

# Review of compliance

Whitgift Foundation Wilhelmina House	
<b>Region:</b>	London
<b>Location address:</b>	21 Park Hill Rise Croydon Surrey CR0 5JF
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	July 2011
<b>Overview of the service:</b>	Wilhelmina House was established as a registered charity by the Dutch church in London and aims to provide a sheltered environment for elderly men and women who no longer wish to live independently. On 1st April 2007 the business transferred to the Whitgift Foundation, a local charity established in 1596 and based in Croydon.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Wilhelmina House was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Please see main report for this information.

### What we found about the standards we reviewed and how well Wilhelmina House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

We found that Wilhelmina House meets this essential standard. This is because at the time of this review the service was able to provide us with enough evidence to demonstrate that the people who use the service understand the choices they have to do with the delivery of their care, so they can make decisions.

#### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Wilhelmina House meets this outcome because at the time of this review residents were able to give valid consent to the examination, care, treatment and support they receive. They understand and know how to change any decisions that have been previously made about this if their circumstances change.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Wilhelmina House meets this outcome because at the time of this review residents experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

**Outcome 05: Food and drink should meet people's individual dietary needs**

Wilhelmina House meets this outcome because at the time of this review residents are supported to have adequate nutrition and hydration.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Wilhelmina House meets this outcome because at the time of this review residents are protected from abuse, and their human rights are respected and upheld.

**Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

Wilhelmina House meets this outcome because at the time of this review the Provider complies with the requirements of regulation 12 of the Health and Social Care Act 2008.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Wilhelmina House meets this outcome because at the time of this review residents have their medicines at the times they need them and in a safe way. Information about their medication is given to them appropriately.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Wilhelmina House meets this outcome because at the time of this review residents were seen to be in safe, accessible surroundings that promote their well being.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Wilhelmina House meets this outcome because at the time of this review residents were not at risk of harm from unsafe or unsuitable equipment, indeed they benefit from equipment that is comfortable and meets their needs.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

Wilhelmina House meets this outcome because at the time of this review residents were safe and their health and welfare needs being met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Wilhelmina House meets this outcome because at the time of this review residents were safe and their health and welfare needs being met by sufficient numbers of appropriate staff.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Wilhelmina House meets this outcome because at the time of this review the residents were safe and their health and welfare needs were being met by competent staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Wilhelmina House meets this outcome because at the time of this review residents were benefiting from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

**Outcome 17: People should have their complaints listened to and acted on properly**

Wilhelmina House meets this outcome because at the time of this review residents could be sure that their comments and complaints are listened to and acted upon effectively.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

Wilhelmina House meets this outcome because at the time of this review residents could be confident that their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

The Manager told us that there is a Service User Guide (SUG) and a Statement of Purpose in place for prospective residents and residents at this home. Each resident is given their own copy as a part of the admission process and to provide information that helps them to make a decision as to whether the home is suitable for them both in terms of meeting their needs and if the environment being somewhere they would like to live.

We were provided with copies of both documents. They include all the necessary details that a prospective resident would need in order to make a decision whether to go to live in this home. The Manager also told us that prospective residents are offered the chance to spend a few days living in the home as a "test run" to see if it really offers them the opportunities that they are hoping for and whether their needs will be met.

We spoke to 6 residents as a part of this review and they told us that they had been given enough information about the home both before they were admitted and also since their admission.

#### Other evidence

We inspected 3 of the resident's files and on each of these files a comprehensive needs

assessment was seen. Information on each of these residents and their needs had been provided by the referring authorities and there was also evidence of the home's own thorough in house assessment of the resident's needs prior to a decision being taken regarding admission. It included an assessment of the person's health, risk factors, mobility and the compatibility of the person to 'fit in' with the current residents. The assessment is completed together with the resident, his/her relatives or representatives and with the relevant professionals that have been associated with the referral. Evidence on the files inspected showed that residents had signed the assessments and care plans in agreement to the content being appropriate to them.

Religious and cultural needs are a part of the needs assessments seen in the resident's files and all care plans are based on the information contained in the needs assessments.

A review of the needs assessment is carried out every 6 months and evidence of this was also seen together with revised care planning documentation.

### **Our judgement**

We found that Wilhelmina House meets this essential standard. This is because at the time of this review the service was able to provide us with enough evidence to demonstrate that the people who use the service understand the choices they have to do with the delivery of their care, so they can make decisions.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

The Manager told us that all new residents are required to sign a contract with Wilhelmina House to say that they will abide by the terms and conditions of the service. When we inspected 3 of the resident's files we saw these contracts signed and dated on their files as had been described.

