

Mentaur Limited

Wilton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wilton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wilton House is registered to accommodate six people with learning disabilities, autism and mental health conditions; at the time of our inspection there were five people living in the home.

At the time of inspection, only 1 person was receiving personal care. Not everyone living at Wilton House received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in February 2016 this service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive care that was safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The registered manager was present and visible within the home.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Wilton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with one person who used the service, one staff member, the quality manager and the registered manager. We reviewed one person's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as quality audits, training records and complaints systems.

Is the service safe?

Our findings

The people using the service continued to receive support that was safe. One person told us, "Yes I feel safe living here." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. We saw that safeguarding training had taken place and staff were confident any reports or concerns were followed up appropriately.

People had risk assessments in place to keep them safe from avoidable harm. The service supported people with learning disabilities, autism and mental health conditions, and the risk assessments in place detailed how to support individuals with behaviours that may challenge. There was a clear and personalised strategy in place for staff to follow, and staff we spoke with felt that risk was assessed clearly and concisely. Assessments were proactive in their nature, and enabled people to remain as independent as they could be. Environmental risk assessments were in place for the support of people inside and outside the building. Risk assessments were reviewed and updated regularly.

Staffing levels were assessed to ensure the correct amount of support was in place for people daily. We saw that staffing levels matched the needs of the people who were using the service, and enabled people to receive the support they needed promptly. The service utilised bank staff to come in and cover shifts when required. These staff were employed and inducted into the service in the same way as permanent staff, so they fully understood the needs of the people living there. Rotas we looked at showed that staffing was consistent, and people we spoke with confirmed this.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area. Medicines were securely stored and signed in and out of the service accurately as required. There were clear guidelines in place to support the administration of medicines to be taken as and when needed, and staff were clear on when this was appropriate to use.

People were well protected by the prevention and control of infection. The service was clean and tidy, and people were encouraged to clean their own rooms. Communal areas both inside and outside the house were clean and maintained to a good standard. Cleaning schedules were in place for staff to follow, and people were involved in cleaning with staff support. Staff were trained in infection control, and appropriate personal protective equipment was available for staff to use.

Incidents and accidents were recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. We saw that the service reviewed and audited all aspects of the service and communicated any issues with the staff team to ensure lessons were learnt and improvements made. One staff member said, "The communication is very good within the team. It's a small team and we make sure we learn from mistakes."

Is the service effective?

Our findings

People's care was assessed to ensure their needs were met effectively. We saw that the service assessed people's needs before they started using the service. This involved a senior manager and the registered manager going to meet and assess a person alongside their family or other professionals if required. The registered manager told us the process would be tailored to each person. Their likes and dislikes would be recorded and they would then be able to arrange visits to the service to meet people and staff as they required. We saw that the service worked with people and other professionals to make sure they could provide the correct support, and enable them to settle in as well as possible.

People felt the staff had the required skills to support them properly and in the way they wanted. One person said, "Yes the staff are good and they know what they are doing." The staff we spoke with were confident their training helped them support people in the service. One staff member said, "The induction process and the on-going training is good quality, and I felt comfortable to support people after being trained." We saw that some areas of training required updating for some staff. We spoke with the registered manager and the quality manager who explained that this had been picked up in the training audit, and refresher training would be booked in immediately. After our inspection, the quality manager confirmed that this refresher training had been completed. The training available to staff was suitable and relevant to the needs of the people using the service and included subjects such as safeguarding, autism, the mental capacity act, and supporting people with challenging behaviour.

People were supported to maintain a balanced diet. We saw that people were able to access food as and when they wanted. Menu planning took place and people were offered a choice of food. Some people prepared meals for themselves at times, and other times people ate the same meal as a group. Food and fluid intake was monitored if and when required, and any dietary requirements were recorded and observed. Staff encouraged healthy options for people and made sure that a wide variety of choices were available.

