Wilton House Limited

Wilton House Residential and Nursing Home

Inspection report

73-77 London Road
Shenley
Radlett
Hertfordshire
WD7 9BW

Tel: 01923858272
Website: www.wiltonhousecarehomes.com

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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 was carried out on 24 May 2017 and was unannounced. At the last inspection on 12 and 14 July 2016, they were found to not be meeting the standards we inspected. These were in relation to staff not always establishing people's wishes and obtaining their consent before care and support was provided. People's privacy was not always respected by staff. At this inspection we found that the required improvements had been made and they were now meeting these requirements.

Wilton House Residential and Nursing Home is registered to provide accommodation for up to 51 people who require nursing or personal care and may also be living with dementia. At the time of the inspection there were 49 people living at the home.

The service did not have a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The registered manager had recently left Wilton House and had been replaced by an experienced manager who was applying to register with CQC.

People told us that staffing levels were good. Medicines were consistently managed safely. People were supported by staff who were recruited through a robust process. Accidents were reviewed to ensure all action to reduce a reoccurrence was taken, we saw that people were supported safely.

People were supported in accordance with the principles of the Mental Capacity Act. Staff received the appropriate training and felt supported. People had enough to eat and drink and we received positive feedback about their food. People had access to health and social care professionals when needed.

Staff were attentive and communicated well with people. People dignity was consistently respected by staff. People felt supported by staff.

People were involved in the planning of their care. Care plans were clear and gave staff enough information to meet people's needs. People had access to a range of hobbies and interests that they enjoyed, the activity coordinators were developing ideas daily.

People, relatives and staff were positive about the manager and we found that systems had been developed to help identify and address issues in the home. The manager had implemented changes since joining the home.

People's voices were sought and complaints were responded to in a timely manner.

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 and relatives told us the care people received was safe and they had no concerns.

Risks to people were assessed, discussed, reviewed regularly and managed effectively. Staff were knowledgeable about safeguarding procedures.

There were sufficient numbers of staff on duty to meet people`s needs in a timely way. Recruitment processes ensured staff working at the home were fit to do so.

People received their medicines safely by appropriately trained staff.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported and trained to support people effectively.

Staff were knowledgeable about the Mental Capacity Act and worked following its principles.

People's dietary needs were met and staff involved health care professionals in people`s care to promote their health.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People and their relatives where appropriate were involved in decisions about people`s care.
People were cared for by staff who knew them well and were familiar with their needs.

People's choices independence and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised and took account of their likes and dislikes.

People were supported to pursue their hobbies and interest by a team of activity workers.

People and relatives at the home knew how to raise concerns if they had to.

Is the service well-led?

Good

The service was well-led.

There was a caring culture at the home and people and staff felt listened to.

Staff were clear on their roles and responsibilities and had daily handovers.

Regular audits were carried out to assess and monitor the quality of service.

Wilton House Residential and 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.

This inspection took place on 24 May 2017 and was unannounced. The inspection team was made up of two inspectors and one expert by experience. An expert by experience is a person who has experience in this type of service. This was to help facilitate the inspection and make sure that people who used the service were able to talk with us. We also had a Nurse who case tracked care plans and provided specialist advice on the care being provided at Wilton House Residential and Nursing Home.

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 also reviewed the information available to us about the home, such as reports of previous inspections, notifications and information about the home that had been provided by members of the public and staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and observed how the staff supported and interacted with them. We also spoke with five relatives, five care staff, two activity co-ordinators, the chef, two registered nurses, the deputy manager, general manager, operations manager and the home manager who was in the process of registering with CQC.

We looked at the care records for four people, the medicines administration records (MAR) for people and three staff files. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People who lived at Wilton House told us they felt safe. One person said, "What makes me feel safe is the atmosphere I suppose, and the girls [staff] they make it safe for me." Another person commented, "Oh yes I do feel safe it's like home from home I'm from Ireland and were very friendly people and so are the girls[staff] here that's what makes me feel safe we have a good laugh and a joke."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. One staff member told us if they had any concerns, "I would report any concerns to the nurse or the manager." They also confirmed how they could escalate their concerns if required. Staff could describe types of abuse and behaviours that concerned them. For example, people becoming withdrawn. All staff we spoke with were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified. One staff member said, "I supplied three references and I had to wait for my DBS check before I started. I was not allowed to work until all references and DBS were in place."