The Manager told us that there are no residents living at Wilhelmina House at the time of this review that have problems with providing consent to other treatment should it be necessary. All residents give their consent to treatment as and when it is required. The residents we spoke to confirmed that they do so.

##### Other evidence

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents were able to give valid consent to the examination, care, treatment and support they receive. They understand and know how to change any decisions that have been previously made about this if their circumstances change.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

At this inspection we spoke to some relatives of the residents and they confirmed that care plans are being reviewed and that the relatives or another member of the families are normally involved in the process.

The Manager informed us that after the initial placement of a new resident an intermediate care plan is drawn up before the 6-week review. After the 6-week review, the care plan is revised and then reviewed.

##### Other evidence

On the 3 residents' files inspected we found that appropriate needs assessments had been drawn up for each resident. Service user plans / care plans had been constructed from these needs assessments and we were impressed with the detail covered in these plans. All the care plans inspected were seen to be reviewed regularly, the date of the review being recorded on file. It was clear from the care plan records held on the files that all the appropriate people are usually involved in the care plan reviews including the resident and their relatives where appropriate or their representatives.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We were present for lunch and was able to speak to the residents about the food. All the residents who we asked said that they like the food on offer to them and they confirmed that they do have a choice. One resident said, "The food here is always very good and we get a good choice". Another said, "The cook comes round and asks us what we would like to eat, we can then choose what we want.....so it's ok for us".

The Manager informed us that a nutritional assessment is undertaken as a part of the residents needs assessments and any special needs are catered for in the menu planning. Where necessary and where there are special dietary requirements a daily record of the resident's food intake is kept together with weight charts and this information is used by care staff to help support the resident appropriately.

##### Other evidence

There is a 4 week rolling menu planner and the Chef draws this up after consultation with the residents at the Residents meeting forum where residents are asked for their comments on the menu provided and whether there are any special requests. Any special dietary requirements are taken into account and provision is made in the menu plan. We saw both the 4 week menu plan and the daily menus and these menus provide a wide and healthy range of food for the residents.

Menus are displayed in the dining room and this enables the residents to see what they will have to eat and what choices they have on a daily basis. Care staff was seen to provide assistance to the residents when this was necessary and staff were seen to ask the residents before they offered any help to them. Meal times were seen to be

unhurried and any resident who chose to eat in their bedrooms was enabled to do so.

The kitchen was again seen to be in very good order by us and the menus offer residents a healthy, varied choice of food that they all said they enjoy.

**Our judgement**

Wilhelmina House meets this outcome because at the time of this review residents are supported to have adequate nutrition and hydration.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

The Manager told us that it is policy to ensure that all care staff receive training for the safeguarding of vulnerable adults (SOVA). Members of staff are also made aware of the policy via induction training. The Manager said that all the home's staff have now received POVA training over the last 3 years from L.B Croydon's SOVA training programme. Evidence on the training matrix that has been drawn up for staff and from staffing files inspected, it was demonstrated that they had received SOVA training in the last 3 years. This means that staff should be better able to protect residents from abuse.

The Manager told us that all staff members are all thoroughly vetted and recruitment assures that nobody starts at the home until their credentials with regard to the Criminal Records Bureau (CRB) and the Protection of Vulnerable Adults Register have been checked.

At this compliance review we inspected 3 staffing files. We also looked at the very useful staffing information matrix that has been drawn up since the last inspection. We found that up to date CRB checks had been carried out for all the staff. At the last inspection a requirement was made for the Manager to ensure that CRB checks should be renewed every 3 years. This has now been completed and the Manager can now be assured that staff have appropriate CRB records.

We spoke with 6 of the residents at Wilhelmina House and 2 relatives of residents about the quality of the care they receive to meet their needs. On the whole we were

impressed with the positive remarks made about the care and support that residents receive from staff at Wilhelmina House including maintaining the dignity and privacy of the residents wherever and whenever possible.

The Manager told us that the staff induction programme covers the core standards of privacy, dignity, independence, civil rights, fulfilment and choice. Evidence was seen by us on the staffing files inspected. This is discussed later in the report.

### **Other evidence**

Wilhelmina House has an Adult Protection policy and the Registered Manager showed us a copy of it.

