The Whitgift Foundation

Wilhelmina House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Wilhelmina is a care home that can accommodate and provide personal care and support for up to 26 older people. There were 19 people living in the home at the time of our inspection.
People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

When we last inspected the service on 30 June and 1 July 2015 they were meeting the regulations we looked at and we rated the service Good overall and in all five key questions.

At this inspection we found the service continued to be Good.

The provider had systems in place to safeguard people from abuse including systems to respond to allegations of abuse. The provider shared learning from incidents and investigations across the organisation to improve practice.

Risks relating to people's care were reduced as the provider assessed and managed risks. Risks relating to the premises and infection control were also controlled and the premises were clean and well maintained. Systems to ensure water temperatures remained safe to reduce the risk of scalding for some people could be improved. The premises met the support needs of older people and people had sufficient space to entertain visitors.

There were enough staff deployed to support people and the provider checked staff were suitable to work with people by carrying out recruitment checks.

The provider managed people's medicines safely although systems to monitor the temperature some medicines were stored at required improvement. Medicines were administered, recorded and disposed of in line with best practice. Staff received training in medicines management and the provider checked staff were competent to administer medicines to people.

People were supported by staff who were well supported to carry out their role with a programme of induction, training, supervision and appraisal. A trainer closely monitored staff training requirements and provided training and workshops to staff in small groups.

The registered manager understood their responsibilities to provide care in line with MCA, although there was no reason to suspect people lacked capacity. Staff received training in MCA to understand expectations of them in relation to this Act.

The provider assessed people's needs through consulting people, their relatives and any professional reports. People were supported to maintain their health as staff monitored their day to day health needs

and helped them access healthcare services.

People received choice of food and drink and were positive about the food they received. Systems to ensure chefs had access to information about people's dietary needs and preferences could be strengthened.

People liked the staff who cared for them. Staff understood the people they supported and had developed good relationships with them. Staff supported people to communicate as they understood people's communication needs. People were involved in decisions relating to their care and staff supported people to maintain their independence. Staff treated people with dignity and respect. Relatives could visit people at any time and staff made them feel welcome.

People were supported to access activities they were interested in as the service provided a popular activity programme.

People's care plans contained sufficient detail to be reliable guide staff in understanding people's needs and how best to support them. Care was provided responsively to people and staff responded promptly to call bells.

The provider had a suitable complaints process in place which people were made aware of, although the provider had not received any complaints in the past year.

The registered manager was experienced and competent and there was a clear management structure. Leadership was visible across the service. Staff understood their roles and responsibilities well.

The provider developed strong links with the local community. The provider ran a daycentre from the service which helped local people reduce their risk of social isolation. The provider facilitated visits by a local church congregation to the service and also visits by people to the church. Other community groups visited the service, such as Brownies.

The provider had systems to monitor, assess and improve the service which included frequent visits by the chief executive officer to audit the service. The provider had systems to encourage open feedback from people and staff with regular residents meetings and staff meetings. Two people had been appointed 'residents' representatives' to gather people's views informally and present them to management.

The provider worked in partnership with key organisations such as the local authority and multidisciplinary teams. The registered manager attended forums run by the local authority to keep abreast of developments in care and the local authority's expectations of them.

The provider was meeting their registration requirement to submit notifications to CQC of significant incidents such as allegations of abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Wilhelmina House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 January 2018 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke with six people who lived at the home, the registered manager, the assistant manager, two care workers, a senior care worker, the activities coordinator, the chef, the trainer, the health and safety representative and a maintenance person. We also spent time observing care and support being delivered in communal areas including a mealtime. We looked at care documents for four people, medicines records, three staff files and records that related to the management of the service. We also observed a staff handover to see how information was communicated among the team.

After the inspection we received feedback from a representative of the local hospice which supports the service provide end of life care.

Good

Is the service safe?

Our findings

People were safeguarded from abuse and improper treatment as the provider had robust systems in place. One person told us, "I feel very safe. It never enters my head to worry about noises in the night here because someone always checks on you." Staff received training each year to keep their knowledge of their responsibilities in relation to safeguarding current. The registered manager had taken the necessary action in response to an allegation of abuse made the previous year. This included taking immediate action to make the person safe, reporting to the local authority safeguarding team, carrying out an investigation and taking disciplinary action against a staff member. The provider understood their responsibility to report staff to the disclosure and baring service (DBS) so future employers could be informed of concerns and had made a referral in previous year. The provider shared learning in relation to safeguarding investigations and accidents and incidents at monthly manager's meetings to reduce the risk of reoccurrences.