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff confirmed there was enough staff to meet people's needs. One staff member said, "Yes we have enough staff, we have a good team we help each other." We observed throughout the day that call bells were answered in a timely manner and staff did not appear rushed. The manager told us that the staffing levels met people's needs but were constantly monitored to ensure peoples changing needs were met. There were processes in place to cover shifts due to short notice cancellation.

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 in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, we found that all accidents and incidents were monitored to ensure people were kept safe.
Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the manager which ensured that people's changing needs were addressed and that reoccurring patterns were identified.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by nurses who had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One person said, "My medication is there every morning for me, I don't have any concerns." We observed the nurse was methodical in administering

each person's medicines. They checked the medicine administration record (MAR) on each occasion prior to preparing the medicines, they locked the medicines trolley each time it was left unattended to ensure people were safe and they completed the MAR chart before moving to the next person. This demonstrated good practice.

The nurse had prepared the equipment they required prior to beginning the medicines round and had ample medicine pots, spoon, and drink available to them. We observed the nurse introduce themselves to the people and checked on their wellbeing prior to offering them their medicines and additional analgesia, if they required it.

The medicines room was clean, tidy and in good order. Medicines were managed safely. The room and fridge temperatures were monitored and temperatures recorded. There were no gaps on the temperature check records.

Each person had an information sheet within the MAR folder which included a photograph and details of any allergies. We reviewed the PRN medicines protocols for each person and these were mainly in relation to analgesia or medicines to alleviate constipation. They held enough information in relation to the usage, dosage for the person and situations which required administration.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire.

Good

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "Staff always ask me what I want; we are always given a choice."

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 training and regular updates in a range of subjects designed to help them perform their roles effectively. During the inspection we noted that training arranged for May and June 2017 at Wilton House included: infection control, the mental capacity act, deprivation of liberties, equality and diversity, Parkinson's and dementia training. Staff confirmed they had completed an induction. One staff member said, "There is a good range of training and refreshers are always available." Another staff member commented, "I'm really happy with the training so far. I had lots of training as soon as I started and there's usually a course available each week." The manager confirmed that since starting they had looked at staff training and ensured that staff training was up to date, they also stated that competency testing will take place to ensure that all staff were competent and fully understood the training received.

Staff told us they felt supported 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 supervision around every six weeks with the deputy or the manager. It's always about how you are getting on or asking if we have any problems. We're also reminded of any training that we need to do." Another staff member said," Most recently I've done some falls prevention training with the local community team and I've been signed up to complete my national vocational training straight away which a nice surprise is. I thought I'd have to wait. The support here is good." The manager told us that their door is always opened and that they reinforce this at meetings to ensure staff feel supported. Staff also felt supported by the nurses. One staff member commented, "The new manager and nurses are approachable."

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) Staff understood and were able to explain their responsibility under the Act. They told us that if they had any concerns regarding a person's ability to make a decision they would ensure that appropriate capacity assessments were undertaken. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they

received. One staff member said, "It's very important to give people as much freedom as possible, to promote their independence." Another commented, " Choice is important, not given choice is a type of abuse we must give people the freedom to make choices." they went on to explain how they promoted choice to people that required support with this , examples they gave included holding up different items of clothes and using pictures and allowing people time to choose.

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat from the menu. However they could also choose an alternative if they wanted. We noted in the kitchen that there were systems in place that identified people's nutritional needs and any allergies they had.

At 11am tea was served with a plate of biscuits and selection of cut up fruit. We asked people if they had fruit every day and one person said, "Yes and you will see we will get it again in the afternoon. We observed this again when tea was served in the afternoon. We observed people were supported with their nutritional needs.

We observed at lunch time there was a choice of main meals and a choice of dessert. The meals looked attractive and were well presented on each plate. People's comments we spoke with included; "It's very nice." "The meat is so tender and tasty." "The pudding is lovely." "I've enjoyed it, thank you." Each person was offered a choice of the meals before being served an individual plate of food. The tables were laid with clean linen and condiments were available on each table. Each person was also provided with a cold drink.

During the lunch time we observed positive interaction between people and staff, we observed one person being supported to the table with verbal prompting as they walked with their Zimmer frame. This was done in a positive manner with clear instructions and encouragement from the member of staff. This supported their independence. Another person who we noted was visually impaired, we observed a member of staff explain what meal the person had in front of them, where each item was positioned on the plate. The staff member also offered to cut up the person's meat which was declined. The member of staff respected their decision. We also observed one person that did not want either of the meals on offer and declined alternatives that were offered. The staff gently encouraged the person to try and have a drink and try some pudding which they accepted.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. People were encouraged to maintain their health and wellbeing through regular visits from opticians, chiropodists and a weekly visit from a hairdresser. People we spoke with told us that if they were not well a doctor would be called and if they had hospital visits a member of staff would also be available to go with them.

