Popular Care Ltd

Wilton House 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
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on the 12 April 2016 and was unannounced which meant the staff and provider did not know we were visiting.

Wilton House care home provides nursing and personal care for up to 37 people.

We last inspected the service on 3 June 2014 and found the service was compliant with regulations at that time.

There was a registered manager in post who was on duty at the time of the inspection. They had worked at the service for six months and had just completed their registration prior to this visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. The registered manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of practice. This meant people were safeguarded.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. We fed back to the registered manager that the quality of recording around supervisions and appraisals was good.

We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew

people's food preferences well. They also told us that they received any equipment and supplies that they requested promptly. People told us they enjoyed the food at Wilton House and we saw people were supported to have their nutritional needs met.

People told us they had good access to their GP, dentist and optician. Staff at the service had good links with healthcare services and people told us they were involved in decisions about their healthcare. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and the activities co-ordinators ran a full programme of events which included accessing the community with people. We saw people popping in and out of the registered manager's office to chat and spend time with them and it was evident that everyone knew the registered manager well and were comfortable to speak with them at any time.

We observed that all staff and the registered manager were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members and there was a warm and caring atmosphere in the service and people were relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

We saw the registered manager had a planned programme of staff and resident meetings for the rest of the year as resident meetings had not always taken place previously. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. We saw that complaints were responded to and lessons learnt from them.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Wilton House and actions plans and lessons learnt were part of their on-going quality review of the service.

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.

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

There was a clear set of values that focussed on person centred approaches, involvement, compassion, dignity, respect, equality and independence, which were understood and delivered by all staff.

Wilton House 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.

The inspection visit took place over one day on 12 April 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector and a specialist professional advisor who was a nurse with experience of nursing care for older people.

Before we visited the service we checked the information we held about this location and the registered service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and community matrons and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the registered provider is legally obliged to send us within the required timescale.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We spoke with the registered manager, the regional manager, two nurses, six care staff and kitchen staff. We

also spoke with ten people who used the service and four relatives and visitors. We looked at records that related to the day to day running of the service and the care plans and medicine records for six people.

Good

Is the service safe?

Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the service and they told us; "Yes, I do," and "If I have an issue, I raise it and it's sorted." We spoke with relatives who told us; "My relative is well cared for here," and "I feel happy leaving my relative here."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "It's about protecting residents and making sure they are safe from harm." Another staff member said; "I reported something and it was dealt with, I'd have no hesitation in reporting again. I'd report to managers or ring CQC." Training records showed they had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. Safeguarding alerts were recorded in an orderly manner and were coded for easy identification and tracking. In the previous year we found that the previous registered manager had discussed any relevant issues with the Care Quality Commission.

We found the service to be clean and pleasant. We spoke to a member of the housekeeping staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. We saw the service undertook regular deep cleaning measures which were recorded. We saw from a previous external visit by an infection control nurse that the service had addressed the minor issues raised with a full action plan. The service had also implemented regular health and safety meetings where infection control measures were a standard item on the agenda. This showed the service responded to issues in relation to infection control quickly.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. One staff member was smiling when they told us; "I hate it when the fire drills go off as I always forget and think it's real!" We saw other measures such as staff safety in relation to lighting outside the home had been addressed when staff had raised the issue.

There were effective recruitment and selection processes in place. We looked at three records relating to the recruitment and interview process. We saw the registered provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. Good interview records were held and we saw a minor issue with a written reference and had been followed up and documented.

We looked at two staff files and saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The registered manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. They also showed us they carried out regular checks on all nursing staff ensuring they had the appropriate registration to practice. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was the registered manager, the deputy manager, a nurse, an activity staff member, an administrator, two housekeepers, two kitchen staff, a maintenance staff and five other care staff on duty for 33 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the weekdays.

