

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 ●

Summary of findings

Overall summary

This inspection took place on 4 April 2018 and was unannounced.

Wilton Lodge 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 Lodge Residential Home provides accommodation and personal care for up to 36 older people, some of whom may live with dementia. It does not provide nursing care.

At our last inspection on (date) February 2017, the service was rated requires improvement and there were breaches of regulation 12, 13 and 17. This was in relation to assessing the risks to the health and safety of the service users, proper and safe management of medicines, systems and processes established and operated effectively to prevent abuse of service users and assess, monitor and mitigate the risks relating to the health and safety and welfare of service users.

At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards. The service has been rated good.

The service does have a registered manager. 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 felt safe in the service. Staff understood their responsibilities with regards to safeguarding people and they had received effective training.

Recruitment procedures were in place. Sufficient staff were on duty and were deployed effectively to meet the needs of people. Staff were competent in their roles and received support and guidance from management.

People's health care needs were met and they received support from healthcare professionals when required. Medicines were managed safely and audits were completed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People had been involved in planning their care and deciding in which way their care was provided, where possible. People's care plans reflected their preferences and included personalised risk assessments to meet their needs.

People were supported to make choices in relation to their food and drink and a balanced, nutritious menu

was offered.

Staff were kind and helpful. They provided care in a friendly and relaxed manner, treating people with respect. Staff promoted and maintained people's dignity and provided encouragement to people throughout their support.

People, their relatives and staff knew who to raise concerns. Quality assurance processes were used to improve the service being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

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

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

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

Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff who were trained to meet people's needs effectively.

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

Is the service caring?

Good ●

The service was caring.

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

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

Care was provided in a way that promoted people's dignity and

respected their privacy.

Confidentiality of people's personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

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

People's care plans were personalised and gave guidance that enabled staff to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

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

Is the service well-led?

Good ●

The service was well led.

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

People and staff were very positive about the registered manager and how the home operated.

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

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 checked 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 4 April 2018 and was unannounced. One inspector undertook the inspection.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us.

During the inspection, we spoke with six people who lived at the Wilton Lodge, five staff, the chef, two activity coordinators, the deputy manager, general manager and the registered manager. We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits. We also reviewed three staff employment files.

Is the service safe?

Our findings

At the last inspection on (date) February 2017, we found that the provider did not promote people's safety and welfare. This was in relation to safeguarding people from abuse, management of medicines and investigating accidents and incidents. At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards.

There were suitable arrangements for the safe storage and management of people's medicines. Staff who supported people to take their medicines had their competency assessed. Staff had access to guidance about how to support people with their medicines in a safe and person centred way. Staff appropriately documented and reviewed the creams they supported people to apply.

We completed random stock checks to ensure the quantity of medicines held agreed with the quantity expected according to records held and we found these were correct, we saw that staff had completed relevant documentation correctly. There were regular audits and stock checks to ensure medicines were safe.

Staff knew how to recognise and respond to abuse. We saw that there was information displayed around the home on how to recognise and report concerns. We found that the registered manager reported all potential safeguarding concerns appropriately and sought advice from the local authority's safeguarding team if needed. One staff member said, "I would always report, it's something you can't play with. It's important to report any concerns."

People and their relatives told us that the care people received was safe. One person said, "I feel safe here as there are plenty of staff who are willing to help me." A relative commented, "My [relative] receives good care and the care staff know them really well."

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff we spoke with felt there was enough staff to meet people's needs. One staff member said, "We have enough staff, we don't struggle. We have enough time to complete our tasks and we have enough time to talk with people." The registered manager had a system in place to ensure that there were enough staff to meet people's needs and the skill and gender mix met people's preferences. When staff shortages arose at short notice, the shift would be offered to their own staff in the first instance and this was then if required covered by agency staff. We observed throughout the inspection that call bells and people's needs were responded to in a timely manner.

People had individual risk assessments completed and these were reviewed regularly. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, where people were at risk of falls risk assessments were completed and sensor mats were in use where appropriate to keep people safe.

Infection control processes were adhered to and staff had received training. We found the home remained clean throughout the inspection. We saw there were cleaning schedules in place and these were monitored on a regular basis to ensure infection control standards were met.

Staff had received appropriate training in the event of a fire and there were regular fire drills. People had individual evacuation plans to instruct staff on how to evacuate them safely.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

Is the service effective?