The home's policies and procedures cover all essential areas of guidance, including physical intervention, service user's finances, insurance and such issues as gifts gratuities and bequests.

There are sufficient organisational policies to safeguard the residents' welfare e.g. dealing with abuse and a whistle blowing policy.

At the last inspection in December 2008 it was recommended that an inventory of the resident's valuable belongings should be drawn up and held for each resident and updated annually. This has now been achieved and will help to ensure the protection of resident's possessions.

All the residents receive personal care and some are helped with washing and bathing, dressing and toileting. Care staff who we interviewed showed by their responses their caring attitude towards the residents and service users in their comments about staff also reflected this. All of the bedrooms have en suite toilet and bathing facilities and this also helps residents to maintain a level of privacy that they welcome.

All residents have their laundry done individually by their key workers and this systematic method ensures that residents are able to wear their own clothes when they like.

### **Our judgement**

Wilhelmina House meets this outcome because at the time of this review residents are protected from abuse, and their human rights are respected and upheld.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

The home was found at this inspection to be clean, hygienic, tidy and free from offensive odours. We toured the unit and inspected all areas of the home. 3 of the resident's bedrooms were seen by us and were found to be clean and tidy.

Those residents who we spoke to said that their bedrooms are decorated and furnished as they wish and they went on to say that it was as close to being in their own homes as they could expect to achieve.

##### Other evidence

We undertook a tour of the premises and the home was seen to be clean and tidy in all areas. All areas of the home are accessible to wheelchair users and there is a lift that provides access to all floors of the building. There are at present no residents who use a wheelchair living at Wilhelmina House.

The general condition of the home and the facilities is consistently good; communal areas and bedrooms are kept clean and odour-free. The Manager and staff provide a 'homely' touch through supplementary decoration and ornaments / flower decorations and pictures hanging on all the walls.

There is a conservatory at the back of the house which has a commanding view over the garden and which some residents said they really enjoyed sitting in at any time of the year.

We saw the home's infection control procedure, a copy of which is available in the staff room for information, this seems to be effective.

The laundry area is well laid out and there is an impermeable floor laid down to prevent water ingress and easy cleaning.

Bathing equipment such as bath seats and non-slip mats at this inspection were noted to be clean and in good working order.

**Our judgement**

Wilhelmina House meets this outcome because at the time of this review the Provider complies with the requirements of regulation 12 of the Health and Social Care Act 2008.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We were provided with the agencies policies and procedures manual by the Registered Manager and this file included an appropriate medication policy for the unit. The Registered Manager told us that the usual practice for the administration of medicines at Wilhelmina House is for staff to give the residents their medication. All staff receive appropriate training to ensure that this is done safely and the residents are protected by safe and appropriate practices. Training records were presented for the care staff and it was clear that regular training is provided on the safe handling of medicines. 2 staff who we interviewed confirmed this.

Some residents administer their own medication. Detailed risk assessments are carried out for those residents and they are reviewed as the persons needs and abilities to self medicate change.

Appropriate records (MAR sheets) were seen to have been completed properly for the administration of medicines to service users.

Together with the Manager we carried out a random stock take check of the medicines held in the home's medicine cabinet and the numbers indicated on the MAR sheets. Stocks of the medicines held in the cabinet were as detailed and recorded on the MAR sheets.

Since the last inspection the Manager has drawn up a new "controlled drugs" record

book. This is to be used to record which controlled drugs have been administered to whom and when. At the last inspection a requirement was made that the Manager ensures that a new book was drawn up with clear and accurate recordings for the administration of controlled drugs. This has now been implemented although the Manager told us that at the time of this review there were no residents who were prescribed controlled drugs and the new record book is not being used.

The Manager told us that staff who administer medicines are briefed on the method and practices of recording. Staff who act as a second signature need to be reminded of why they are signing and of their responsibilities to ensure that administration of medicines and the subsequent recording of information in the book needs to be checked for accuracy at each entry and second signatures should not be given until they are satisfied this is so.

**Other evidence**

**Our judgement**

Wilhelmina House meets this outcome because at the time of this review residents have their medicines at the times they need them and in a safe way. Information about their medication is given to them appropriately.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

The Manager told us that she carries out an annual risk assessment for the premises, this covers any areas that might present a risk to residents and actions are taken to minimise the identified risks.