Risks relating to people's care were reduced by the provider. The provider identified and assessed risks to people and put management plans in place for staff to follow in reducing the risks. This included risks relating to physical and mental health conditions and moving and handling. Staff understood risks relating to people's care, including how to support a blind person to move safely around the service. We found risk assessments and management plans were robust and sufficiently detailed to guide staff. However, we found the provider had not recorded their management plans to reduce risks relating to pressure ulcers. The provider was taking robust action to reduce the risk of pressure ulcer for people, including regularly checking pressure areas and ensuring people had pressure relieving equipment. Yet the lack of a written management plan meant staff did not have guidance to refer to to check they were taking all actions required of them to reduce the risks for people. The registered manager told us they would record their management plans for people as soon as possible.

People lived in premises which were maintained safely. The provider regularly used suitably qualified professionals to check the electricity, hot water systems, water safety, gas safety, portable electrical appliances, fire safety and lifting equipment. The provider checked the environment and fire safety and carried out fire evacuation drills. Suitable risk assessments were in place to assess identified risks relating to the premises, including those relating to fire, asbestos and water hygiene. The estates team carried out prompt repairs to the service. Window restrictors were installed across the service to reduce the risk of falls from height. However, we identified window restrictors were not in place for two bathroom windows. After our inspection the provider confirmed they had arranged for these to be installed promptly.

The provider had systems in place to reduce the risk of scalding as staff checked the temperature of water before they supported people with personal care. The provider also checked the temperature of communal baths each month and one en-suite on each floor. En-suite showers across the service were not all tested each month. However the provider told us they would review their systems to ensure en-suite showers were tested more frequently to reduce the risk of scalding.

Risks relating to infection control were reduced for people. One person told us, "Cleaning is very well done. It's as clean as I would wish." We observed the service was very clean during our inspection and people

confirmed this was always the case. Domestic staff maintained the high standards of cleanliness. Standards of cleanliness and infection control in the laundry and kitchen were also high and the kitchen was refurbished in the previous year. Staff received training in infection control to understand their responsibilities in relation to this. The provider checked some aspects of infection control during monthly audits, although we identified these checks could be strengthened. The registered manager told us they would review the infection control audits in place in light of our feedback.

People were supported by enough staff to keep them safe. During our inspection we observed staff maintained a constant presence in communal areas and responded to people's needs promptly. We observed staff responded to call bells promptly. There were sufficient staff to support people during the lunchtime meal we observed including people who required support to eat in their rooms.

The provider carried out suitable recruitment checks of staff suitability to support people. The provider checked the experience, qualifications, work history, health conditions, right to work in the UK and criminal records. The provider also obtained references from former employers. The provider retained records of checks on staff files, as required by law. The provider had robust systems to track when staff were required to submit additional documents, such as evidence of renewed right to work.

People's medicines were managed safely by the provider, although an aspect of medicines storage could be improved. One person told us, "Medicines are always on time." Only senior care workers, who received annual training in medicines management and checks of their competence, administered medicines to people. However, the trainer told us all staff received training in safe medicines management to enable them to recognise and report unsafe practice. Our checks of medicines in stock and medicines records indicated people received their medicines as prescribed. The provider had good systems to ensure good stock control so that people did not run out of medicines. However, the provider did have robust systems to ensure medicines were always stored safely. This was because the provider did not monitor the temperature of the two rooms where medicines were stores. This meant if the temperature reached high levels which could damage medicines the provider may not be aware of this and take the necessary action in response. When we raised our concerns with the registered manager they told us they would rectify this immediately. The provider did have checks in place to ensure medicines were stored at a safe temperature in the medicines fridge. The provider had suitable systems for checking medicines into the service and for disposing of medicines with the pharmacy.

Good

Is the service effective?

Our findings

People were cared for by staff who were well supported by the provider. One person told us, "Staff do everything to a good standard. I'm confident that they are trained. Actually, I'm quite impressed with the staff." All new staff completed an induction which followed the Skills for Care 'care certificate'. The care certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. The trainer told us even for staff who had achieved diplomas in care and had experience, they sometimes still identified gaps in their knowledge. So the provider trained all staff in the care certificate and focused the induction to fill any gaps. This meant staff reached the expected standards during their probationary period.

The trainer reviewed staff training requirements and arranged training in small groups or individually to keep staff up to date and in this way met staff individual training needs well. The provider assessed staff competency after training courses and carried out observations of staff practices to check they provided care in line with best practice. Care workers were also supported to complete diplomas in health and social care to deepen their knowledge. Staff received supervision with their line manager most months where they reviewed people's needs and how best to meet them and any training requirements. Staff received annual appraisal to review their performance over the year and set goals for personal development the coming year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff told us they had no reason to believe anyone lacked capacity regarding any area of their care and our discussions with people were in line with this. However, the provider considered people's capacity as part of assessing their needs. Staff had a good understanding of their responsibilities in line with the MCA and they received training and workshops each year to keep their knowledge current.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider told us no one required DoLS as part of keeping them safe but they understood the procedure to follow if people required this in the future.

