

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Wilton Villas

Wilton Square, London, N1 3DN

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Date of Inspections: 02 April 2013
24 March 2013
14 March 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Martins of Tours Housing
Registered Manager	Mr. James Crockart
Overview of the service	Wilton Villas provides residential accommodation and support to a maximum of 30 men with severe and enduring mental health issues.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 March 2013, 24 March 2013 and 2 April 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with people who use the service, they told us:

"(this is the) best place I have lived since coming out of hospital"

"Its okay living here"

"Everything here is fine"

We found that people's views and experiences were taken into account in the way the service was provided and that care, treatment and support met their needs and protected their rights.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were supported to deliver care and treatment safely and to an appropriate standard. The provider had appropriate arrangements in place to manage medicines and had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided.

Reasons for our judgement

People we spoke with told us that they were able to express their views about the service and that these were taken into account in the way the service was provided. We were told that regular residents meetings took place to discuss the day to day running of the home and were shown records to evidence this.

We found that people were supported in promoting their independence and community involvement. Some activities were provided within the service including cookery, a men's group and an art class. In addition people were supported to access community activities of their choice.

Some people using the service received support in managing their finances. We found that this was detailed in their care plans and detailed records regarding financial transactions were maintained. We examined these records and found them to be in order.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care plans of several people who use the service. We found that each person had individual care plans that addressed a range of their health, social and personal needs. The care plans that we saw were developed with the person using the service and reflected their views. Care plans were regularly reviewed and updated. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One person whose care plans we looked at had recently moved to the service. We found that an initial assessment had been completed and care plans were being developed with them.

A comprehensive risk assessment had also been completed for each person using the service. The risk assessments we saw identified potential risks and outlined how these would be managed. The provider may find it useful to note that our examination of care plans and risk assessments indicated that some risk assessments had not been updated as the person's needs changed. However, we did not find that people could receive unsafe or inappropriate care as a result of this.

Some people who use the service experienced drug misuse issues. The provider had developed links with specialist resources that people could be referred to and was also developing drugs awareness sessions for staff and people who use the service

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that people who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People we spoke with told us that they felt safe within the home and felt able to speak with staff if there was anything they were worried about. Staff we spoke with demonstrated an understanding of safeguarding issues and their responsibilities should they have any concerns. Staff were able to access safeguarding training through the provider and with the commissioning local authority.

We examined the provider's safeguarding records. We found that where safeguarding concerns had been raised these had been reported to the local authority and appropriate actions taken.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that appropriate arrangements were in place to obtain and record the administration of medicines. People who use the service told us that their medications were always available and were administered at the right time.

Staff told us that daily medication audits took place. We looked at some of the most recent medication audits and found that everything was in order. We also examined the Medication Administration Records (MAR) of several people using the service and found that the MAR sheet was appropriately completed and that all medications listed on the MAR sheet were available.

Medication was appropriately stored in a locked cabinet within a locked room.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that there were enough qualified, skilled and experienced staff to meet people's needs. We visited the service at night and during the day. We spoke with staff and with people who use the service. Both told us that they thought the service was appropriately staffed.

At the time of our inspection there were some staff vacancies within the service. We spoke with the manager who told us that recruitment to these posts was underway. We were also told that regular bank and agency staff were used to cover vacant posts, and that a permanent member of care staff was always on duty.

Supporting workers

✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that staff received appropriate professional development. Staff we spoke with told us that they felt supported in their role. People who use the service told us that they thought staff had the right skills and experience to be able to support them.

We looked at the provider's training records. We found that newly recruited staff completed an induction. In addition staff had recently attended training courses addressing working with schizophrenia, equality and diversity, fire safety, health and safety, risk assessment, mental capacity, needs assessment and recovery workshops.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that people who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted upon.

We examined the provider's log of accidents and incidents. We found that appropriate measures had been taken to address accidents and incidents and to ensure the safety and welfare of people using the service. People we spoke with who use the service told us that they knew how to make a complaint, and people who had made a complaint told us that they were satisfied with how the provider had dealt with this. We also looked at the provider's complaint logs and found that these were appropriately recorded with details of the investigation and outcome included.

Regular monitoring visits were undertaken by the nominated individual. Reports of these visits were given to the manager for action and follow up. The manager told us that in addition they carried out regular audits of personal files and other records.

People who use the service were asked for their feedback twice each year by way of a survey. The manager showed us an action plan they had developed that highlighted improvements to be made to the service and the timescales for items to be completed by.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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