Inspection Report

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

Tel: 02073599990

Date of Inspection: 16 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ 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 is registered to provide 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 16 January 2014, talked with people who use the service and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five people who used the service and, for the most part, they were content with the service they received. One person told us, 'Everything's satisfactory.' There was evidence that people had regular one-to-one meetings with their keyworkers and people told us they valued these. People who used the service had plenty of opportunities to provide the service with feedback about their experience and many of them did so.

The five members of staff we spoke with were skilled and knowledgeable, they were able to give in-depth answers to all our questions. Staff benefited from access to a wide range of training and we saw evidence that learning had been effectively applied from training on the Mental Capacity Act 2005. A need for training on 'legal highs' had been identified and a trainer sourced. The use of legal highs was becoming a problem for the service, reflecting increasing use amongst the wider community.

The communal areas of the building were attended to by a cleaner and people who used the service were supported to keep their bedrooms clean and to carry out other household tasks. People had access to small group activities on site and some attended college or day services.

The provider carried out regular audits to ensure that the service was functioning as required and we saw that they responded to any problems identified. There were close cooperative relationships with a range of placing authorities and other agencies.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent, unless there were legal restrictions in place.

Reasons for our judgement

Before people moved into Wilton Villas they were required to sign a licence agreement which outlined their rights and responsibilities. Copies of these were present in the five care files that we checked. We saw that a list of house rules were attached to the licence agreement and two people we spoke with told us that they knew about the rules before they moved in. One person who used the service told us that, in their view, the list of house rules did not cover everything that was prohibited within the home. We saw that there was a graduated system in place to sanction people who broke their licence agreement and that, following a meeting with the person concerned, letters had been written to advise them that they were in breach.

Some people were subject to certain legal restrictions, for example, Community Treatment Orders. The conditions were recorded in their files. We asked two people who used the service about any restrictions which applied to them and they were able to explain them to us, including the implications if they did not comply with them.

We saw written evidence that an assessment had taken place in line with the Mental Capacity Act 2005 when staff had become aware that a person who used the service was thinking about making a decision which increased risks to themself. We saw that staff had interviewed the person to check that they understood the options and the possible consequences of their choice. They concluded that the person had the capacity to make up their own mind.

Health and safety room checks were carried out on a regular basis in line with the terms of the licence agreement. We saw letters that had been written to people to inform them when to expect the next check. When we asked two members of staff separately if they would enter people's rooms unannounced, they both gave us the same answer. They said they only did this if they were concerned for a person and, unless it was an immediate emergency, only if they had been unable to track them down by phone or through family or close friends.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People told us they had the opportunity to visit the service before they moved in (if their circumstances permitted). We looked at five people's care files and found that they were up-to-date, regularly reviewed and well maintained. It was easy to find relevant information. There were pre-admission assessments, care plans (including one for medication) and risk assessments in place. The provider may wish to note that whilst the description and analysis of risks was detailed, the plans for minimising them were less developed and might not always provide a new member of staff with sufficient information.

People attended regular meetings with their keyworkers and discussions and outcomes were clearly recorded. In the files we looked at, the discussion topics reflected needs identified during assessment. We saw that, if people were willing and able, they and their keyworker used a Recovery Star model to assess their strengths and needs and to work towards agreed goals. One person told us that they talked through their alcohol and cigarette usage. Another person said that staff had given them practical help to obtain ID in the form of a passport which had made it easier when dealing with officialdom.

One person said that they had received help from the service to survive financially whilst waiting several months for their benefits to come through. They said they were very grateful for this. A member of staff told us that all people moving in to the home received a bed linen / towel pack and kitchen equipment if they did not possess these items.

Senior managers told us that people were using the service had increasingly complex needs which, in the past, would have been treated in hospital. Separately, one of the people who used the service and the manager made us aware that the increasing use of 'legal highs' over the last six months was having an impact on some of the people who used the service and presented management challenges. One person told us they were scared of the behaviour displayed by some people after they had taken legal highs. We looked at recent records and saw that appropriate steps had been taken to contain incidents, although there was recognition that this was likely to be an on-going problem.

There were a number of small group activities scheduled for each week. Most were provided by specialist practitioners from other agencies, supported by Wilton Villas staff. One person showed us some of their art work which was hung on the wall. Another person said they went to the English and Maths class. In one person's file we saw that they had the opportunity to attend college three days each week. Others attended sessions at a local day service. We saw that there had been some group trips out, for example to the cinema and to football matches. Attendance lists had been kept.

Within the home there were two shared self-contained flats which people could use to further develop their independence skills before moving on. All the people who used the service shopped for and prepared their own meals, supported by staff if they had an assessed need for this. They also did their own laundry. One member of staff said that part of their role was to induct new people so they knew how the washing machines and cookers worked. Each person had access to a lockable kitchen cupboard and had a fridge in their bedroom. Every bedroom had a hand basin. Over the festive period we saw that the provider had laid on special meals and buffets, as well as some social events. The manager told us this was in recognition of this often being a difficult time of year for people. One person when asked to describe the service received said, 'Everything's satisfactory.'

People were expected to have contact with staff every 24 hours. For most it was much more frequent, but we were told that if someone had not been seen for 24 hours staff would try to track them down. There were individualised arrangements for some people due to their vulnerability or the specific conditions of their placement. CCTV was in place to monitor the communal areas of the building and the entrances and exits. This helped to ensure people's safety and could be used to review incidents. We heard from both staff and people who used the service that a number of people lent and borrowed money from each other and bullying could arise as a result. Staff told us that it was difficult to prevent this from happening, but we saw records that showed it was addressed when they were alerted to it.

