

Wilton House Limited

Wilton House Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 12 and 14 July 2016 and was unannounced. At our last inspection on 13 October 2015, the service was rated as requiring improvement. At this inspection we found that the provider had made the required improvements in relation to the concerns previously identified. However improvements were required in relation to staff obtaining people's consent and around dignity and respect. Wilton House Residential and Nursing Home provides accommodation and nursing care for up to fifty-one people. At the time of our inspection 49 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff did not always obtain people's consent before providing personal care and support, the registered manager held immediate workshops to discuss these issues with staff. Information about local advocacy services was available to help people and their family's to access independent advice or guidance.

Care was not always provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff was knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs. However people were not always communicated to in a way that promoted their choice and independence.

The environment and equipment used were regularly checked and well maintained to keep people safe. The registered manager reviewed this daily. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and people were positive about staff skills, experience and abilities. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People told us they felt safe, happy and well looked after by staff working at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People were involved in the planning, delivery and reviews of the care and support they received. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

People were supported with activities at the home and in the wider community. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff were complimentary about the manager, deputy manager and how the home was operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

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

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff did not always established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

People's privacy was not always respected by staff.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was not always provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported with activities at the home and in the wider community.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, relative's and staff were all positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 carried out on 12 and 14 July 2016 by one Inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. We also had in attendance a specialist advisor who was a qualified nurse. The inspection was unannounced. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them 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 held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 12 people who lived at the home, four relatives, five staff members, the registered manager and deputy manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and three staff files.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "Staff are around and about all of the time, that makes me feel safe." Another person said, "Oh yes I do feel safe there are people around you see, I had a fall at home, I am safer here." A relative said, "Yes they are very safe here, much safer than they were at home. They kept having falls you see and after the last hospital visit they came here for respite care and we asked if they could stay. They have not had any falls since."

Staff we spoke with were able to demonstrate they could recognise signs of abuse and knew how to report any concerns they had. One staff member said, "I would report my concerns to the manager." Staff knew how to escalate concerns and report to outside organisations such as: the local authority and CQC. A staff member told us that they could report to CQC or the local authority and knew about the whistle-blowing policy. All staff we spoke with understood how to keep people safe and how to report any concerns. For example there was a folder on each unit to record any bruises or incidents to ensure these were investigated and all staff we spoke with understood it was their responsibility to update this. Staff we spoke with confirmed they had completed safeguarding training.

We found that safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were reviewed and all relevant pre-employment checks were in place before staff were allowed to start working at Wilton House.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. One staff member told us, "There are enough staff on duty. If someone calls in sick, they contact those on a day off to check if they were able to cover the shift and if no-one comes they contact the agency. We do tend to get the same people from the agency, they know the residents." On the first day of our inspection we found that one staff member did not turn up for their morning shift. We saw that this was covered very quickly by the deputy manager. Another staff member told us, "Yes there is enough staff." We saw throughout the day that staff responded to people's needs. Call bells were answered in a timely manner. We found that staff were available to meet people's needs.

We found that the cleaning schedules had been changed to ensure better standards of infection control. For example weekly cleaning of equipment such as hoist had been changed to daily and this was reported to the registered manager each morning to ensure the standards were maintained. Equipment we checked looked clean and had been maintained to a good standard.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We observed staff administering medicines and we found that safe practices were followed. We observed that staff took their time and ensured people were not rushed to take their medicine. The communication was good and consent was always sought.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers. For example, we found that one person had come to the home with pressure ulcers had been assessed by the nursing staff. We had our specialist advisor look at the care that was been given and we found that the care in place was meeting the person's needs. The pressure ulcers were responding to the treatment and had improved. We also observed that repositioning charts were documented correctly and kept up to date. The person was responding well to the care provided.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used in the home were well maintained to keep people safe. For example fire alarms were regularly tested.

Is the service effective?

Our findings

People who lived at the home and their relatives were positive about the skills, experience and abilities of the staff. One person said, "Yes there are no problems, they are all able to care for me." One staff member said, "I am up to date with my training, they do a lot of training here."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had capacity assessments and best interest meeting to ensure that their best interests were met. The registered manager had applied for authorisations to deprive people of their liberty where appropriate.