The Manager told us that there is a system for ensuring hot water outlets are checked monthly. Records were shown to us that demonstrated how the checks are carried out and the monthly recorded temperatures for each hot water outlet were shown to us. These demonstrated that all the hot water outlets are tested monthly and that the hot water is within the accepted temperature range. This helps to ensure the safety of the residents and reduce the risk of scalding or burning.

We were told that there is a maintenance man who carries out all the work needed at Wilhelmina House. We met this person and he confirmed that he does carry out all the maintenance and refurbishment work required at the home. He also told us that there is a programme for decorations within the home that he is responsible for.

##### Other evidence

The policies and procedures manual that we saw includes appropriate policies on health and safety, risk assessment, moving and handling and fire.

Certificates were checked and seen by us for the following services that are installed in the home, certificates which state that these systems have been checked by appropriate professionals since the last inspection and found to be satisfactory and fit for purpose.

1. Boiler / gas – 5/8/2010.
2. Electrical system check – 28/3/2011 (tested every 3 years).
3. Lift – 28/3/2011.
4. Fire alarms – 1/8/2010.
5. Fire equipment – 1/8/2010.
6. Emergency lighting system – 1/8/2010.
7. Fire fighting equipment – August 2010.
8. Water check for legionella organisms – 20/7/2010.
9. Portable electrical appliances – 3/3/2011.
10. Hoists maintenance – 2/2011.
11. Fire officers visit – 20/1/2009.

A fire risk assessment covering all potential risk areas was carried out in February 2011. No issues were identified.

**Our judgement**

Wilhelmina House meets this outcome because at the time of this review residents were seen to be in safe, accessible surroundings that promote their well being.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

The Manager told us that the bathrooms are equipped with hoists that enable disabled residents to have a bath when necessary. We were also told that staff receive appropriate training in moving and handling and in these of hoists and other specialist equipment. The Manager told us that a newly refurbished lift had recently been installed in the home and that this enables residents who cannot manage the stairs to get up to the upper floors of the home. Residents who we spoke to said they were very pleased that this had now been done. They said they missed the lift whilst it was temporarily out of action.

On the tour we did of the premises we saw the hoists referred to above and when we interviewed staff they told us that they had received training in moving and handling people and that they knew how to use the specialist equipment in the home.

##### Other evidence

We saw certificated evidence that staff had received appropriate training in these areas of their work with residents.

Bathing equipment such as bath seats and non-slip mats at this inspection were noted to be clean and in good working order.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents

were not at risk of harm from unsafe or unsuitable equipment, indeed they benefit from equipment that is comfortable and meets their needs.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

The Manager told us that the policies and procedures for the recruitment of staff are followed for every post that is recruited to at the home.

##### Other evidence

Wilhelmina House does have a recruitment policy and procedure that was inspected and seen to be appropriate for its purpose. As a part of this review we inspected 3 of the staffing files. It could be seen that applicants had been interviewed, application forms completed, two written references gained, enhanced Criminal Record Bureau checks undertaken and documentation regarding all these parts of the recruitment process are held on staffing files in the office at Wilhelmina House. On the files inspected we saw evidence that this process is being properly implemented.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents were safe and their health and welfare needs being met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We asked for a copy of the staffing rota for Wilhelmina House. The rota shows exactly who is working for the week. The Manager informed us that there are usually 3 care staff on duty for both the am and pm shifts. There is a manager on duty during the day and on call at nights. There are always 2 waking night staff on duty. The rota provided supported this statement. Given that there are 20 residents living at Wilhelmina House at present the staff: resident ratio mix seems adequate to meet the needs of the residents.

The Manager told us that a small number of agency staff are being used at present at Wilhelmina House.

##### Other evidence

At the time of this review and according to the staffing rota there are 16 permanent care staff in total including senior carers, the Manager and Deputy Manager. Of these care staff 7 now hold an NVQ at level 2; 5 at level 3 and 3 have started the NVQ level 3 training. The Manager holds a NVQ level 4 qualification. On the 3 staffing files inspected NVQ certificates confirming these qualifications were seen. This means that residents are in safe hands at all times.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents were safe and their health and welfare needs being met by sufficient numbers of appropriate staff.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

The home has a programme of induction in place. This covers staff roles and responsibilities, and key policies and procedures. Induction is ongoing for up to 4 – 6 weeks with observation, shadowing from an experienced staff member and ongoing assessment. The Manager told us that the staff induction training does include fire, manual handling, food hygiene and health and safety.