We observed that although the service was busy, care did not appear rushed and call bells were answered within a few minutes. One person told us; "If I press my buzzer they come running". For example we saw staff had time to chat with people on a one to one basis. Both staff and people living at the service told us they felt there was enough staff and staff members said if they needed more staff then they were provided. Staff members told us; "Yes, I think there are enough staff," "Oh yes definitely, we have enough staff" and "Sometimes nights are a bit tight." The service had a staffing levels tool which was based on dependency needs of people using the service and the management informed us that if people's needs changed they would increase staffing levels accordingly.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in a locked treatment room and only the senior member of staff on duty held the keys for the treatment room.

Medicines were transported to people in a locked trolley when they were needed. We saw people receive their medication at the time they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff in correctly identifying people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. A record of people's allergies were recorded on their medicine records, which provided staff with clear guidance regarding people's allergies. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines. Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. We saw a person being provided with a 'drink of warm water' to take their medicines, at their request.

Sample signatures of nurses administering medicines were in place. We reviewed a sample of MAR charts and found the MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. Appropriate codes had been entered on the MAR chart, together with further explanation on the reverse of the chart, for example for non-administration and refusal of medicines.

Fridge temperatures were monitored and recorded together with room temperature; and were within the

safe temperature ranges. The registered manager reassured us that 'current' fridge temperatures, 're-set' and 'comments' would also be included. Fridge and treatment room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

The registered manager was responsible for conducting monthly medicines audits, to check that medicines were being administered safely and appropriately. The monthly audit in March 2016 included checks of 'supply, levels of support, storage, administration, recording, disposal and homely remedies'.

An independent pharmacist company had completed a full audit on the home's medicine processes in December 2015. We saw the completed report, recommendations and action plan. The registered manager had implemented the recommendations to ensure safety with their medicine processes.

People living in the home were prescribed medicines to be taken only 'when required' (PRN), for example, painkillers. Written guidance was kept with the medicines administration records (MAR) charts, for the use of "when required" (PRN) medicines, such as paracetamol. These contained specific instructions for staff to follow in relation to dosage, time between medicine administration and indicators that a person may need their medicine. However, some PRN charts had not been reviewed on a six monthly basis as indicated on the chart. This meant that there was some written guidance for the use of "when required" medicines and in the main staff were provided with a consistent approach to the administration of this type of medicine. There were some gaps on the MAR even though the prescriber's instruction stated the medicine should have been administered. It was possible to account for all medicines, as the home operated a monitored dosage system (MDS) of medication, where medicines are pre-packaged for each person, according to the time of day. The registered manager reassured us that they would implement a system whereby the MAR charts were checked at the end of a shift, to ensure MARs were correctly completed and there were no missing signatures.

Some topical medicines application records (TMARs) were inconsistently used for recording the application of creams and ointments, and did not include body maps which highlighted where staff should apply the creams and ointments, how to apply and how often, together with the expiry dates. Some specific directions were missing from topical preparations' entered on MAR charts, for example how often creams and ointments were to be applied. The registered manager stated they would address this issue straight away.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely and a contractor was there during the course of our visit carrying out checks to hoists. We saw for one there was a faulty lead and the registered manager immediately authorised its replacement. There was a maintenance man on duty on the day of the inspection and he explained his checks on safety equipment, such as fire extinguishers, and showed us the records for checking these. He also explained the process for reporting any faults to him which would then be assessed and addressed accordingly.

Risk assessments were also held in relation to the general environment and fire risks and these had been reviewed in November 2015 by the registered manager.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and

action taken to reduce any identified risks.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; "The nurses are first class," and "They are all very good here." Relatives told us; "Everyone I have met here has been helpful."

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, equality and diversity and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; " I have had safeguarding, moving and handling, fire, nutrition, MUST (a nutritional tool), catheter, end of life, verification of death, had PEG (Percutaneous endoscopic gastrostomy) training in the past and am due an update." Another staff member said; "The continence training we had was great, it was so useful."

All staff we spoke with said they had regular supervisions with the registered manager, deputy and nurses and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; "I have them regularly, one to two monthly. We discuss practice, issues, staffing issues, timekeeping, safeguarding and training." This showed staff received support to carry out their professional roles.

We also saw records of other regular staff meetings and staff told us about the most recent meeting in March 2016. We saw from the minutes that new appointments were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed.