Throughout the inspection we saw that staff did not always seek to establish people's wishes and obtain their consent before providing care and support. One staff member told us, "I assume people have capacity, you have to give them [People] choices. Don't assume because they have dementia that they don't have capacity to make simple choices, everyone has the right." However, over lunch, we saw one staff member wipe a person's mouth without seeking their permission. We also observed another staff member asking if it was ok to put on a garment to protect the person's clothes. The person responded by saying no but the staff member still placed this on the person. We spoke with the registered manager and they addressed this issue immediately, they had meetings with staff to discuss the issues raised and to remind staff of the importance of ensuring good communication and respecting people's choice. One person told us, "They tell me what they are going to do oh yes they do."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff we spoke with confirmed they had completed an induction. Staff received training relevant to their roles and responsibilities and regular updates in a range of subjects designed to help them perform their roles effectively. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications. One staff member said, "Training is good, I have just done online courses."

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. Staff had regular supervisions where their performance and development was reviewed. We saw that supervision discussed key areas of training including: safeguarding, dementia care standards, moving and handling and reporting issues. One staff member told us, "We have supervisions every two months with the registered manager or deputy manager. I get asked

about what I want and they listen to me."

We observed lunch being served in two communal dining rooms and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. We saw that people who did not eat their food were offered an alternative and staff communicated and engaged with people. However, we also observed that this was not always happening. We observed staff placing food down in front of people but not communicate what the food was. For example we saw one person was given pureed food but staff did not tell them what it was. We saw staff ask people whether they would like pudding and again did not say what the pudding was. People were offered a choice of drink throughout the meal. One person said, "The food is pretty good to eat, but we just don't get a choice of main course. There are some vegetables, mainly frozen. We sometimes get a choice of sweet but not very often." Another said, "Well its ok, it's not like you would cook at home but its ok." We saw during the tea rounds that people were given tea biscuits and slices of fruit, people were not always offered a choice of hot or cold drinks. People received some biscuits and chopped fruit on a plate with their tea but were not offered if they just wanted a biscuit or maybe just some fruit.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw that people had been supported to see their GP's, dieticians, opticians and dentists when required.

Is the service caring?

Our findings

People were cared for and supported in a kind and caring way by staff that knew them well and were familiar with their needs. One person told us, "'I like the lady in charge up here, I pull her leg. They [Staff] are really good because they are kind, they talk to me."

We found on the first day of our inspection that almost all the doors were open and we were able to see people asleep in their beds. There were some people who did like to have their doors open. One person said, "In the morning [Staff] like us to keep the door open because they say we are vulnerable and this helps them keep an eye on us. They do respect my privacy and dignity when I have a bath. They use a towel; I like them to stay with me in the bathroom. They do this and then help me out and get dry." We saw that staff helped and supported people with dignity but had not respected their privacy at all times. We spoke with the registered manager about this and the following day they held workshops for staff about respecting people's privacy. The deputy manager has ensured that for people who want their doors open that this is documented in their care plan. On our second day of the inspection we found that this had been addressed.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. We saw people's relatives and friends visiting throughout the day. One relative said, "As far as we can see, they're [Staff] lovely, no problem. They have thrived since being here." A person said, "They are all very good and kind to us really. No problems with privacy and dignity – they speak quietly to me in the lounge if it's private. They are very good to everybody in here from what I have seen."

People and relative's had the opportunity to attend meetings to discuss any issues. We saw examples of minutes of meeting where topics discussed were: food, activities, care standards and staff. People and their relatives had a chance to talk about what they wanted.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and independent advice, was prominently displayed and made available to people and their relatives.

Is the service responsive?

Our findings

We received mixed feedback from people and their relatives in relation to the level of involvement and input regarding the development of their care plans. However, we found that people and their relatives if appropriate had been fully involved in the planning and reviews of the care and support provided, there was good guidance made available to staff about how people wanted to be cared for and care plans were reviewed on a regular basis and when required.

People received personalised care and support that met their individual needs and took full account of personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. For example, we saw where one person had swallowing difficulties they were referred to the GP and to the speech and language therapist (SALT). This resulted in the dietician reviewing their nutritional needs.