Good

Is the service caring?

Our findings

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 told us, "They are very caring they come into my room always knock first, and then they ask me what I would like to wear."

Staff were able to tell us how they promoted people's dignity and respect. People told us that they were treated with kindness and respect. We observed that staff approached people in a gentle and unhurried manner, always asking for consent before assisting anyone with a request or task. Staff took their time in addressing people in a way that residents would understand One resident commented, "Oh they [staff] are very caring and lovely girls they help me to get washed and always take their time with me not rushing me, they always knock before they come into my room, they talk to me in a very pleasing way I would say like your family would".

We saw staff knocked on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "We always find out about any new people coming to the service as we are provided with their care plan from the nurses. That way we always know about someone before you even enter their room." Another staff member explained that when they gave personal care they would be mindful of the person's privacy and dignity they told us that if safe they would support people on to the toilet but then wait outside until they were needed. They also said that when given someone a wash they would use towels to promote their dignity.

Staff we spoke with understood how to promote people's independence and respect their privacy and dignity. One person said, "Oh yes I'm encouraged to keep my independence I wash my self and they (staff) don't try to take over they pop in and say 'are you ok (name)' and I say I'm fine but they are good like that they know I like to do things for myself but they still care to ask me." One relative said, "My [family member] has been here nearly six months and I visit all the time, it really is a lovely home and would not let my [relative] be here if it wasn't. To me it seems they employ good carer's because they have very good skills in interacting with residents. I have seen how they approach people when having to hoist them by putting a screen round them to protect their dignity and they do so in a very skilful way."

One person who was new to the home commented, "My experience so far has been very good. I was dreading it quite frankly. The room is nice; the staff are kind and very caring and respect my dignity." We observed one staff member knocking on one person's door as they collected their left over breakfast and the asked the person if they could get them anything else and if they were comfortable. The person told them they did not need anything else, however as the staff member was going down the corridor the person called out for a drink and two staff answered the call and gave the person their drink.

We observe a staff member was sat in a chair in the lounge completing their notes when a person came into the lounge, the staff member jumped up and said, "Oh I better move from this chair because (name) loves this chair, they moved and the person smiled at them. The staff member said, "Let me turn you this way so

the sun is not in your eyes". This demonstrated staff new people well; they were thoughtful with their support. Jugs of juice were present in the lounge with staff members encouraging residents to keep hydrated.

Confidentiality was well 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.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. We saw staff delivered care that followed the guidance. For example, in one person's care plan the assessment deemed the person to have moderate / high needs. The plan of care included 'resident sat out in chair during the day, walked daily with frame and assistance of staff and a soft diet not puree food. During our inspection, we noted that this person was sat out in their chair and they confirmed that staff assisted them to walk daily with their frame which was in their room. Observations at lunchtime saw them served with a soft diet.

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. There were two floors at Wilton House and both floors were managed by the nurses who were aware of people's needs. Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, people's likes and dislikes, individual cultural and religious needs were also documented. The care plan was regularly reviewed. There was a communication board to help people express if they were in pain and a picture of the human body to indicate where the pain was and what type of pain. This enabled people get the appropriate care and pain relief.

People's identified needs were documented and reviewed which ensured that the care and support provided helped maintain good physical, mental and emotional health. For example, care records we looked at showed that observations were taken and recorded appropriately this included weekly blood sugars, monthly blood pressure monitoring, monthly weight but we saw that people were weighed weekly when their weight decreased. This demonstrated good practice. We saw risk assessments completed monthly including 'Malnutrition Universal Screening Tool used to establish nutritional risk were used to assist with assessing risk of a person developing a pressure ulcer and falls. We noted that staff repositioned people as specified in their care plan and this was documented appropriately. Hourly checks were completed with no gaps in records. We noted that daily care records and mouth care records were completed as required and food and fluid charts were completed with the amounts recorded. We saw that people had reviews from their GP and seen by other professionals as required. We were told by the nurse that supported the inspection that they were happy with the care and support provided to people. We noted where pressure relieving mattresses were being used they were all set correctly for the persons weight.