People were able to personalise their rooms and furnish them as they wished. People were consulted on the furnishings and decoration within communal areas also. One person was able to show us around their room told us about the decoration and the item they had on display within it. We saw there were indoor and outdoor communal areas for people to access as and when they wanted to. All these areas were kept and maintained to a high standard.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service has appropriately applied for DoLS for one person and understood the principles of the MCA. People told us that staff always sought their consent before carrying out any care. The use of advocacy services was supported for people that required some support with decision making.

Is the service caring?

Our findings

People told us that staff treated them with respect, and were kind and caring. One person said, "I get on well with the staff. They are kind and they respect me. I have never had any problems with them." The staff and management we spoke with all spoke very positively of the people living in the service, and were knowledgeable about people's needs and preferences. It was clear that staff had developed good relationships with people, and were proud of individual achievements that people had accomplished. We observed staff interacting with people and saw that they were respectful, kind and positive in all their communication.

People told us they felt involved in their own care. One person we spoke with confirmed that they felt listened to and involved in decision making around their care. They were able to tell us about the meetings they had with staff to discuss their care and make arrangements for trips out, holidays and general day to day activity. Regular weekly meetings were held between staff and people to discuss their progress and health, talk about recent achievements, and comment on any changes in support they felt were required.

People felt their privacy and dignity was respected at all time by staff. The person we spoke with confirmed that staff respected their privacy and always knocked on the door before entering the room. Staff we spoke with were all aware of the need to treat people respectfully, as well as keeping all information about a person confidential. Staff did not discuss confidential information in front of other people, and kept all files relating to people's care in a locked and secure environment.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. We saw that care planning in place included lifestyle plans with a section on 'what staff should know about me', 'important people in my life', and 'what I want support with.' These detailed the specifics of people's likes dislikes and preferences. We saw that where people had a preference to be supported by a specific gender of staff, this was respected. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements.

People were supported to take part in meaningful activity, and were able to develop their skills and independence. One person had been supported to sign up and attend a college course which the staff had supported them to prepare for. The person had received positive feedback from the college about their progress. People were also able to take part in activities such as vegetable and herb growing in the garden area which promoted their healthy eating. An 'achievement of the week' programme was also set up to give recognition to people's achievements and encourage people to set and reach goals for independence. All the staff had a positive ethos towards people building independence and working towards living as independently as they were able to.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that information throughout the service was adapted into an easy read or accessible format for people that required it.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. Information from complaints was fed-back to staff when required, so that learning and development could take place.

Is the service well-led?

Our findings

The service was open and honest, and promoted a positive culture throughout the staff team. All the staff we spoke with felt positive about working at the service, and told us they had good support from management. One staff member said, "All the management are very approachable. The registered manager is always supportive."

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

The people that use the service and the staff, were able to have their voices heard and were engaged and involved. People that used the service were involved in the staff recruitment process. People were able to talk to potential new staff in the interview process and their feedback was taken on board when offering staff their jobs. We saw that resident meetings were held which created a forum for discussion and opinion. When ideas, requests or concerns were raised, they were recorded and followed up on by the staff. Staff also held meetings where updates on the service were discussed, along with updates on the people being supported. The staff we spoke with felt this was a good opportunity to raise ideas and concerns if necessary.

Quality assurance systems were in place to help drive improvements. This included detailed and comprehensive audits by the quality manager and the registered manager, across all areas of the service. Regular checks were made to ensure quality standards were high, and actions were created and carried out by the registered manager and staff. The quality manager carried out spot checks on the service where different areas would be reviewed and fed back on. Learning points were brought to the attention of staff through team meetings or supervisions.

The people using the service were able to feedback on quality. We saw that quality questionnaires were created in an accessible format and sent out for people, which enabled them to record feedback. We saw that feedback was collated and analysed by the management for review. Responses were given to people when necessary.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

We saw that the service was transparent and open to all stakeholders and agencies. The service was in communication with people's advocates, social workers, and other health and social care professionals to ensure the best support for each person. The service worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care.