

Wilton House Limited

Wilton Lodge Residential 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	
Is the service well-led?		Good	

Overall summary

This inspection took place on 26 February and the 10 March 2015 and was unannounced. Wilton Lodge Residential Home was last inspected on the 05 September 2013 and was compliant against the regulations we looked at.

Wilton Lodge Residential Home provides accommodation and personal care for up to 36 older

people, some of whom were living with dementia. It does not provide nursing care. On the day of the inspection there were 30 people living in the home and a registered manager was in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

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

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 made applications for DoLS when appropriate. Staff gained consent from people whenever they could and where people lacked capacity we saw arrangements were in place for staff to act in their best interests.

Staff were kind and people appreciated the positive relationships they had with staff. People using the service were complimentary about the staff. Choices were given to people at all times for example, about what they wanted to wear. People's privacy and dignity were respected and all confidential information was held securely.

There were systems in place to ensure people had their health needs assessed and met. People were given sufficient quantities to eat and drink.

Staff received regular training and knew how to meet people's individual needs. Any important changes in people's needs were recorded and all staff were updated. There were hand overs from staff at the beginning of each shift and daily notes for people were updated.

People's individual needs were assessed and collated in their care plans. These also included information about their history and interests. Staff were knowledgeable about people's individual needs and people to take part in appropriate daily activities.

The service was well led. The manager encouraged staff to take responsibility and supported staff to develop their skills. The manager received support from area managers. There were regular audits and action plans in place 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 was sufficient trained staff available to meet peoples care and support.

Possible risks to people's health and safety were assessed and appropriate action was taken to keep them safe.

All staff received appropriate training.

People's medicines were delivered safely by competent staff.

Good



Is the service effective?

The service was effective.

People were cared for by staff that had appropriate training. Staff were knowledgeable about individual people's care and support needs.

People's mental capacity was assessed and their care was managed in line with current legislation and guidance.

People had appropriate food and drink and their individual health needs were met.

People were supported to maintain good health and had access to other care professionals.

Good



Is the service caring?

The service was caring.

Staff were kind to people and treated them as individuals.

People and or their advocates were involved in planning their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted.

Good



Is the service responsive?

The service was responsive.

People's individual needs were planned for and met. Daily activities were provided in response to individual interests and preferences.

There were opportunities for people to express their views about the service and there was a clear complaints procedure.

There were regular meetings for people to discuss their ideas or concerns.

Good



Is the service well-led?

The service was well led.

There was a registered manager who encouraged an open culture throughout the service.

Good



Summary of findings

There was a deputy manager to support the registered manager so that leadership was always provided for staff.

Both the manager and deputy manager were available and approachable to people who lived in the home their relatives and staff.

There were systems in place for the provider to monitor and audit the quality of the service provided.

Wilton Lodge Residential 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 26 February and the 10 March 2015. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before we visited we reviewed the information we held about the home. This included 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 ten staff, seven people who lived in the home and four relatives. We looked at three care records and two staff files as well as a range of policies, procedures and other documents relating to the running of the home. We looked at the quality of the home environment and we also observed how staff cared for people.

We 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

People living in the home told us they felt safe. One person said, “Very much so, I have nothing at all to worry about.” Another person said, “I feel very safe here”.

All staff we spoke with were able to describe what constitutes 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 safeguarding policy. One staff member said, “I would raise any concerns with the seniors or managers.” One person said, “I have no concerns at all about safety”.

We saw people’s risk was managed well and their independence was supported by staff. There was good guidance for staff around how to manage people’s needs, for example we noted in one person’s action plan around the risk of falling, staff were to make sure the person had their walking frame and that trip hazards were minimised. We observed after lunch time staff made sure people had their walking aids and assisted where appropriate and corridors were kept clear of any hazards.

Staff told us that where particular risks were identified, measures had been put in place to ensure the risk was safely managed. For example, we saw one person had started to lose weight and was not eating their food. Their relatives told us about their concerns regarding them not eating. We found the person was being closely monitored by staff. A daily food and fluid charts had been put in place to monitor the person’s intake. They were weighed weekly and a GP visit had been arranged to discuss the person’s needs.