The provider had a Business Continuity and Emergency Plan in place to ensure the service could continue to operate under most circumstances. There was a fire register which provided evidence that appropriate checks were being carried out. We saw that the fire risk assessment was updated annually. The register detailed all practices and false alarms, including a note of people who used the service who failed to respond to the alarm.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The provider was clear about what it could (and could not) offer in its literature. This meant that expectations were explicit for placing authorities from the start. When we reviewed people's files we saw evidence of close working relationships with Community Mental Health Teams (CMHTs) in people's home areas. We heard that the staff team was sometimes left to manage difficult situations if the police and/or CMHTs were slow to respond. There was also evidence of partnership with other agencies to run sessions within Wilton Villas, such as Narcotics Anonymous. We also saw that the provider conducted an annual survey of stakeholder views and had acted on the feedback.

The management team had identified a problem with the police response to incidents taking place inside the home, as this was considered by police to be a private dwelling even though it was shared by unrelated individuals. As a result, we saw they were in the final stages of compiling a Memorandum of Understanding in conjunction with a representative of the local police service. This should mean that police attending an incident within the home will be clear about their role in future.

We noted that situations which indicated that safeguarding might be required had been reported appropriately to the local authority. Notifications to the Care Quality Commission matched incident and other records.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The manager was the lead for infection control.

Cleaners were employed to work six days each week and they followed a schedule to ensure all parts of the building were attended to. There was a morning shift and an evening shift. We were told that the time available had just been increased by one hour each day. This meant a cleaner was on the premises for seven hours each day between Sunday and Friday to keep communal areas hygienic. Care staff assisted people to keep their bedrooms clean and tidy. One person who used the service told us that they thought general cleanliness was good, but some individuals had 'dirty' bedrooms. Staff members said it could be hard to find the balance between hygienic conditions and promoting independence, but the regular health and safety room checks ensured that bedrooms were maintained to a reasonable standard.

We found that the communal areas were clean and tidy after the cleaner had been round, but some people did not always clean up effectively after themselves and quickly undid the cleaner's work. Toilets were a particular problem according to one person who used the service. We heard staff encouraging a person to clean up a spillage. The provider may wish to note that it was not easy for people to maintain good hand hygiene in some of the toilets as the hand dryers were broken or had a weak airflow.

General waste was collected daily from the premises, there was no clinical waste apart from a sharps bin in the medication room and there were arrangements to collect this when full.

The provider had a contract with a company to protect the site from vermin and this appeared to be effective as no rodents had been spotted since the completion of building work which may have disturbed them. There were also measures in place to protect the home from bed bugs. A specialist company had been employed and the provider had bought heat treatment equipment which meant there was no delay in treatment if bed bugs were suspected.

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

There were enough qualified, skilled and experienced staff to meet people's basic needs. On the day of our visit there were two vacancies, one had been filled and the person was due to start work the following week.

We spoke with five members of staff and were impressed by their skills and knowledge and their ability to explain how they supported people. They demonstrated that they were very aware of the needs of people who used the service. All those we spoke with had been with the provider for several years, this helped to promote consistency of care. We looked at training records and saw that there was good access to appropriate training, for example, equality and diversity, risk assessment and specialist short courses such as working with people who are 'dangerous, disturbed or difficult'. The manager told us that they had recently identified someone who could provide training in 'legal highs' so this was going to be set up as quickly as possible. Staff members told us that although the work was challenging at times, they felt safe. One person said there was good team working and they backed each other up. Staff had access to personal alarms to summon help.

Due to the issue with 'legal highs' we were told that the number of night staff had been increased from three to four (shared with the neighbouring home run by the same provider). The rota allowed for a minimum of two staff on duty during the day, but, in reality, we saw that the number was normally higher and staff could get back up from the home next door and an out-of-hours management on-call system. Cover for absence and planned appointments requiring a staff escort was provided by a regular team of bank staff. There was also access to agency staff, but the only agency worker used recently had a long association with the home. Despite this, the provider may wish to note that, on occasions, there was the risk of an insufficient number of staff being on the premises for short periods.

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

The Chief Executive visited the home monthly to check quality (known as an 'Outcome 16' visit), we looked at recent reports following these visits. Placing authority representatives visited approximately every 6 months to make their own checks. Most staff members had a role to play in carrying out audits, for example in completing medication or file audits.

The provider used an external organisation to conduct an annual service user survey across the whole organisation. There was a 69% response rate, although the final report did not detail how many of the respondents were resident at Wilton Villas. The responses were mainly positive, for example, 91% said they felt 'safe'. We also viewed the action plan that had been implemented in response to the 2012 survey and heard that most actions had been completed.

A monthly residents' meeting was held within the home. Attendance was not high, but minutes were available for all. Topics regularly discussed included anti-social behaviour, repairs and maintenance and the activities schedule. We saw that people who used the service had had the opportunity to complete feedback forms and people who left the service were usually offered exit forms. One person had commented, 'I sometimes think I need more support than the staff are able to give me. They seem very busy'.

We noted that some of the information on the provider's website about the recovery approach did not accurately describe its use in this home. We saw records demonstrating that people knew how to use the complaints procedure and noted that staff had got consent to put in complaints on behalf of people who, for one reason or another, could not get round to it themselves. This showed that anyone who used the service could receive support to put their concerns forward. We were able to track recent complaints and saw that they had been appropriately investigated and followed up.

There was evidence that people who used the service had input to the development or review of the provider's policies and two staff members confirmed that they could easily raise their own views through the manager. Outcomes for people who used the service were reported on quarterly, showing the length of time they had been resident and their

next destination.

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.

Contact us

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