Our findings

At the last inspection, we found that the provider was not meeting the requirements of the Mental Capacity Act 2005(MCA). We also found that the environment for people who lived with dementia needed improving. At this inspection, we found that the provider now met the required standards.

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. We checked whether the service was working within the principles of the MCA and found that they were. We saw that where required people had received capacity assessments and best interest meetings were documented. People's families and relevant professionals were involved as required.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "It's important for people to make choices, it's important and we can't take that away from them." They went on to explain how they supported people who may not have capacity with their daily choices. For example at meal times showing them different plates of food so they could choose what they wanted. One person commented, "The staff are good and they help me when I need help, I get to choose what I wear and go out to restaurant with my [relative]."

The registered manager had an independent audit completed of the environment to help them make the environment more suitable for people who lived with dementia. This resulted in an action plan to address the recommended improvements. The registered manager had already improved the signage around the home and there were now areas of interest and tactile areas. There were plans for a sensory garden outside. Recommendations to improve the lighting were completed. A new sofa, chairs and coffee tables were purchased for the reception areas allowing for a relaxation area. This demonstrated the registered manager had responded to the findings from the last report and sought professional guidance to support improvements.

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, medicines and infection control. The registered manager confirmed that all new staff were inducted on the care certificate training. One staff member said, "I have recently completed my DoLS (Deprivation of Liberties) and MCA training two weeks ago and also moving and handling training." Staff we spoke with confirmed they also had received induction training when they joined Wilton Lodge. We saw on staff notice boards training that had been planned for March and April 2018 these included: sexuality and intimacy, MCA, DoLS, training in relation to pressure care management, food hygiene and moving and handling training.

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "We have regular staff meetings and yes I have supervisions, they are helpful. We talk about training and they test our knowledge. The [registered] manager listens to me, I feel supported."

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. Food menus were displayed with choices and these were in easy read format to support people with their choice. People were asked what they wanted to eat from the choices on the menu. However they could choose an alternative if they wanted. People's nutritional requirements were managed appropriately. We saw that the chef had systems that detailed people's dietary needs including likes and dislikes. The chef was also the nutritional champion for Wilton Lodge and understood the importance of people's nutritional requirements.

The registered manager told us they had introduced new cutlery to support people with eating. For example, they had smaller plates for people who preferred smaller portions and this visually looked better for the person, they used red coloured glasses for people who may live with dementia to drink from, this promoted their independence, as it was easier to see the colour red rather than a clear glass. One person said, "I get a choice about what I want to eat, I enjoy the food and look forward to meal times and eating with the others". Another person commented, "The food here is lovely you pick what you want from a choice of three."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. We asked one person, what would happen if they needed a doctor. They explained that they tell the staff and the GP was available regularly to see them when required. A relative said, "They [staff] are excellent with getting the medications organised, they always inform me if my [relative] has needed to see her GP."

Is the service caring?

Our findings

At the last inspection, we found that staff did not always promote people's dignity and independence. At this inspection, we found that the provider had made the required improvements.

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person said, "All the staff are nice and caring, they look after me well." Another person commented, "They really look after me, I wanted to get a place here as I did not want any other home."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect. For example, one staff member commented, "I do not wake people up unless they need to take their medicine. I ask them if they would like a shower and I respect what they have to say. I do not rush people and always make sure when giving personal care that I close their door." They went on to explain that they promoted people's independence by supporting them to do what they could for themselves. We saw staff knocking on people's doors to promote their privacy and respect their personal space.

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "We talk and we laugh, they [people] like to tell you lots of stories, they like to talk and we get to know them well."

Staff had developed relationships with people they supported. One staff member described the people's different behaviour and support they required and we observed kind and caring interaction. Staff had time to stop and listen to the people they supported. For example, we saw staff assisting a person to transfer using a hoist in a communal lounge. The staff were observed communicating and reassuring the person. The transfer was not rushed and staff to ensure the person's dignity used a privacy screen.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "We have talked about the care plans."

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Is the service responsive?

Our findings

At the last inspection, we found that not all care plans were personalised or captured all the details that mattered to the person and people were not always supported to maintain their interests.

At this inspection, we found that the provider had made the required improvements.

People's care plans were personalised and gave guidance to staff, the support plans took account of people's life history and personal circumstances. We saw staff deliver care that followed the guidance. For example, in some care plans we looked at the person required to have their fluid intake monitored, we found that staff updated these appropriately as required.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. Care plans captured the individual well and all the details that mattered to that person were included. We noted in one person's care plan they were at high risk of falls, there was a sensor mat in place and good guidance for staff on keeping them safe.