Staff we spoke with said there was sufficient staff to deliver care to a good standard. We saw that there was good availability of ancillary staff to enable the care staff to focus on people rather than tasks. The manager said that the Deputy Manager responded well if people’s needs increased and additional staff were required. We saw in staffing rota’s that where there had been an increase in the number of people living in the home staffing increased. Call bells that sounded through the day were answered quickly. One relative told us that they had actually tested the response to the alarm bell when they had originally been assessing the home. They told us they were pleased with the response time. The manager said they had a number of staff who were available to cover short falls in staffing when required.

We saw people received their medicines as prescribed and that medicines were stored managed and administered safely. There were systems to manage medication. We saw that people were supported, to take their medicines at a pace that best suited them. We saw one person refuse their medicines after dinner because they were full. Staff gave the person more time and did not rush them. They returned later and the person took their medicines happily.

We looked at two staff files. We saw that 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.

Is the service effective?

Our findings

One person said, “Everyone looks after me, I am very happy here”. People had their needs met by staff that knew them well.

We saw staff training covered areas that were relevant to staff and people needs, for example. Dementia training and moving and handling. The home supported new staff with an induction plan followed by shadowing other staff to ensure their proficiency. One Staff member said, “Yes I did an induction and was also mentored and shown how to do the job.” Staff told us that they completed class room training sessions at the home and other training was completed on the computer. We saw and staff confirmed that they were supported by regular supervisions and appraisals to help with their development. The manager had a program to support some staff through college to improve their English language skills. There was a system to monitor staff training needs to ensure that staff had the skills to support people.

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, “I always ask what people want or need.” 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).

The menu offered healthy options for people to choose from. These menus had been created after consultation with a nutritionist. There were daily options and people could request another alternative if required. For example,

Jacket potato or an omelette. We observed people over lunch and found there were enough staff to meet people’s needs. The atmosphere was calm and people were supported by caring staff.

However we found that people had not been involved with what foods they would like to see on the menus. One person said, “The food is very good but we are not really asked what we want, you just get what you are given”. We found that people had complained about the food choices and because of this a new menu had been implemented. We saw where people had dietary requirements these had been documented’ for example. One person who had difficulty with swallowing had been placed on a soft food pureed diet to assist with swallowing. We saw at lunch time that some people had received their soft diets. The manager confirmed that once the menu had completed a full cycle the new menu would be discussed with people who live in the home to ensure their views and choices are included.

People had access to drinks throughout the day and we saw staff regularly offering people drinks. There was fresh fruit set out in one of the lounges and staff confirmed that snacks were available for people when they wanted. People’s dietary needs were well documented and staff were aware of people’s needs and they were being met. We observed people being supported at meal times where required. For example one person told staff that they did not like the dessert they had chosen. The person was offered an alternative by the staff member.

People were supported and had access to other professionals to help and maintain their health and care needs. There was documentation that listed visits from other professionals such as GP’s, dentists and dieticians. People said a GP visits on a regular basis and they could see a GP when required. People told us hospital and community appointments were well co-ordinated by the staff. We saw there was a community nurse visiting a person at the home.

Is the service caring?

Our findings

One person said, “Staff are very helpful, I am very happy here. People living in the home we spoke with were complimentary about the staff. We saw people were cared for in a kind and respectful manner.

We saw that staff were patient and gave people encouragement when supporting them. Staff were calm and not rushed in their work. People said staff were caring. We observed good friendly interaction between people and staff. For example, one staff member was assisting a person with opening some plastic bags they completed the task together and were enjoying each other’s company. One person said, “All the staff are lovely they call us by our names and treat us well.” Another said, “They look after us well here.” We saw where people had become a little confused that staff responded in a kind and patient way; They made time to talk with people to offer reassurance.

Throughout the day we saw positive interactions between staff and people who lived in the home. Staff took the time to talk with and support people. We overheard someone who was upset being reassured by a staff member in their room. The staff member was unaware we were in the corridor and the communication we heard was kind and caring to the person. One relative said, “I like the home, the staff are good.”

People using the service and their relatives were given an information pack about the service. People who came to the home were involved with their care plans and where people lacked capacity to make specific decisions about their care their family members or others were involved as appropriate. A relative explained to us that they had filled out forms about their relative’s needs and background history. People we spoke with also confirmed that they had been asked question about their preferences. Staff were able to answer questions about people they cared for; this showed that staff had knowledge about the people they supported.

