member said, "I am very gentle with our residents and always deliver care at their pace. This means not rushing and this makes such a difference. More care assistant time would assist with this but generally we have enough staff not to rush or become task orientated". Another staff member said, "We work well as a team. I really enjoy working here."

Safe and effective recruitment practices were followed to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed. There was a written English test to establish people employed had a good understanding of the English language. There were systems in place to ensure there was adequate cover with the correct skill mix. For example each floor would be staffed by one nurse plus care staff.

People were supported to take their medicines by staff trained to administer medicines safely. There were suitable

## Is the service safe?

arrangements for the safe storage, management and disposal of people's medicines. Medicines were administered safely. A mobile trolley was used during each medicine administration round which was kept locked and

secure at all times when not directly supervised.. We also saw that nurses had received specific training on the administration of insulin, giving an injection, catheter care, PEG management and palliative care.

# Is the service effective?

## Our findings

Our previous inspection of 10 April 2014 we found that the provider was in breach of Regulations 14 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected from the risks of inadequate nutrition and dehydration. Staff were not supported to deliver care and treatment safely or to an appropriate standard. During this inspection we found that all improvements had been made and the provider was meeting these legal requirements and regulations.

One relative said, "You can't fault the staff they are fantastic. My [Relative] is always clean and looked after well."

One Staff member said, "This is a good home, it is safe because all staff have had their training." We spoke with the optician visiting the home who told us, "This is a good home because staff are very responsive to people's needs." We found staff were up to date with their training which covered areas that were relevant to their roles. For example dementia training and moving and handling. The manager had arrangements in place to support new staff with an induction plan followed by shadowing other staff to ensure their proficiency. Staff told us that they completed training sessions held at the home and that they also had training on the computer. We saw that staff were supported by regular supervisions and appraisals to help with their development. There was a program in place to support some staff through college to improve their English language skills. We saw there was a system that helped the manager monitor staff training needs.

Staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA). They explained the importance of giving people as much choice and freedom as possible. One staff member said, "We talk to people about what we are doing and always respect their wishes." We saw in people's care plans that capacity assessments

and best interests had been followed. People's families were involved where people lacked capacity and the manager was aware of the role of the independent mental capacity advocate's service if required. We observed staff gaining consent with the support they were giving in assisting people. The manager had appropriately made applications for Deprivation of Liberty Safeguards (DoLS).

We found that there was a menu in place that offered nutritionally balanced meals. The manager told us that the Menu had been put together in consultation with a nutritionist. We saw people had access to fluids throughout the day and saw staff regularly offering people drinks. We saw fresh fruit on people's plates with their drinks and staff confirmed that snacks were available on demand. People's dietary needs were well documented and staff were aware of their needs. We saw that people were supported at meal times where required. During lunch one person took their plate of food back to the staff and explained that they did not like the food. The staff member accepted what had been said and discussed with the person other options. The person decided to have an omelette and the chef brought a freshly cooked omelette a short while later. We observed people at lunch and found there were enough staff to meet people's needs. Staff treated people with dignity and respect. People were supported to eat where required. The atmosphere was calm and people were supported by caring staff.

People were supported to access health professionals such as GP's, dentists and dieticians. People told us that a GP visited the service on a regular basis and that they were happy that they were able to see the GP when required. They also said external appointments were well co-ordinated by the staff. We spoke with the optician during the inspection, he told us that he was regularly contacted by the staff and was very complimentary about the service.

# Is the service caring?

## Our findings

One person using the service said, “The staff here are very caring. They work hard but they always have time for a chat. I cannot complain at all, about any of them. Wonderful they are”. One relative told us, “You cannot fault the staff here at all. They are so kind and care about all of the residents.” Another relative said, “The staff are excellent, very caring and approachable. They really know their role. Communication is good and I can visit whenever I want. My relative has improved so much and is very happy here.”

During our inspection we observed the routines in the service. We saw that people received care and support in a calm and relaxed manner. We saw that staff were able to spend time with people and observed them interact with people in a positive way. We saw that the staff were kind, attentive and gentle with people using the service. We saw one staff member encouraging a person who had become agitated and was shouting out aloud. We noted the staff member spoke in a quiet and reassuring manner and that this de-escalated the situation quickly and the person calmed.” One staff member said, “What is most important is showing residents how empathetic we are and you need time to be able to do this. I always make a point of spending time with my residents, to listen to them.”

We spoke with people who used the service about how involved they were in making decisions about their care and support. We received comments such as, “Yes I am involved in making decisions about how I spend my time”. A relative said, “Yes I am involved in planning care for my relative. The manager is very visible and approachable and I often discuss ideas for improvements to better support my relative. Staff know my relative very well and what they like and don’t like.”

We saw staff involving people in discussions about their care. For example we saw one person using the service who was offered a variety of different food for breakfast. We saw

the staff member asked the person what they wanted to eat and drink. The person was unsure and we saw the staff member bring a variety of food for the person to look at, before making their choice.

We asked staff how they offer people using the service choice and one said, “I try to offer choice in everything such as what clothes my resident would like to wear, what food they would like to eat and what music they would like to listen to”. Another staff member said, “A number of our residents have communication difficulties and I always make sure I get down on to their level so that I can make eye contact. It is incredible how much communication about my resident’s involvement can be had with eye contact alone.” We saw an example when a staff member attempted to engage a person in a discussion about the news headlines. The person using the service became agitated and we saw the staff member calmly and sensitively took action in accordance with the person’s wishes and did not pursue having the conversation.

