

St Martin Of Tours Housing Association Limited

Wilton Villas

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wilton Villas provides residential care for men who live with enduring mental health issues and substance or alcohol misuse issues. The service can accommodate up to 18 people and 10 people were in residence at the time of this inspection.

People's experience of using this service and what we found

We saw that risk assessments concerning people's day to day mental health and other support needs were clear and regularly reviewed. There were descriptions of potential risks and information for staff about action to be taken to reduce risks and how to respond if new risks emerged. The service liaised more effectively with community based mental health and social care professionals.

People were supported to exercise maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People we spoke with told us about feeling that the service was more relaxed and felt happier to live at the home.

The provider reported concerns to CQC via statutory notifications as required by legislation, the volume, type and seriousness of incidents had much reduced over the last year.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wilton Villas on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (Inspection report published on 3 December 2019). At this inspection the rating had improved to Good.

Why we inspected

At our previous inspection in August 2019 we did not find any breach of regulation but were concerned about the stability of the service and levels of serious incidents. We carried out this focused inspection to examine the effectiveness of measures taken to improve the service in the last 18 months. We looked specifically at the Key Questions of Safe and Well-Led only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wilton Villas

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This focused inspection was carried out by one inspector.

Service and service type

Wilton Villas 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we had received about the service, including notifications and other information shared with us by the local authority.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with three people that used the service. We spoke with two recovery workers, the life skills

facilitator, the registered manager, deputy manager, chief executive and director of operations.

We reviewed a range of records. This included four people's care records and risk assessments, five people's medicines records as well as other audit and assessment information covering the day to day operation and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us that "Staff are doing everything they can to keep me safe and comfortable" and "Things here are a lot more relaxed and I like that a lot."
- People using the service were protected from avoidable harm and abuse. At the time of our previous focused inspection there had been ongoing issues in the local community relating to drug use and anti-social behaviour. Action taken by the provider at that time had not been effective at making sure that the anti-social behaviour did not adversely affect people using this service. This situation had substantially improved since an evaluation of safeguarding processes and other action, including an assessment of the needs of people using the service, and how the service safely supported people.
- The provider had policies and procedures in place to safeguard people from abuse, these were most recently reviewed and updated in January 2021.
- Staff told us that they had training about safeguarding adults from abuse. They were able to tell us about their responsibilities to protect people from abuse and neglect, including behaviours exhibited by people that may cause them harm. They knew that they needed to report any concerns or suspicions to the manager, and if necessary, the local authority safeguarding team, police and CQC. Concerns about harm to people had reduced significantly over the last 18 months due to the service undertaking a review of people whose needs they were able to support and not admitting people whose needs the service was unable to provide for.

Learning lessons when things go wrong

- Accidents and incidents were recorded along with subsequent actions taken to reduce the likelihood of them happening again. Where people had shown signs of deteriorating mental health the service liaised with community mental health teams and were securing a much more effective response to addressing these support needs.
- At the time of our previous focused inspection the provider had not responded effectively to concerns that some people were using drugs in the local community or addressing issues of anti-social behaviour. At that time, we did not judge that the provider had fully learnt lessons from previous incidents.
- The response to issues of anti-social behaviour, and drug use, had since been evaluated and far more effective processes around ensuring a speedier and suitable response had been implemented. This had been effective as since our previous focused inspection, there had been a substantial reduction in the levels of incidents, so much so that hardly any incidents had taken place that required reporting to CQC or partner health and social care agencies.

Assessing risk, safety monitoring and management

- People using the service had long histories of drug and alcohol dependency. We looked at the risk

assessments and support plans for four people. The risk assessments for each person described people's current risks, including behaviours or potential substance misuse and what should be done to address these issues if they arose. The revised recording process considered people's histories, including any incidents of harm to themselves or others.

- Risks were assessed and included historical potential risks that were not ignored but were measured against when the particular risk had materialised and what was current actively known potential risk.
- Actions were in place to reduce the likelihood of drug use in the home and in the local area. Spot checks of people's rooms had taken place if concern about suspected drug use arose. However, we noted that the incidents of people not wishing to engage were much reduced and if this arose this was addressed in the context of people's overall mental well-being and what could be offered to improve this.
- People met regularly with a designated member of staff [a key worker] and were offered the opportunity to utilise other rehabilitation services in the community. Where people with drug misuse issues did not wish to meet with anyone to obtain support this was carried forward as a part of the risk assessment and care planning process.