We sat with people who used the service when they were having lunch in the dining room from midday. The tables were set attractively with tablecloths, placemats, napkins, condiments and there was a menu card on the table with at least two choices for each course at lunchtime and choices at tea time. Pictorial menus were also available to help people visualise the planned meals, if people no longer understood the written word. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Staff interacted well with people and were available to support people with tasks such as cutting their food up, we heard one staff member saying; "Am I going too slow for you, you haven't had very much, try a little bit more."

During the lunchtime meal, the chef was constantly in an out of dining room helping people and checking if they needed anything else to eat and drink.

Staff told us about how they monitored people's nutritional needs. We spoke with the chef who told us they

were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. We saw everyone had a care plan for monitoring their food and nutritional intake and where required people who were subject to nutritional monitoring had up to date charts in place so staff knew how much people had consumed. One staff member told us; "We do food and fluid charts to keep an eye on people. I'd monitor what and how much they had and sign the form, I would tell the nurse if I had any worries."

People told us; "There is more than enough food," and "The food is nice here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the deputy manager, who told us that there were DoLS in place and in the process of being applied for. Consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We found the registered provider was following the requirements in the DoLS.

At the time of the inspection, 19 people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The records in place for people subject to a DoLS were clear and well monitored.

At the time of our visit one person was having their eyes tested by an optician. The optician told us they were warmly welcomed by the service and were impressed by the care staff during their visit. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Staff told us the service was in the process of aligning themselves with one GP practice as has been the process in the Darlington area. The registered manager told us they had a meeting booked with people and their relatives to discuss this and to ensure people had a choice of whether they stayed with their current GP. We spoke with a community matron who said the following about the service; "Things are going well with the home. We get accurate and up-to date information, they are supportive, and the manager appears to run a tight ship."

People's records showed details of appointments with and visits by healthcare and social professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example General Practitioners (GPs), psychiatrist, pharmacists, district nurse teams, social workers, dietician, speech and language team (SALT), podiatry, dentist and optician. Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

We asked people if they were happy with their care at the service and received the following responses; "The staff here are very friendly and I love having my own room," and "The girls are very kind."

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. One person told us; "Yes, they make sure the shower door is closed and I feel comfortable with them."

We saw all staff interacted with people over the course of the visit. We also noted that people came and spent time with the registered manager in their office to just have a chat and it was evident that this happened all the time. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; "The staff here all know what I like."

We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to medication and moving people using a hoist. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. Each interaction from staff was undertaken efficiently in a caring, focused manner which promoted the person's wellbeing. We observed one person having a leisurely breakfast and staff asked them numerous times if they wanted "another cup of tea" or a "top up"; whilst we were in the dining room the person had eight cups of tea.

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes and also whether they actually wanted support from care staff. One staff member said; "Sometimes families say ["name] doesn't like that" but I still ask the person as it's their view that is important."

Staff told us they encouraged people to be as independent as possible. One staff member told us; "There is one person who struggles with walking. We encourage them so they don't lose that skill even if it's only a few steps." Another staff member told us of one person who liked to deliver the papers to feel useful; "They are our paper lady".

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; "My daughters come all the time and are always welcomed." We observed a regular visitor came in and one care staff said to them; "Hello, I've not seen you today, you'll have to stop and have your lunch."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One staff member said; "I get very attached to the people that live here."

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. This showed that people were involved in the planning and delivery of their care.

People advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation orders had been completed (DNACPR). The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. End of life care plans were also in place which meant healthcare information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. When a person could no longer make the decision themselves, we saw that a 'best interest' meeting had taken place with the person's family and the GP, to anticipate any emergency health problems.

The registered manager informed us that the service would access advocacy from a local advocacy service and contact details were available for people at the service.

Good

Is the service responsive?

