

Wilton House Limited

Wilton House Residential and 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Wilton house is a residential and nursing home registered for up to 51 people. At the time of our inspection 48 people were living at the home.

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

People felt safe. However, during the inspection we followed up on a recent concern in relation to people's safety. This is detailed in the well led section.

We received positive feedback in relation to peoples experience of the service.

People were supported to remain as independent as possible and were encouraged to make decisions where possible. Staff supported people in the least restrictive way and in their best interests.

There were adequate staff deployed to meet peoples needs in a timely way. However, people told us that on occasions they had to wait to be supported. Staff were stretched at times of peak demand.

Peoples individual risks were assessed and where possible risks were identified. Measures were put in place to help reduce the risk as much as possible.

Medicines were safely managed. People received their medicines in accordance with the prescriber's instructions. They were stored safely and disposed of in line with the providers medication policy.

Staff were supported and received an induction when they started working at the service and had regular training. They had individual supervisions and attended team meetings. Staff mostly felt supported by the management team, in particular the deputy manager.

People had developed good relationships with staff who understood their individual preferences and care needs. Staff knew the people they supported well. Staff maintained people's dignity and privacy. People and their relatives were involved in discussions about their care.

People and their relatives told us that the staff were kind and caring. Peoples personal information was kept secure to ensure it remained confidential.

Complaints received were appropriately investigated in accordance with the providers complaints procedure. Any learning from complaints was considered and was used to drive improvements and shared with staff. Comments and Compliments had been received and recorded.

Internal audits were carried out to monitor the service and address any improvements required. The registered manager notified CQC of accidents and incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service continued to be safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service continued to be effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service continued to be responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well led

Details are in our well-Led findings below.

Requires Improvement ●

Wilton House Residential and Nursing Home

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

The inspection was carried out by one inspector and two assistant inspectors.

Service and service type

This service is a residential and nursing 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.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. This information helps with planning our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the regional manager, operations manager the registered manager, the deputy manager, the chef, activities staff, housekeeping staff, a nurse and three care workers.

We reviewed a range of records. This included three people's care records, three recruitment files, induction and training records. We reviewed medication records. We looked at various other records relating to the overall management of the service, including compliments and complaints records, accidents and incidents, notifications and safeguarding records. We observed staff interacting with people in various parts of the home including engagement with activities, support at lunch time and general interactions when supporting people within their own living environment.

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 good. At this inspection this key question has remained the same.

Good This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of harm because there were systems and processes in place to help protect people from abuse. Staff were able to demonstrate they knew how to report concerns both internally and externally if required.
- People and their relatives told us they felt their family members were safe at the service. One person told us, "I think I am safe here, I don't recall any problems." A relative told us, "They are really good here and they do keep me informed if anything goes wrong, so I don't have any worries."

Assessing risk, safety monitoring and management

- People's individual risks had been assessed, and where any potential risks were identified measure were put in place to help mitigate and reduce the risks to people.
- Risk assessment included environmental, skin integrity, risk of falls, and choking. These were kept under regular review to ensure they remained current.

Staffing and recruitment

- People were cared for by staff who had been recruited safely with pre-employment checks being completed in advance of them commencing work at the service.
- There were enough staff employed at the service and they were mostly deployed to enable them to meet people's needs in a timely way. However, people told us they sometimes had to wait to be assisted at busy times. People seemed to be happy to wait if staff responded and told them they would be with them in a few minutes.

Using medicines safely

- People received their medicines regularly in accordance with the prescriber's instructions. Staff had received training and had Medication competency checks every three months.
- Medication audit checks showed there had been no medication concerns during the last year. There were regular medication spot checks.
- We observed the medication trolley to be locked and wall mounted when not in use, keys kept in safe location. Medication policy included as and when required protocols. Medication administration records were signed, and consent recorded.

Preventing and controlling infection

- The home was overall clean and well presented. However, it would benefit from some updating, decoration and a deep cleanse. We fed our findings back to the management team and following the inspection were provided with a refurbishment plan.
- Although the plan went some way to address some of the areas which would benefit from updating. Some of the information related to more routine cleaning and maintenance which would be expected in the usual day to day management of the service.