Staff told us about the importance they attach to their approach and one said, “What I really like about working here is that we all have the upmost respect for our residents. This is so important to us, as these residents could be any of our loved ones. We must always remember that.” We observed staff supporting people during our inspection and saw they treated people with respect and dignity. We saw that all bedroom doors were closed unless a person using the service had requested otherwise. We saw staff always knocked before entering a bedroom and we saw, repeatedly, that people were offered the option of staying in their rooms if they so wished. We noted that when mobility equipment was used for moving people in the communal areas a mobile screen was always used to protect the individual’s privacy and dignity. We saw considerate and calm interactions between staff and people who used the service. We noted all staff spoke in a respectful and courteous manner. People’s privacy and dignity were respected and all confidential information about people was held securely.

# Is the service responsive?

## Our findings

People told us that they enjoyed the activities and entertainment offered in the home but were not able to go out of the home for social or leisure activities. One person told us, "The activities are really good, but when they are not here it is really boring. I would like to go out but this does not happen."

People enjoyed the entertainment provided. One person said, "The entertainment is good." We found there was a range of activities available such as exercises, music therapy and various games. We found that entertainment was booked for people once a month, the entertainment was mainly vocalists. The activities co-ordinator was very enthusiastic and told us that they looked at people's hobbies and interests in their care plans and also spoke with people and their families to help them with supporting people through activities. The activities co-ordinator told us that for people who were unable to attend activities, they made sure they spent time with them. We saw activities throughout the day for example, in the afternoon we saw people playing bingo. There were prizes for people and we saw people had smiles on their faces and were enjoying the game.

We found that there was little involvement for people out in the community. Only a few people were able to go out with staff to the shop. However there were outings that had taken place involving up to ten people at a time. We saw minutes of meetings that had highlighted the need for improvements in involvement in the community. Suggestions included a travel club, gardening club and to involve the local churches, schools and clubs. At the time of our inspection this had not taken place but these suggestions were from a meeting dated 20 January 2015 and the manager confirmed that this needed to change. The manager had recognised the need for more involvement with the community and was looking at how

best to achieve this. The local schools attended the home at Christmas to sing carols. A small dog was brought into the home by the owner on a regular basis and was loved by the people who used the service.

We saw that where people using the service had been able, they had contributed to their assessments and care planning. We saw that people's preferences, life style choices and aspirations had been sought. We also saw that relatives had contributed to the care planning process. One person confirmed that they had been involved with their care and said, "Staff support me to go outside and have a cigarette when I want to."

We found that the food menu had been changed as a result of complaints from people who used the service. People had not been involved or asked about what choices they wanted to see on the menu and were not happy with the food. The manager responded by consulting a nutritionist and a new menu was now in place. The manager confirmed that the new menu will be reviewed with people who used the service after one complete cycle of the menu to seek people's views and to give them more choice.

The manager had arrangements in place to manage concerns and complaints. The manager told us that the complaints procedures were covered in the service user guide given to all people at the home. Staff confirmed they were aware of how to raise concerns and felt confident to do this. We looked at the complaints log and we saw that the complaints received had been fully investigated and responded to there were action plans in place to resolve any issues or concerns raised. For example one relative had complained that they had not been informed about changes to their relative's needs. We saw that the manager had responded to the complaint and steps had been taken to ensure this did not happen again. Another person complained that their relative was not happy with their room and the person was offered another room instead.

# Is the service well-led?

## Our findings

Our previous inspection of 10 April 2014 we found that the provider was in breach of Regulations 16 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. During this inspection we found that all improvements had been made and the provider was meeting the legal requirements and regulations.

All the staff we spoke with felt confident in raising concerns to the manager. Staff said their manager was very visible and approachable. One staff member said, "I would not hesitate to raise a concern."

We saw that the manager carried out regular reviews of the home, speaking and listening to people who used the service and staff. We saw that the manager also conducted environmental checks at the same time ensuring that standards were maintained. The manager was supported by weekly visits from area managers to help with improving the service. This was done by regular audits and routine inspection of the home. We reviewed these audits and found that information from these had been used to develop the homes improvement plans. For example we saw that where people had raised the need for a new path at the back of the building this had been looked at by the home and had become part of the improvement plan. We found that this action had been taken and the path had been put in for people who used the service. This meant that people's request had been taken into account and acted upon.

People, staff and relatives confirmed that they had taken part in meetings arranged by the manager to share their views and discuss how the service was run. We saw minutes from a staff meeting that included topics discussed with the activities staff and the chef. Subjects covered ranged from training, improving the sensory room, people's rights and dignity and choices of meals and

nutritional requests. The manager also used satisfaction surveys to support people to be involved with the development of the service. This meant that people's views were sought and they had the opportunity to be involved and share their ideas and concerns. For example, where people had been unhappy with the food, the menu had been changed in consultation with a nutritionist and the manager told us it was going to be reviewed by people who used the service.

All staff we spoke with were aware of the whistle blowing policy and had access to contact details for organisations such as the Care Quality Commission.

The manager told us about the new electronic system for updating records. Most of the care plans had been placed onto the electronic system. The manager explained that they had yet to use the full scope of the system and that training and support for staff had been put in place. The manager said that although this had been a big project the benefits of the new system for auditing, monitoring and reviewing peoples' records were considerable. This showed the provider had looked at ways to improve the systems to enable staff and management to provide a better service. The system enables a quick and easy way to carry out comprehensive assessments and the manager has immediate access to all information about people, staff and the care home, presented on a single page. Reminders are automatically generated to ensure that all records are up to date.

Registered services are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. We were able to see from people's records, that positive actions had been taken to learn from accidents and incidents. When accidents or incidents had occurred the management had put actions in place to reduce the risks of these happening again and make sure that people were safe. For example, we saw evidence that people who were cared for in bed, had easy and direct access to an alarm call bell and where people were not able to use the call bells there were regular checks in place to keep people safe.