We looked at the care records for people. We saw that each person's needs had been assessed prior to moving in the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required with attention to physical ability, hydration, nutrition, continence, personal hygiene, cognition, skin integrity, communication and medication. Care plans included a weekly audit of the pressure mattress - results documented and kept in the manager's office. One resident's 'mobility assessment' stated they were experiencing "severe discomfort" during moving and handling. Care planning included the management of their pain. The nurse we spoke with was able to show in the communication book requesting the GP review medicines to control pain. Pain relief was prescribed as a result with good effect. We saw repositioning charts were completed properly. This meant that people's needs were reviewed and actions taken to meet their needs.

The home had an effective communication system, handovers were in place for staff; a communication book on both floors and staff had regular meetings. The registered manager told us they would send out memo's or hold quick meeting to ensure that people were aware of any changes and updates.

Opportunities were made available for people to take part in meaningful activities. We found that group activities were completed in the morning, these were centred on people in the communal areas, in the afternoon the activity coordinators focussed on 1 to 1 activities with people in their rooms. We observed a group activity involving people in the morning centred on their memories of prominent people in the royal family or in government. The participants interacted well and at times there was discussion between residents as a result of the photo stimulation. After lunch, we also observed 1 to 1 activities in a resident's room. One activities coordinator was giving a person a hand massage and talking to them about their family. There were planned activities daily and these were displayed around the home. One person told us, "They [Staff] do their best really but we do get bored unless we have our own books to read or the paper and you have to pay for your own paper."

People and their relatives told us they felt their views about their care were listened to. We found complaints or concerns raised were responded to in line with the provider's complaints policy. Information about how

to make a complaint was displayed around the home. People we spoke with told us they had no reason to complain but if required they knew who to talk with. One relative said, "No we never have raised a complaint, we had a concern because [Name] hearing aid was lost. It was found in the laundry though, so at least they acted on our concern".

Is the service well-led?

Our findings

People who lived at the home and relatives were all positive about how the home was run. They were complimentary about the registered manager and deputy manager, who they described as approachable. One relative told us, "I think it's a really great home, the way they communicate. They tell me when things change."

The registered manager carried out daily spot checks of the home and spoke with people and staff about their views and experiences. They also conducted environmental checks at the same time to ensure standards were maintained and people were safe. One staff member said, "[Name of registered manager] supports everybody, their door is always open. I'm given support and they listen to me and take on board what I have to say."

The registered manager told us that they have an open door policy and made them self-available to residents, relatives and staff. They had regular meetings to discuss issues and ideas. The registered manager also used these meeting to ensure staff understood their roles. The registered manager had a clear vision and promoted their vision and values to staff. Staff were supported with supervisions and regular meetings. Staff we spoke with felt supported. One staff member said, "There is good team work and the manager is approachable."

The registered manager was supported by two line managers who supported them with regular meetings. The registered manager told us that line managers carried out regular spot checks and audits of the service to ensure that standards were maintained and improvements were made as required. The manager and deputy manager completed weekly and monthly audits at Wilton House. Information gathered from seeking people's views and audits had been analysed and an improvement plan was in place detailing the actions required to make the improvements. For example, we saw the audits identified that carpets needed replacing in one of the corridors. We also saw that most carpets had been replaced in rooms to enable better infection control.

We found care plans were kept electronically and were reviewed monthly. Daily notes were updated throughout the day and care plans were person centred. We found that staff worked well as a team and all staff we spoke with felt there were enough staff and there was always someone to turn to should they required support. There were champions for nutrition and infection control and the deputy manager was a train the trainer for moving and handling.

Services that provide health and social care to people are required to inform the 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 that positive actions were taken to learn from incidents. For example, when an accident had taken place the registered manager reviewed the circumstances and took steps to reduce the risks of these happening again and made sure that people were safe. We saw that staff understood how to

document any bruises or accidents in the required folder. This was reviewed daily and any incidents such as bruising would be looked at. The registered manager told us that by improving the way staff support people with moving and handling and liaising with GP's in regards to people's anticoagulant medication, the numbers of bruising have been drastically reduced. The deputy manager looked at medicine and accidents and incidents reports daily and reported findings to the registered manager daily.