

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

Wilhelmina House

21 Park Hill Rise, Croydon, CR0 5JF

Tel: 02087600933

Date of Inspection: 17 January 2013

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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
Requirements relating to workers	✓ 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	Whitgift Foundation
Registered Manager	Mrs. Deborah Pearson
Overview of the service	Wilhelmina House is a residential care home, situated in Croydon, providing care and support to 17 residents and respite care to two people.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 17 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who represent the interests of people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

What people told us and what we found

The people who use this service told us that they like to be called residents. They told us that they had sufficient information to make choices about their care and support. They told us that staff worked hard to maintain their dignity and privacy and that they felt safe and well looked after at Wilhelmina House. People said that they were asked for their views on a variety of aspects of living at Wilhelmina House and that their views were taken into account in the running of the home.

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 privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. They expressed their views and were involved in making decisions about their care and treatment. People were given appropriate information and support regarding their care or treatment and they were supported in promoting their independence and community involvement.

People's diversity, values and human rights were respected.

The manager told us that the Service User Guide (SUG) and the Statement of Purpose in place at the last inspection had been updated. We saw copies of both documents. We were told that each resident was given their own copy and this helped them to make a decision as to whether the home was appropriate to meet their needs. The manager also told us that prospective residents were offered the chance to spend a few days living in the home as a "test run".

We spoke to five residents and three relatives 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.

We inspected three 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 assessments were completed with the resident, his/her relatives or representatives and with the relevant professionals associated with the referral. Residents had signed the assessments and care plans in agreement with them.

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

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

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

We inspected three of the resident's files as a part of this compliance review. Information supplied by the referring agencies together with the needs assessments and risk assessments undertaken by the home were used to structure the resident's care plans. We saw that there was an action plan for each of the residents that described how their care plan objectives were to be met. All care plans had been regularly reviewed together with all the key stakeholders including the residents.

The manager told us that all the residents were seen as necessary by their GPs, nurses, dentists, opticians, chiropodists and other health professionals. A specific diary record was drawn up for each resident that recorded the dates of when residents had been seen and by whom. This helped evidence that residents were being appropriately supported with their health care needs.

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

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.

The manager told us that it was policy to ensure that all care staff received training for the safeguarding of vulnerable adults (SOVA). We were told that staff were also briefed on the policy at their induction training. The Manager said that all the home's staff had received refresher training. We saw evidence of this on the training matrix. Staff who we spoke to told us that they had received SOVA training over the last year. This meant that staff should be better able to protect residents from abuse.

The manager told us that all staff members were thoroughly vetted and that the recruitment process meant that nobody started at the home until their credentials with regard to the Criminal Records Bureau (CRB) and the Protection of Vulnerable Adults Register were checked.

At this inspection we inspected three staffing files. We found that up to date CRB checks had been carried out for all the staff.

We spoke to five residents and three relatives about the quality of the care they received. Those residents made positive remarks about the care and support that they received. They told us that staff worked hard to maintain their dignity and privacy.

The manager told us that the staff induction programme covered the core standards of privacy, dignity, independence, civil rights, fulfilment and choice. Evidence was seen by us on the staffing files inspected.

Wilhelmina House has an Adult Protection policy and the manager showed us a copy of it. It covered all the essential areas of guidance, including physical intervention, service user's finances, insurance and such issues as gifts gratuities and bequests. There were sufficient organisational policies in place and being operated that safeguarded the residents' welfare e.g. dealing with abuse and a whistle blowing policy.

All the residents received personal care. Care staff who we observed and spoke with showed caring responses and attitudes towards the residents. All of the bedrooms had an en suite toilet and bathing facilities and this helped residents maintain a level of privacy that they have welcomed.

All residents had their laundry done individually by their key workers and this systematic method ensured that residents were able to wear their own clothes when they liked.

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

Appropriate arrangements were in place in relation to obtaining medicines and for the recording of medicines. Medicines were handled appropriately, they were kept safely and they were safely administered.

We inspected the arrangements that the home had in place for obtaining medicines from their chemist. There were clear records maintained for all orders made and those medicines that were received from the chemist. We saw information that showed the chemist regularly carried out an audit of the home's procedures for ordering medication and for the administration of medicines including those for controlled drugs. The last audit carried out by the chemist found the procedures were satisfactory. Our inspection found that the home's procedures were appropriate. Our check on the home's medication administration records (MAR sheets) for the residents found no anomalies. The records were clear; there were no errors or gaps in recording.

We asked the manager about which staff administered medications to residents including for controlled drugs. We were told that staff were only allowed to administer medication when they had completed full training on the subject. From our review of the home's MAR sheets we were able to identify those staff who administered medication to the residents. We were provided with training certificates that evidenced these staff had received the appropriate training. Staff also told us that they had had this training and that they were only allowed to administer medications to residents after they had received the appropriate training.

An individual record book was being maintained for controlled drugs and this was carefully examined by us. We found that clear and concise records were kept. We found no anomalies.

We carried out a stock take check for all medications being held in the home. The actual stock of medications held in the home precisely matched those recorded.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place. Staff who were no longer fit to work in health or social care were referred to the appropriate bodies.

The manager told us that the policies and procedures for the recruitment of staff were followed for every post that was recruited to for the home. The home's recruitment policy and procedure was inspected and seen to be appropriate for its purpose. As part of this review we inspected three of the staffing files. Appropriate evidence showed that applicants had been interviewed, application forms completed, two written references gained, enhanced Criminal Record Bureau checks undertaken and documentation regarding all parts of the recruitment process evidenced that the policy was being properly implemented. For those staff who were no longer fit to work appropriate actions had been taken to ensure the safety of the residents.

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

Staff received appropriate professional development. The home had an appropriate programme of induction in place that covered all the areas for staff in terms of their roles and responsibilities and key policies and procedures. We saw evidence that each member of staff had completed their induction training before commencing their full duties in the home.

The manager explained that there was an extensive training programme provided for staff. Certificated evidence on the three staffing files that we inspected evidenced this. We saw a staff training matrix that showed what training staff had received training and when they had received it. The training provided covered the essential areas of knowledge, skills and competencies that staff needed to do their jobs effectively.

The manager told us that all staff received regular formal supervision. When we spoke to staff they confirmed they received supervision in the appropriate areas:

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

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

Staff told us that they felt well supported through the supervision they received and the access they had to training courses.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager explained that the quality assurance (QA) process was carried out through formal and informal consultation with service users and from visiting relatives and professionals. Feedback forms were and questions were asked about the service e.g. privacy, dignity, independence, choice, rights and fulfilment. The information and feedback gathered from these sources had been analysed. Residents had been 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 2012 and the feedback analysed and published. We were also told that the process would be carried out again in 2013. We saw evidence of the survey carried out in 2012 for staff, residents and visiting professionals. We also saw the survey results and analysis for the previous survey, the results of which were very positive.

Five people who we spoke with said that they thought the QA process was a useful way that assisted in developing and improving services.

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.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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