Our findings

The nurse on duty told us that they used the daily notes to support the shift handover documentation. The shift handover documentation covered the following areas: appointments, details of accidents and incidents, any person causing concern requiring observation' any changes to medication or treatment regimes and any other relevant information. The nurse told us; "The handover sheets have people's needs on it, we have a good 10 minutes handover, we all know people well here." This meant that staff were kept up-to-date with the changing needs of people who lived at the service.

People's needs had been assessed before people moved into the home and took into consideration whether staff could meet people's needs and that the home had the necessary equipment to ensure their safety and comfort. The assessment was then used to complete an individualised service plan for the person which enabled people to be cared for in a person centred way. Information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. It is important information and necessary for when a person can no longer tell staff themselves about their preferences and enables staff to ensure the care and support is delivered in the way the person wants it to be.

The care planning process included the completion of risk assessments which included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people and keep people safe. Risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and bed rails. The registered provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the pre-admission assessment and the results of the risk assessment. Records showed staff used the information to develop detailed care plans and support records that would identify people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people had been included and involved in the process wherever possible. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed when new information was learnt about a person or when their needs changed to ensure people's needs were met and relevant changes added to individual care plans.

The service employed two activities co-ordinators. We saw the weekly activities plan on the notice board. Activities within the home included board games, arts and crafts, dominoes, bingo, hairdresser, chair exercises, watching films, reminiscence sessions services, sing a longs and pampering sessions. People told

us about activities and said; "I like to go to exercise and craft, they are doing more than they were," and another person said; "They ask me about activities but I chose not to go, I get more stimulation than I need here."

People told us they would complain to staff or the registered manager. One person said; "I tell one of the girls if I am worrying. They would sort it out." Staff also told us they would report any concerns raised with them, "Even if it's a daft complaint, I make sure I pass it on to one of the bosses."

Records we looked at confirmed the service had a clear complaints policy and there was a regular surgery event held by the registered manager. We looked at the home's record of complaints. There had been five complaints recorded within the last 12 months and there was a clear record of investigations and outcomes recorded. The registered manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

Good

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager. They had been in post for several months and had just completed their registration with the Care Quality Commission prior to our visit.

One of the nurses told us; "[Name] is brilliant, they sort things out straightaway, they're lovely with residents and families, any problems they're easy to talk to and if you're not doing your job they'll tell you". One of the care staff members said; "I definitely feel supported, if I am stuck with anything they are there."

We saw throughout the inspection visit the registered manager had very hands on approach in the home, dealing with visitors, staff, people, healthcare professionals and showing round prospective clients. They had time to chat with people and we saw several people who used the service came into the office to chat with them and it was clear they felt the registered manager was approachable. One person even demonstrated with the registered manager how to do a square tango dance!

One person told us; "This lady has created a lovely atmosphere here, I love it."

We looked at what the registered manager did to seek people's views about the service. The service had used a satisfaction survey to gather feedback, and we saw a new form had been developed to send out to professionals and people who used the service. Feedback submitted via the www.carehomes.co.uk website stated; "I met some of the carers, the atmosphere was very relaxed and the carers were very good and treated me with dignity. Relatives also said on the same site; "The management and staff are approachable and treat the residents.

The registered manager held regular meetings for staff including a specific meeting around health and safety. The manager told us they wanted to embed a programme of staff meetings to include one for qualified staff as these had not happened consistently. We also spoke with the registered manager about resident meetings as again these had not happened consistently. They told us they were thinking of using a regular Wednesday when both activity co-ordinators were in to get feedback about the service from people and to share information for people in a group and on a one to one basis for those who were nursed in their rooms.

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "I like it it's happy and jolly and it feels like home." One staff member told us; "The atmosphere it's lovely, it's lovely family orientated atmosphere, that's why I've been here so long".

The service had policies and procedures in place dated that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. We saw that policies were reviewed and records were held securely and in line with data protection requirements. The law requires registered providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Wilton House had complied with this regulation this year.

We looked at what the registered manager did to check the quality of the service. The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, infection control and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example we saw an audit from the regional manager with clear areas for improvement with medication and care plan records. We saw the action plan from this review included dates for remedial actions to be implemented by. This showed the service had a monitored programme of quality assurance in place.