People were supported to maintain their interests and to take part in activities that they enjoyed. The activity coordinator told us about the weekly plan of activities that takes place. There was a range of activities being offered to cater for individuals and groups. The coordinators had introduced visits from a local school that was enjoyed by the people at Wilton Lodge, they confirmed they were supporting people to interact between the floors and were taking small groups of people out to restaurants and to local shops to give them independence and choice. One relative mentioned that they had noted many changes in the last year. They stated that their service had new staff doing many activities and commented that their relative, "Enjoys their nails being painted regularly and their hands massaged." They also talked about all the lovely visual displays and photographs in the hallway that gave people something of interest to look at and enjoy.

The activities coordinators supported people to be involved in activities they enjoyed. For example, during 1-1 time the coordinators learnt that one person was not taking part in many of the activities. The person had once owned their own business and the coordinators suggested completing some office tasks. The person found this to be enjoyable and soon involved other people to help them. On Fridays, they had an "office day" where people if they chose could be involved in admin tasks, such as putting letters in envelopes. This demonstrated that staff took the time to learn about people and were able to implement activities that people wanted and found enjoyable. One person we talked with confirmed they enjoyed being involved in activities and they described how they enjoyed the cooking club and having children from the local school coming to Wilton Lodge to chat.

Staff documented identified needs to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. For example, staff completed pre assessments when people came to Wilton Lodge. One relative said, "I visit [relative] three times a week, [relative] lacks the capacity to make decisions but the home is in regular contact with us about the care plan." They also confirmed that their relative's health needs were met. Another relative commented, "I am familiar with the care plans and I get involved with discussions about the care for my [Relative]." Not everyone we talked to were aware of

their care plan but people felt they had a choice and staff listened to them. There were regular resident meetings held where people were given opportunities to express their views and voice their opinions.

Staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative told us, "I have been coming here for the last [number] years first to visit my [relative] and now to visit my [relative] and know how to report concerns, one time I raised an issue and the matter was resolved swiftly." We saw that information and guidance about how to make a complaint was displayed at Wilton Lodge. We saw where complaints had been received these were responded to in line with the service complaints procedure. We noted relatives had sent in compliment letters thanking the staff for the care and support they provided. One person said, "I have no complaints and would recommend this place."

Is the service well-led?

Our findings

At the last inspection in February 2017, the provider had failed to assess, monitor and mitigate the risks to the health and safety of people who use the service. At this inspection, we found that the provider now met the required standards.

Regular audits were carried out in areas such as medicines, infection control, care planning and the environment. The registered manager told us that they carried out regular checks of the environment, performance of staff and observed the quality of care and support provided. There were monthly audits completed by the general manager that helped to ensure best practice. Where issues were identified, action plans were developed to improve the service. This meant there were systems in place to monitor the quality of the service. The registered manager commented, "I feel supported."

The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us they completed regular walks about the home where they talked with people to check everything was all right. Staff we spoke with confirmed the registered manager was visible around the home. One staff member said, "We have a good team here, the [registered] manager is nice I can talk to them. [Registered] manager is visible." Another staff member commented about the registered manager, "They help us if we have a problem, they understand us. They are approachable their door is always open. We have staff meetings and supervisions and they are helpful. It's a good place to work."

The registered manager was knowledgeable about the people who used the service, their different needs, and personal circumstances. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have handovers and we check the allocation sheets so we always know what we are doing."

People were complimentary about the running of the home and the management team. We observed that people who lived at Wilton Lodge knew the registered manager and addressed them by their name. One person said, "[Registered managers name] I see them regularly around the home. I feel comfortable to raise matters with the [registered] manager." Another two people we spoke with were both aware of the deputy manager and the registered manager and felt that the recent changes were good. All relatives we spoke with confirmed that there were meetings that took place and information was made available to them. There were independent surveys completed for people and relatives to provide their views about Wilton Lodge.

The registered manager received support from their general manager and deputy manager; they had regular meetings to support learning and confirmed they will be completing their level seven training for social care. They also met with other managers to discuss ideas and share knowledge. The registered manager told us they had regular supervisions and felt listened to and supported. They commented, "Next week I have an assistant manager starting and this will be a big support and the assistant manager will also become the dementia champion for Wilton Lodge." They also confirmed that they received updates from the provider and they attended forums and used web sites such as CQC to ensure they were abreast of best practices.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way, which meant we could check that appropriate action, had been taken.