People received choice of food and drink. One person told us, "The food is very good. There's lots of variety and plenty of drinks offered all day." People were supported to choose their meals in advance and there was sufficient flexibility for people to change their mind at mealtimes. Staff understood any support requirements for people at mealtimes. We observed people received sufficient choice of drink through the day. Staff confirmed meal choices were available according to people's ethnic and cultural preferences although people did not often choose these options.

We identified systems to ensure people received food in line with dietary needs and preferences could be strengthened. The usual chef was on annual leave and the stand-in we spoke with was unsure of people's dietary needs and preferences. We identified some information in the kitchen regarding special diets but this had not been updated since July 2017 and was may have been out of date. For example staff told us of one person who was at risk of malnutrition and we found their dietary needs were not recorded on the information in the kitchen for kitchen staff to be aware of. Staff told us they updated kitchen staff with information about people's dietary needs and preferences. However, the lack of records regarding this meant this information was not readily accessible to the range of kitchen staff who may require this to meet people's needs. After our inspection the provider confirmed they had reviewed their systems to ensure written information about people's dietary needs was passed to kitchen staff more frequently.

People were supported to maintain their health. One person told us, "The home has doctors that visit weekly." Staff monitored people's day to day condition, their weight and pressure areas where necessary. Staff supported people to see their GP and other health professionals such as the mental health team, speech and language therapists, dietitians, dentists and opticians. The provider incorporated advice from professionals into people's care plans for staff to follow. The provider supported people to transition between healthcare services by ensuring key information was passed to professionals. The provider carried out a comprehensive assessment of people referred to the service to find out about their needs and how they could meet them which included reviewing any professional reports.

The service was adapted to meet the needs of older people with handrails, a lift and stair lift to allow people to move easily around the home. One person told us, "The environment is like staying in an all-inclusive hotel. It's like being on holiday." People had ample space to spent their time and entertain visitors. Bedrooms were spacious with three sizes available to choose from and all bedrooms had en-suites. There was a variety of communal areas and a large garden which people could access at any time.

Good

Is the service caring?

Our findings

People were very happy with the staff who supported them and told us they were trustworthy, kind, caring and very helpful. One person commented, "They are first class! Very pleasant. Quite seriously I've never met a member of staff that I don't like. They're all really lovely". Another person told us, "Staff are good, I don't have any trouble with them, we muddle along together. I think that trust is important and I trust them". Throughout our inspection we observed staff interacting with people in a caring manner. We observed staff speaking gently with a person who required reassurance. At lunchtime staff interacted served food in a friendly and courteous manner. Our observations and discussions with staff showed they knew the people they supported well and had built good relationships with them.

Staff understood the best ways to communicate with people. Staff positioned themselves on the same level as the people they were speaking with to aid communication. Staff made allowances for people that were hard of hearing by speaking clearly and at an appropriate volume. Staff ensured their lips could be read and repeated themselves where necessary. Staff wrote most information on an easel so people who were hard of hearing could better keep track. Staff read relevant information to a person who was blind as part of making information accessible to them.

People were cared for in a way which maintained their dignity and privacy. One person told us, ""I would prefer a woman for my personal care, and that is what I have." In relation to our question regarding whether staff provided care in a dignified way a second person answered, "I couldn't imagine staff being anything else than being perfectly perfect." The trainer explained how they encouraged staff to consider people's dignity during nearly every course they trained staff on. Staff confirmed providing care in a way which promoted people's dignity was important to them and many staff were Dignity Champions. Dignity champions are people who sign up to a campaign run by the National Dignity Council (NDC), pledging to challenge poor care, to act as good role models and to educate and inform all those working around them. Staff closed doors when providing personal care to people and supported people to maintain their personal appearance. The laundry was well organised and people wore clean, matching clothes which were appropriate for the season. A hairdresser visited the service during our inspection. We observed staff supporting people with manicures and hand massages.

People were able to receive visits from relatives and friends at any time. People were able to receive visitors in private in their rooms or small lounges, or in the larger communal areas across the service.

People were involved in decisions regarding their care. People had full choice regarding how and where they spent their day including the time they went to bed and got up in the morning. Staff had agreed with people when they would receive personal care to bathe or shower although these times were flexible and people could request this support at any time. People also received their choice of food and food was always available on request outside of mealtimes. Drinks stations were present in the communal areas where people and relatives could help themselves to refreshments.

People were encouraged and supported to be as independent as they wanted to be. A person told us how

they received support with bathing but, "Everything else I do myself." People's care plans set out what people could do themselves and how staff should support people to maintain independent. Our discussions with staff understood the importance of not doing things for people that they wanted to, and were able to do themselves. During the handover we observed the registered manager encouraging staff to ensure they tried to keep people as independent as possible.

