

*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: 25 September 2013

Date of Publication: October 2013

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Safety and suitability of premises** ✓ 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 19 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<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 September 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 use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke to four residents and one relative as a part of this inspection and they told us that they had been given enough information about the home and the services that were provided.

When we asked about the quality of the care they received, one person said, "The staff can't do enough for me, they are fantastic". Another resident said, "It's the best decision I made – the quality of care here is excellent". A relative told us, "The care that my relative receives here is excellent, I have always found staff here to be helpful and friendly, I have no complaints at all".

In feedback received from people via the quality assurance audit carried out in July 2013, one person said, "The staff always show a great deal of respect and patience towards mum. As a family we appreciate all that is done for her, thank you". Another person said, "Respite care – a thoroughly pleasant and enjoyable experience". Staff feedback was equally positive with several comments reflecting on Wilhelmina House being a good place to work in.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

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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.

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### Reasons for our judgement

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People who used 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 had been updated and revised into one document. We saw a copy of the document. It was easy to read, written in plain English and printed in large type. We could see that each resident had been 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 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 four residents and one relative as a part of this inspection and they told us that they had been given enough information about the home and the services provided.

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 together with the current residents. The assessments were completed with the resident, their relative or representative 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 six 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**

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**Our judgement**

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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.

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**Reasons for our judgement**

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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 spoke to four residents and one relative about the quality of the care they received. One person said, "The staff can't do enough for me, they are fantastic". Another resident said, "It's the best decision I made – the quality of care here is excellent". A relative told us, "The care that my relative receives here is excellent, I have always found staff here to be helpful and friendly, I have no complaints at all".

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. We saw that there was a specific daily record 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**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People who used 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 in the training files. 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 had been checked with regard to the Disclosure and Barring service (DBS) previously known as the Criminal Records Bureau (CRB).

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

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 cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We found the home to be clean, hygienic, tidy and free from any offensive odours. We toured the house and inspected all the areas of it. With the permission of the residents we inspected two of the resident's bedrooms and they were found to be clean and tidy.

The manager told us that a quality audit and a risk assessment was carried out and reviewed annually in order to minimise any infection control problems. We saw documented evidence of this. The last review was completed in February 2013 with any issues or risks addressed immediately.

We saw the home's infection control procedure that related to the national patient safety agency's policy. A copy of the home's policy was available in the staff room for information. The laundry area was clean and well maintained; there was an impermeable floor laid down to prevent water ingress and for easy cleaning.

All three of the staff whose training files we looked at demonstrated that they had recently attended infection control training. We saw certificated evidence that supported this.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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 the chemist. There were records maintained for all orders made and those medicines that were received from the chemist. 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.

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.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

### Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

### Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The manager told us that the home had a policies and procedures manual that included appropriate policies for health and safety, risk assessment, moving and handling and fire. All the essential service checks such as for gas, electricity and fire alarms had been carried out and hot water temperatures were monitored and a record was maintained. The regular hot water checks were seen to have been recorded with all temperatures seen to be below 43 degrees at each outlet up to the day of the inspection.

We were shown all the latest records as well as certificates for the following services that were installed in the home, certificates which stated that these systems had been checked by appropriate professionals since the last inspection and found to be satisfactory and fit for purpose:

1. Gas Landlord's Safety Certificate –5/06/2013
2. Emergency lights – 10/07/2013
3. Fire alarm – 10/07/2013
4. Fire extinguishers – 10/07/2013
5. PAT testing of electrical goods – 3/03/2013
6. Nurse call system – 18/04/2013
7. Hot water temperature checks – records seen up to 09/09/2013
8. Lift service – 30/04/2013
9. London Fire and Emergency Planning Authority fire risk assessment - 12/08/2013.

The manager told us that a fire inspection / audit had been carried out by the London Fire and Emergency Planning Authority (LFEPA) in August and that all was found to be satisfactory. We saw documented evidence that supported this.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place. The manager told us that the home's policies and procedures for the recruitment of staff were followed for every post that had been recruited to. We inspected three of the home's staffing files; there was a recruitment checklist in place on every file that set out each stage of the recruitment process and when it had been met. This included the dates and the manager's signature set against each stage of the process as it was completed.

We examined the recruitment policy and procedure. Together with the inspection of the staffing files we saw that it was fit for purpose. We saw that applicants had been interviewed; application forms completed, appropriate forms of identity checked - such as passports and birth certificates, two written references and disclosure and barring service (DBS) checks, previously criminal record bureau (CRB) checks were seen to be undertaken as a part of the recruitment process.

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

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## Our judgement

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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.

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## Reasons for our judgement

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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 and a specific member of the staff team responsible for all staff training. We saw that there were individual training files for each member of the staff team. These files were very well structured with a comprehensive list of all training that had been completed, together with certificated evidence and of all the training requirements for the individual staff person with proposed dates for their next training. 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 had received notes of their supervision sessions signed and dated. We saw supervision notes for three of the staff whose files we inspected and we can confirm they covered all the above areas and that they had been signed by both the manager and the supervisee 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used 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 residents 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 July 2013 and the feedback analysed and published. We saw evidence of the survey carried out in 2013 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. One person said, "The staff always show a great deal of respect and patience towards mum. As a family we appreciate all that is done for her, thank you". Another person said, "Respite care – a thoroughly pleasant and enjoyable experience". Staff feedback was equally positive with several comments reflecting on Wilhelmina House being a good place to work in.

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 friendly; 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 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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