Staffing and recruitment

- We looked at reference and Disclosure and barring service [DBS] confirmation for five staff who had started working at the service in the last year. These showed that proper and safe recruitment procedures were used.
- Staffing levels remained suitable and the option to increase staffing in specific circumstances was an option, for example if specific increased support was required. We were told by the registered manager that despite the pandemic this had not regularly been needed.
- We spoke with the newest member of staff, a recovery worker, who was continuing with their initial induction [called "onboarding"] to the service. They told us that they were shadowing other colleagues on shift to get to know people using the service and how the service operated day to day. They told us "I have felt welcomed and have met most of the team." They also told us that they had commenced their initial training as a new employee and had a relevant qualification in health and social care that they had achieved prior to coming to work at this service.
- Another member of the staff team told us that "It has been important for us to keep people engaged and involved to build and maintain their trust in us."

Using medicines safely

- Staff at the service were able to refer to the provider's policy covering the recording and safe administration of medicines. Staff had training in medicines administration and their competency to do this safely was assessed.
- Medicines were securely stored in a locked medicines cabinet in a room adjacent to the main staff office. Records of medicines administration were recorded properly.
- People had up to date risk assessments in relation to their medicines, including if they took these themselves without staff support. Staff were provided with guidance about what to do, and who to inform, if anyone began refusing to take medicines, not least medicines designed to help people maintain good mental health.
- Two people told using the service told us about their positivity at having had the COVID-19 vaccine and they thought they really had to so they could move on with living their lives.

S5 Preventing and controlling infection

- During our previous inspection we saw that the communal areas of the home were being cleaned by a domestic worker, however, the fabric of the building needed attention in some areas. This had much improved since that time and there had been refurbishment work undertaken.

- People bought and cooked their own food as part of their plans to achieve independence, they were provided with lockable fridges and cupboards in which to store their own food items. There was ongoing engagement with a recently appointed life skills facilitator to ensure people maintained safe food storage.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Joint communal meetings with people using the service continued to take place. Attendance of people using the service at these meetings varied, although the last two meetings were attended by at least half of the people using the service. Topics discussed ranged from an update regarding the current situation and changes to COVID-19 government advice to changes taking place across the provider organisation as well as within the home.
- Staff we spoke with were able to describe the objectives of the service and understood the changes that had been made and what this meant in their day to day work. They embraced change that was occurring and welcomed the opportunity to improve the experience of people using the service as well as utilising their own skills in their work. The values of the service promoted personalised support, dignity, privacy and anti-discriminatory practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality systems in place which monitored care planning, risk assessments, medicines and other day to day areas of operation of the home. The quality monitoring checks had improved noticeably and considered the risks presented to people using the service and others of the continued anti-social behaviour. We consider that the provider's quality monitoring systems were effectively assessing, monitoring and mitigating these risks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager, deputy manager and staff we spoke with were clear about their roles and responsibilities and the lines of reporting within the home and provider organisation.
- Checks were carried out daily and weekly in areas such as medicine stocks, care documentation and maintenance of the building. Audits were taking place and included areas such as complaints, incidents, health and safety and staffing arrangements. Following these audits, action had been taken to rectify any deficiencies noted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations,, shared with people using the service and staff, about all people having the right to be treated with dignity and respect and be free from discrimination.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to follow to meet those needs. This included the disproportionate risks that the COVID-19 pandemic posed for people of black, Asian or other ethnic minority communities.

Continuous learning and improving care

- The senior management team members we spoke with had engaged transparently both prior to, and during, this inspection about the challenges the service encountered with supporting people. These challenges revolved around supported people with often long-term histories of drug and alcohol misuse and improving how people were supported in managing these issues considering enduring mental health support needs.
- A detailed action plan had been developed when significant senior management changes had occurred last year. This action plan, which we viewed, highlighted areas of achievement and action still being implemented with timescales for completion. We were encouraged by the depth of the review of the performance of the service and the actions identified and implemented.

Working in partnership with others

- Staff and management reported concerns in a timely manner, including to the local authority safeguarding teams and CQC. This had previously been haphazard and inconsistent, however, information we reviewed showed that this had improved, along with responses by the service to any such incidents.
- Care records showed that the service liaised with community health and social care professionals regularly and the ways in which this occurred had improved. The service acknowledged that there could still be delays with receiving a response from community mental health teams, however, there had been improved consistency in engaging with partner health and social care partner agencies. This was to the benefit of people using the service.