Learning lessons when things go wrong

- The registered manager told us they reviewed accidents and incidents to help learn, reduce the risk of similar events happening in the future and to share good practice. Following a recent incident, a policy review was completed to see what could be changed in the future to make sure practice improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Wilton House. Part of the assessment was to establish the person's needs, wishes and preferences and to ensure the home could meet all their assessed needs.
- Care plans continued to be developed as more information was captured once the person had moved to Wilton house.

Staff support: induction, training, skills and experience

- Staff mostly said they felt supported by the registered manager and the management team. We saw there were team meetings and bimonthly one to one supervision.
- The supervision records could be improved to demonstrate a more open two-way conversation as in part they were mostly of a tick box format. They did not record discussions held, only closing comments, and a section for actions to be taken.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to remain healthy. However, there was little social interaction in the dining room during lunch service. It was a more of a task-based exercise. ● People were not shown a plate of the food choices to help them make a choice. Some people when served their meal did not eat much and were then offered the other choice.
- We spoke to the management team about how the 'dining' experience could be a more 'enjoyable' and pleasant experience with a little more interaction. They were going to review the dining experience to help make improvements.

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff had developed positive working relationships with other organisations to help ensure that any care required could be provided. This included professional such as the speech and language team where people were identified as having a swallowing difficulty.

Adapting service, design, decoration to meet people's needs

- The home is purpose built with a lift servicing the three floors. There is appropriate signage, but this could be improved for example to signpost people to the lounge or dining area. At times people looked a little lost and staff stepped in to assist them.

- The home looked 'tired' in places and would benefit from redecoration. For example, in places the paint was chipped, and walls stained. We fed this back to the management team and they provided us with a refurbishment plan which was a work in progress.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various healthcare professionals when required. Staff were also on hand to support people to attend appointments if family were not able to support. Staff told us that GPs visited the service regularly along with chiropodists and opticians, and people were supported to attend dental appointments when required.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people and relatives with kindness and respect. One person said, "It's nice here, it can be quite loud in here, but it is peaceful during the night". Staff confirmed that they were introducing a night time 'dressing gown' to help people understand it was night time and to be more comfortable at night. A visiting relative told us, "They [staff] are caring and considerate, I cannot fault any care that [Name] is having, the male staff are very pleasant. They are very good".
- The majority of interactions between staff and people on the day of our inspection was good. However, there were a few incidences on the day of our inspection where people became slightly agitated. As soon as staff became aware they immediately assisted. This was fed back on the day to enable the management team to address these interactions in future and to develop staff awareness.
- People's equality and diversity was respected throughout their care. One person engaged with staff with a communication board and staff confirmed that an iPad was available for people to communicate with their families.
- Staff described people's like and dislikes, care plans reflected people's life history.
- Staff were observed providing compassionate care to people. We saw one staff member showing genuine concern for one person's wellbeing during the lunch period.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions about their care that was received. A relative told us "My [Relatives] care is reviewed regularly, if there are any changes, I'm the first one to know about it", another relative said, "It's good to have a nurse on hand to speak to if I have any concerns".
- People had access to advocacy services if they need independent guidance and support.
- Staff confirmed that they only have time to talk to people at certain times of the day. Lunchtimes can be difficult as it is quite busy during this period. One staff member confirmed to us that "Everyone had their own needs, and the care provided to an individual would always be personalised".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and were able to explain how they could support a person's independence. We saw staff protecting people from emotional distress following a death at the home. One relative told us "Staff will support [Name of person] independence as much as they possibly can. From what I have seen around the home other people's privacy and dignity is respected too".
- Staff ensured that people were supported in an appropriate way when experiencing pain, discomfort or emotional distress.

