

# St Martin Of Tours Housing Association Limited

## Wilton Villas

### Inspection report

Wilton Square,  
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Date of inspection visit: 12 March 2015  
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#### Ratings

Overall rating for this service	Not sufficient evidence to rate	
Is the service safe?	Good	
Is the service responsive?	Good	

#### Overall summary

Wilton Villas is registered to provide residential accommodation and support to a maximum of 30 men with severe and enduring mental health issues.

At the time of our inspection a registered manager was employed at the service. 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.

Following our inspection of 16 January 2014 we undertook a focused inspection to look into concerns about the service. The inspection took place on 12 March 2015 and looked into concerns about people's safety as the result of recent incidents that had required the police

to be called to the service or people having been involved with the police in the local area. During the visit, we spoke with one person using the service, were introduced to four others who did not wish to speak with us at this time, spoke with a project worker, the deputy manager and the registered manager.

From our observations of interactions between staff and people using the service and from our conversation with one person using the service we found that they were satisfied with their support.

People were able to complain or raise concerns if they needed to. We saw from looking at the record of complaints that where people had raised issues these were taken seriously and had been resolved appropriately. We found that any concerns people had were listened to.

# Summary of findings

## 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 was safe. A person who spoke with us said they felt safe. Incidents involving behaviours that were disruptive or posed a potential risk to people using the service were responded to quickly and action was taken as a result.

There were suitable numbers of staff to support people throughout the day and overnight. Medicines were handled safely and provided to people as required.

Good



### Is the service responsive?

The service was responsive. Care plans were updated at regular intervals so that information remained accurate and described people's current support needs.

The person using the service who spoke with us felt able to raise any concerns or issues about the service. We saw that issues which arose were acted on. People were listened to and supported to resolve any concerns.

Good



# Wilton Villas

## 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.

This inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on Thursday 12 March 2015 and was carried out by a single inspector.

During our inspection we were introduced to five people using the service and one of these people chose to speak with us. We also spoke with one project worker, the deputy manager and the registered manager.

As part of this inspection we reviewed two people's care plans. We looked at incident reports and outcomes, medicines administration and storage, complaints records, staffing rosters and other documents related to direct care, safety and response to concerns.

# Is the service safe?

## Our findings

One person using the service spoke with us during our visit. This person told us “staff are wonderful”, and “I have so much support, especially when I first moved in, they are great, I can’t fault them at all”.

Staff at the service had access to the organisational policy and procedure for safeguarding adults from abuse, which we looked at, as well as the procedure used by the local authority in which the service is located. The service also had the contact details of the local authorities who had placed people at the home. These policies were clear and described in detail what staff should do if concerns arose. The members of staff we spoke with said they had training about safeguarding adults from abuse, which we confirmed by looking at training records, and were able to describe the action they would take if a concern arose.

At the time of this inspection there were no safeguarding concerns. We found that where concerns had previously arisen these were responded to properly. However, as the result of notifications that we had received about police needing to be in attendance at the service, we looked at how these situations had been responded to and followed up. We found that the service had responded appropriately and in two instances where people had shown they were not wishing to adhere to their support plans and boundaries regarding behaviours. These people had been given notice to seek other accommodation as the service had assessed that no further support could be offered at this time.

Staff told us there were enough staff on duty and this varied according to people’s needs. For example, additional staff were provided at times to support people with attending appointments and other activities. The staffing roster

showed that at least four staff were on duty throughout the day, including overnight and these staff could be supported in emergency situations by staff from an adjacent service operated by the same provider if required.

Records showed risks to people had been assessed when they first came to the service and were then regularly reviewed. Up to date guidelines were in place for staff to follow. These covered areas such as keeping people safe and the signs to be aware of which may indicate a person’s mental health was deteriorating. Staff told us they followed these guidelines which included the actions they should take in order to support people to keep them safe and well.

We saw that people were supported with their medicines and these were stored safely. Records showed people’s need for support to manage their medicines was assessed and reviewed as their needs changed. We saw that medicines were administered in private and people’s consent was consistently requested before these were given.

We looked at seven people’s medicines administration record charts and saw that staff had fully completed these and they showed people had received all their medicines as prescribed at the correct times of day. We checked these people’s medicine stock and found these were correct. When we looked at training records and spoke with staff we found that staff were trained in supporting people with their medicines. We saw that there were guidelines in place for staff to ensure that people received these appropriately. Records showed staff had followed this guidance, which had been most recently updated in January 2014.

The provider had a Business Continuity and Emergency Plan in place to ensure the service could continue to operate under difficult circumstances.

# Is the service responsive?

## Our findings

We asked the person who spoke with us if they had been involved in decisions about care planning. They did not give us a specific answer, however, other comments that they made showed that they knew what support they received from staff and were complimentary about their interactions with staff and the support they received.

The care plans we looked at covered personal, physical, social and emotional support needs. We found that care plans were updated at regular intervals and as frequently as support needs required, for example after any adverse incidents that may have occurred. We saw that care plans included details of discussion with people using the service and reflected their views. People were asked to sign their care plan to agree to it and we saw in one case this had happened. In another case a person had refused to sign and this was noted within the care plan.

When we spoke with staff about people's support needs they were all able to go into significant details. Staff were aware of individual support plans and signs to look for that people's mental health condition may be deteriorating and

require a response. We found that the service was in regular contact with community mental health teams and everyone at the service was under the Care Programme Approach (CPA). Some people were subject to certain legal restrictions, for example, Community Treatment Orders. These conditions were recorded in care plan records.

From our observations we saw that staff had relaxed and supportive interactions with people. Staff demonstrated in our conversations with them that were knowledgeable about how to respond calmly to behaviours which were challenging.

We looked at the complaints policy which was most recently updated in November 2013. We found that twelve complaints had been received since our most recent comprehensive inspection and all of these had been resolved locally at the service. Following recent complaints from neighbours the service amended its procedures to include monitoring of people using the service when out in the local area. This was designed to identify and respond to any issues quickly and at least initially seemed to have reassured local residents that the service was pro-actively addressing their concerns.