Good

Is the service responsive?

Our findings

People were encouraged to take part in activities they were interested in. One person told us, "I take part in some activities. I like the chair-based exercises and the quizzes. The memory games that keep my mind active. The activity co-ordinator or one of the other staff let me know what's going on each day." The activities coordinator developed a schedule of activities based on people's interests. During the inspection we observed activities taking place in accordance with the schedule with a two different quizzes, a game involving acronyms and anagrams and finally hangman. The activities were well attended and people actively participated and enjoyed the activities. The provider also arranged for a mobile library to visit the service and audiobooks were available for a person who was blind.

Technology was used to provide people with responsive care. One person told us, "Staff respond very quickly when I use my call bell". A second person said, "I've never called staff yet, but I've heard other people use theirs and staff come very quickly". People had call bells in their rooms to summon staff assistance. We observed staff responded quickly to call bells during our inspection.

People's care plans guided staff well in understanding people and providing appropriate choices for their care. People's care plans reflected their background, physical, mental, emotional and social needs, people who were important to them, preferences, interests and aspirations. People had been supported to record their life story for staff to refer to and to use to encourage reminiscing. The provider reviewed people's care with them and other professionals involved in their care every year to check their care continued to meet their needs. The provider also reviewed people's care plans each month to ensure any changes to people's needs were accurately reflected. This meant staff had access to the right information about people.

People were supported to plan how they would like to spend the end of their lives. A representative from the local hospice told us through working together the provider now encouraged people to spend the end of their lives at the service instead of transferring to nursing homes. The representative told us the staff would look after anyone at the end of their lives with a great deal of care. The provider completed a programme through the local hospice which included staff training and support regarding end of life planning and care. People had been supported by staff to develop end of life care plans setting out their wishes for the end of their life for staff to refer to at the appropriate time.

The provider had a complaints process in place which people were provided information about. People told us they had no reason to complain but had confidence the manager would respond appropriately if they did. One person told us, "I've never had anything to complain about or draw anyone's attention to yet". The registered manager informed us they had not received any complaints in the past year although we found the complaints process had not changed since our previous inspection and remained suitable. We viewed many compliments the provider had received since our last inspection which set out people's high satisfaction levels relating to their care.

Good

Is the service well-led?

Our findings

The service was well-led by an experienced registered manager who had been in post since the service registered with us in 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People had confidence in the management team and staff and felt the home was well managed with a very good staff team. People know who the registered manager and assistant managers were and told us they were all very visible all around the home. Our discussions with the registered manager and our inspection findings also confirmed they had a good understanding of their role.

A clear management structure was in place and staff understood their roles and responsibilities. The registered manager was supported two assistant managers, senior care workers and a team of support workers. An administrator was in post who ensured accurate record were kept relating to staff and the management of the service. The chief executive officer played an active role in the service, visiting frequently to carry out audits and provide support to the staff team.

The provider developed strong links with the local community. The service hosts a daycentre for local older people to socialise with people in the home and each other, taking part in the activities on offer. In this way the provider supported local people to reduce their social isolation. A local church held joint social events with the service. These events included the congregation visiting people in the home and people attending church events. The local Brownies sometimes attended to do activities with people. In addition a student from a local school visited each Sunday to play the piano for people.

The provider had systems to communicate openly with people using the service, relatives and staff. Two people had been appointed as 'residents' representatives' for other people using the service. These people acted to gather views informally and share these with the management. The service also held residents meetings which the registered manager chaired. People were encouraged to share their views and suggestions during these meetings and records showed these were acted upon. The registered manager was readily available to speak with people or their relatives about any issues. A suggestions box was accessible for any party to make suggestions to the management about any ways to improve the service. The provider carried out regular satisfaction surveys. The provider analysed feedback from people and responded to every comment made in their report. It was clear the provider was open to suggestions and willing to make any changes to improve people's experience of the service.

The provider also communicated openly with staff. The managers of the three different care services ran by the provider met regularly to review any accidents and incidents, safeguarding allegations, staffing issues, achievements and best practice. The registered manager then shared any important information with staff at regular team meetings as part of being transparent and increasing awareness.

The provider had quality assurance processes in place to monitor and improve the service. The provider assessed and managed risks relating to the health and safety of the premises. The provider also had systems to monitor other aspects of the service including medicines management, records, staff competencies and staff training and support systems.

The provider worked in partnership with key organisations such as the local authority and multidisciplinary teams. For example the provider referred a person to a clinical team to receive support for behaviours which challenged the service. The provider was working closely with the clinical team to monitor the behaviours and had received guidance on managing the behaviours. The registered manager attended forums run by the local authority to keep abreast of developments in care and the local authority's expectations of them.

The provider was meeting their registration requirement to submit notifications to CQC of significant incidents such as allegations of abuse.