With regards to staff competency it is important that all staff are familiar with the home's policies and procedures. Staff are now asked to review the key policies and procedures for the home and then to have a discussion in their supervision sessions. They sign to say that for each individual key policy and procedure that they have read and understood it and had the chance to discuss it with their supervisor.

The Manager explained that there is an extensive training programme provided for the staff group. Certificated evidence was seen on the 3 staffing files and the staff training matrix (that has been developed) for the following training courses:

1. Medication administration,
2. 1st Aid,
3. Infection control,
4. Health and safety,
5. Fire safety,
6. Manual handling,
7. Food hygiene,
8. Adult Protection,
9. Staff supervision,

## 10. Understanding dementia.

The Manager told us that all staff receive 1:1 supervision 3 to 4 times a year. She told us that she supervises a number of the staff team and that other senior members of staff also carry out supervision of staff. When we spoke to these staff they confirmed that they also supervise staff and that they have received training for supervising staff effectively. Other members of the staff group confirmed they receive 1:1 supervision and that the following areas are covered in those sessions:

1. work with residents,
2. health and safety issues,
3. training needs,
4. policies and procedures,
5. annual leave,
6. personal matters affecting work,
7. equalities.

Staff who we spoke to told us that they receive notes of their supervision sessions signed and dated.

Staff told us that they feel well supported through the supervision they receive and the access they have to training courses at Wilhelmina House.

### **Other evidence**

We inspected the records of the staff meetings at this review. Records on file were seen evidencing that staff meetings are held on a fairly regular basis. The dates of the most recent meetings were: 2.2.2011; 29.7.2010; 28.4.2010; 19.11.2009; 6.8.2009; 14.7.2009.

### **Our judgement**

Wilhelmina House meets this outcome because at the time of this review the residents were safe and their health and welfare needs were being met by competent staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

The home does have an appropriate quality assurance (QA) process in place. The Manager explained that the QA process is carried out through formal and informal consultation with service users and from visiting relatives and professionals. Feedback forms are issued and questions asked focus on the key principles of the service e.g. privacy, dignity, independence, choice, rights and fulfilment. The information and feedback gathered from these sources is then analysed and forms the basis of the annual development plan that includes implementation targets, with dates as milestones that can be measured and monitored. Residents are provided with information about all aspects of this process via residents meetings and newsletters.

The Manager told us that the last QA survey was carried out in 2009 and the feedback analysed and published. We were also told that the process will be carried out again this year 2011.

3 residents we spoke to said that they thought the QA process to be useful in developing and improving services.

Minutes of resident's meetings were inspected. 6 meetings were held in 2010 and 1 in February 2011. At the last inspection we recommended that the frequency of these meetings should be increased. This has now been done and will mean that residents have a more frequent forum for discussing issues.

The general feeling within the home was warm and congenial; both staff and

management were open and communicative and little sense of anxiety was apparent with service users.

**Other evidence**

We saw written evidence of the QA forms that are being used for the survey being carried out this year 2011 for staff, residents and visiting professionals. We also saw the survey results and analysis for 2009, the results of which were very positive.

**Our judgement**

Wilhelmina House meets this outcome because at the time of this review residents were benefiting from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

6 residents who we spoke to all said that they knew how to make a complaint if they needed to do so. They all seemed confident that their complaints would be listened to and dealt with effectively by the Manager.

The Manager also told us that all the residents have a copy of the procedure for making a complaint and we saw a copy in the service user guide. We also saw a copy of the SUG in each of the resident's rooms.

##### Other evidence

The Registered Manager showed us the complaints policy and procedure for Wilhelmina House. This policy covers all the essential areas required for a complaints policy including a staged process with timescales and contacts for other agencies. The Registered Manager maintains a record of complaints and we saw this. No complaints had been recorded since the last inspection.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents could be sure that their comments and complaints are listened to and acted upon effectively.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

The administrative post that is been established at Wilhelmina House provides valuable additional support that has greatly assisted with the management of the home. We spoke with the post holder who confirmed with us her role in the home's administration. This all means that residents live in a home which is run and managed by a person who is fit to be in charge, of good character and able to carry out her responsibilities fully.

##### Other evidence

Staff records including the training matrix; resident's records and more general management records were all seen to be in good order, accurate, fit for purpose and appropriately secure where necessary.

##### Our judgement

Wilhelmina House meets this outcome because at the time of this review residents could be confident that their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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