- Records were stored securely, and staff understood the importance of maintaining confidentiality.
- People were supported by staff to practice their chosen faith if they wished to do so.
- People's independence was actively encouraged by staff. People were encouraged to mobilise with the support of care staff. Adapted drinking cups, cutlery and crockery was used to support people to remain as independent as possible.
- All relatives we spoke to confirmed that they felt fully involved in their loved one's care. They were able to visit regularly, and always made to feel welcome. One relative visit's the service twice every day to assist their family member with eating and drinking. The relative told us, "It makes me feel good that I can help support [Name]. Another relative told us, "The staff spoil my grandchildren when they come in".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was responsive to their changing needs. Care plans were updated when there was a change to people's assessed needs. This helped ensure that the care people received was current.
- Care records were personalised and there was enough information about people's preferences to enable staff to support them in the way they preferred.
- People and their relatives had been involved to some extent, but this could be better demonstrated and further improved in the way the care plans were written as there were some inconsistencies depending on who had written or reviewed them.
- People were encouraged and supported to follow any specific cultural or religious needs. For example, one person told us, "I am a Roman Catholic and see the priest when he comes here. He also gives communion". People had some culturally specific diets, for example one person we spoke to was of the Jewish faith and did not eat pork or any pork based products and their needs were catered for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to pursue interests and participate in activities which were available. We saw there were a wide range of activities available to engage people who had various abilities and interests. On the day of our inspection people were busy making mince pies and told us they were enjoying this activity.

Improving care quality in response to complaints or concerns

- There was a complaints and compliments policy, procedure and process in place. Although no 'formal' complaints had been made. Nineteen informal grumbles were recorded. For example, a person not happy with their bedlinen. Actions recorded were that they were offered a choice of coloured bedlinen. Other

grumbles had been resolved to the satisfaction of the person.

- Compliments had also been recorded and letters of gratitude for care provided to family members.

End of life care and support

- Three people were receiving end of life care at the time of our inspection. Although many more people were being cared for in bed and they had a poor clinical prognosis.
- Where people were on an end of life pathway their care plan had been reviewed to reflect their specific end of life choices. For example, in some cases people had specified that they wished to remain living at Wilton House and did not want to go to Hospital where the environment and staff were unfamiliar with their needs and wishes.

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 good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Staff told us they felt the registered manager was not always inclusive or supportive and this meant that staff did not feel empowered.
- We spoke to the registered manager and general manager about a specific incident which was under investigation at the time of our inspection. We were provided with information to inform us of the outcome and the measures put in place to reduce the risk of this happening in the future. Staff told us they felt the deputy manager was very approachable and supportive.

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

- The registered manager understood their responsibility under duty of Candour. However, following a recent incident at the home where a person was found to be missing. There had been a delay in involving the emergency services and this had resulted in an unnecessary delay in the person being located and receiving appropriate treatment.
- The correct process had not been followed and there had been several failings of individual staff members which had not been addressed at the time. Had the correct process have been followed it would have reduced the risk of the person coming to any harm.
- Following this incident, a review of the policy had been completed with a much tighter robust procedure in place. This demonstrated a commitment to learn and act when things went wrong.

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

- The management team was not always organised in a way that demonstrated they were clear about their roles and responsibilities and this meant that sometimes there were oversight.
- There was also a lack of management presence at home over the weekends. The person in charge was often a nurse working a shift on the floor who were not supernumerary which meant they did not have surplus time to do the 'management role'.

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

- People's views were sought to involve them in the day to day running of the service and to help with making continual improvements because of their feedback and input.
- People's relatives and staff were given opportunities to make suggestions about any areas of the service which they felt would benefit the people who used the service. For example, a pub had now been provided which people enjoyed socialising in.

Continuous learning and improving care

- Feedback was sought through a number of forums including surveys quality assurance spot check and a suggestion box where people could provide feedback anonymously if they wished. This feedback was reviewed and used to drive improvements. Information shared assisted continuous learning and improved outcomes for people.

Working in partnership with others

- The management team had developed working partnerships with external organisation to help ensure care provided was joined up and people were supported by a range of healthcare professionals.