People were supported to maintain their interests and to take part in activities which they enjoyed. The activity coordinator told us that the sensory room had been recently developed. There was a lot of equipment available which included sensory objects such as a bubble tube; fibre optic lamps, texture pads, lava lamps, plus other activity equipment such as craft materials and games. One person said, "I used to like knitting as a hobby and they have offered to get me some wool." Another person commented, "I love a good sing song, the music is right up my street, they are very good, the girl that does the entertainment."

We were told about the recently planted sunflowers which were being grown in a competition amongst people and staff. We looked through records that the activity coordinators maintained such as activity plans

and timetables, daily notes completed following activities for people and many photographs of people taken during sessions. It was clear from these records that a wide range of activities were provided by staff and these were well received by a large number of people in the service. It was also recorded when activities had been offered to people and that had been declined. The activity coordinator commented, "We've asked people and their families for activity ideas and for more information about people's backgrounds to help us devise activities or ways we can engage people." They went on to explain where they had struggled to engage with one person and then found out that the person had worked in an office for many years. They were then able to offer the person office style tasks such as filing, paper sorting and envelope 'filling' and the person immediately engaged and joined the coordinators at the table. The Coordinator said, "Activities have been a bit trial and error but we talk afterwards to evaluate how people think the session has gone."

Activity coordinators showed us around the home and pointed out a number of displays that had been completed as part of activity session for example, washing line, a visual tree, photographic boards, decoration in communal lounges. This included the laminated posters on each person's bedroom door which included a photograph of the person and, where known, pictures or symbols which represented activities, pastimes or hobbies the person enjoyed. People we spoke with confirmed they were very happy with the activities that were provided and had regular days out in the garden for cake, ice cream and tea.

We saw that information and guidance about how to make a complaint was displayed. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided. One person said, "I don't have any concerns but I would say if I did. "We noted there was a complaints/suggestions pamphlet available in every person's room inviting them to voice their complaints or suggestions. People we spoke with told us they had no complaints, and wouldn't like to change anything they were very happy at the home. One person said, "I don't need to complain about anything, there very kind to me."

Good

Is the service well-led?

Our findings

was run. They were complimentary about the manager who was described as being approachable and supportive. One staff member said, "Yes the manager is approachable."

The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. The manager told us they completed regular walks about the home talking with people and staff, observing to ensure that there were enough staff to meet people's needs and the skill and gender mix met people's preferences and needs.

The manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. A staff member commented, "We have handovers from the nurse and I know my responsibilities."

Audits were carried out in areas such as medicines, infection control, care planning and record keeping. The manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were regular audits completed by the area manager and the nurses that ensured best practice. They also confirmed that they received updates from the provider via email and used web sites such as CQC to ensure they were abreast of best practices. The manager confirmed In addition to all weekly and monthly audits, new audits been added such as Monthly Skin Chart, Weekly Falls and Bruises, Weekly Medication administration spot check and protected meal times spot checks, Body Maps will be reviewed weekly or as often as needed.

All falls and bruises were being investigated by the manager and monitored for trends to keep people safe. There were monthly meeting for staff and service users. The manager confirmed there will be regular night visits to ensure all staff views are taken into account and service users and staff were listened to. This was to ensure the smooth running of the Home.

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. For example the general manager completed a monthly compliance visit that looked at external and internal environment, health and safety, medicine, nutrition, bedrails, profile beds, hoists, call bell responses. Plus other checks of the home. Where issues were found, action plans were in place with time frames and the general manager confirmed these were routinely checked. For example in April we noted that the external audit had noted that the garden club was been developed for people and more shrubs and bushes were required. In The may audit showed these had been purchased.

The manager received support from their operations manager general manager and a representative of the senior management team from another care home they had regular meetings to support learning. The manager confirmed they will enrol for the Level 7 Diploma in management towards the end of the year. The manager confirmed they felt supported and could pick up the telephone at any time night or day if they

needed support. They told us they had regular supervisions and felt listened to and supported. They commented, "We have daily meetings to review my progress we discuss issues and ideas and I am implementing changes."

The changes that the manager was implementing included: The Kings Fund environment audit, this was being introduced in to the home to improve the environment for people living with Dementia. The manager had introduced good and outstanding Care Guide (Skills for Care) to identify different approaches to best practice. They told us they are developing easy read booklets for people to support with understanding areas such as, The keyworkers system, complaints procedure, whistleblowing, statement of purpose, service users guide, menus, safeguarding procedures. They were also developing CDs and DVDs to accompany the booklets for people to understand the above issues that present with sensory impairments. They confirmed they were in the process of developing a sensory garden at Wilton House and themed corridors will be introduced in the home.
Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.