We found that staff understood the importance of privacy and dignity and that they promoted these principles during their work. We spoke with staff and they were able to discuss the importance of respecting dignity and people’s human rights. One staff member said, “We always knock on people’s doors before entering into people’s rooms. We communicate everything we are doing and always respect people’s privacy and choices.” Another staff member said, “We listen to people, this is very important. “One person said,” Staff always knocked on my door and I feel they are respectful to me.” Staff confirmed the importance of assisting people to do as much for themselves, to promote their independence.

Is the service responsive?

Our findings

People's care plans were personalised and included information about their history and interests. We were told by people and their relatives that they had been involved. A visiting community nurse said the home had been very responsive to the person they had seen and had everything in place to meet their needs.

There was a range of activities on offer at the home such as exercises, music therapy and various games. On the day of our first visit the activity co-ordinator was playing dominos with a couple of the residents. Outside entertainment was booked for the home once a month, the entertainment was mainly vocalists. On the second visit we saw the entertainer was in the lounge down stairs. People who wanted to participate were supported by staff to do so. We saw people sing along to the music and clap their hands. Some people danced with staff and were observed having a great time.

The activities co-ordinator was very enthusiastic about her job and told us that they looked at people's hobbies and interests in their care plans and also talked to people and their families to help them with supporting people with activities. For example, the activities co-ordinator held a ceramic paint session; this was done because one person used to paint on ceramics. The activities co-ordinator told me this was enjoyed by lots of people and we saw photos of people's work. We observed one person was having their nails painted and there were board games being used. Another person was being assisted with their exercises and the person told us that they enjoyed doing them.

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.

One relative said, "The home is a lovely place but there are no activities outside of the home. If it was not for me taken my [Relative] out, then they would not get out at all. It would be nice for people to go out more." Another person said, "I don't think I've been on any outings".

Where people using the service had been able, they had contributed to their assessments and care planning. People's preferences, life style choices and aspirations had been sought. Relatives had also contributed to the care planning process when appropriate. One relative told us about the list they had completed with all the details of their relative, their personal history, likes and dislikes. There were meetings held every three months for family and friends to be involved in the home this gave an opportunity to discuss any ideas or concerns people might have. The manager told us that these were not always well attended but told us they gave people plenty of notice and encouraged relatives to attend.

We saw complaints policies displayed throughout the home and the manager said the complaints procedures were given to all people at the home in their service user's guide. Staff said they were confident about how to manage any concerns people raised. The manager said all staff were aware to take every concern seriously.

We looked at the complaints log and we saw the complaints received had been fully investigated and responded to with action plans in place to resolve any issues or concerns raised. For example the menus had been changed due to people not being happy with the food. This showed where people complained the manager took the complaints seriously and responded with an action plan. .

Is the service well-led?

Our findings

All the staff spoken with felt confident to raise concerns with their manager. Staff said their managers were approachable. One staff member said, "I am happy to raise a concern."

There were regular meetings for staff and people who used the service. Satisfaction surveys were also used to ensure people were able to be involved with the home. We saw minutes from staff meeting had covered topics ranging from training, people's rights and dignity and respect. Staff also spoke about the whistle-blowers policy and staff we spoke with were aware of the policy and had access to contact details for organisations such as the Care Quality Commission. People, staff and relatives confirmed that they had taken part in meetings arranged by the manager.

The manager carried out regular reviews of the home, speaking and listening to people using the service and staff. The manager told us they also conducted environmental checks at the same time ensuring standards were maintained. The manager was supported by weekly visits from their area managers to help with improving the service. This was achieved 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. We saw on the refurbishment plans where a carpet had been identified as needing replacing this had been incorporated into the January refurbishment plan and given a date to be actioned by May 2015.

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.

We saw the service had a refurbishment plan, we saw where needs had been identified they had been placed on the refurbishment plan. We also saw that tasks were being completed. There were also action plans in response to monitoring the service for example. They had identified that staff training for deprivation of liberties was required and all staff completed the training.

Services that provide health and social care to people 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 saw in people's records, that positive actions were taken to learn from incidents. For example, when accidents had occurred risk assessments were reviewed to reduce the risks of reoccurrence and make sure that people were safe. We saw that peoples risk was managed, for example. One person who was at risk of malnutrition had been monitored more closely to ensure the person's fluid and food intake were sufficient and other professional advice had been sought to ensure good care.