



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Victoria House

Victoria House
2-4 Ennerdale Road
Kew
Richmond
Surrey
TW9 3PG

Lead Inspector
Simon Smith

Key Unannounced Inspection
3rd December 2008 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Victoria House
Address	Victoria House 2-4 Ennerdale Road Kew Richmond Surrey TW9 3PG
Telephone number	020 8940 0400
Fax number	020 8332 9867
Email address	michaelgoodwin@abbeyfieldrichmond.org
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Ms Joan Gallogly
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Old age, not falling within any other category (30)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home Only (CRH - PC)

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP
2. The maximum number of service users who can be accommodated is:
30

Date of last inspection 1st September 2006

Brief Description of the Service:

Victoria House is owned and operated by Abbeyfield UK. The Abbeyfield Society is a registered social landlord. The home provides registered care for a maximum of thirty older people.

The home is pleasantly situated a short walk from Kew Gardens and the London Underground station. Passing traffic levels are minimal and local shops and services are available nearby at Kew Village. The home has limited parking available to the front of the property. The surrounding streets are part of a controlled parking zone.

The organisation's mission statement outlines the aims of Abbeyfield UK: *"To help an increasing number of older people enjoy a high quality of independent living provided through a range of services, including housing support or care, with local community involvement".*

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **3 stars**. This means the people who use this service experience **excellent** quality outcomes.

We used evidence from a number of sources to make this judgement about the home. These included visiting the home unannounced and talking to residents, relatives, the manager and staff. The inspector joined residents for a meal. We checked a sample of records, including staff and residents' files.

Surveys were available to residents, staff and healthcare professionals who visit the home. Eleven residents, seven staff and three healthcare professionals returned surveys.

Comments made by residents included:

"Victoria House has the splendid atmosphere of being one's home and not an institution"

"Everyone is so caring and friendly"

"We're very well looked after"

"Its perfect here – I've no complaints at all"

"I recommend Victoria House very highly"

"I am so happy I made the decision to come here – only wish I had done it sooner".

Comments made by staff included:

[The home] "Provides a big choice of activities and tries to engage as many residents as possible in all activities"

"Respect and dignity is maintained at all times".

Comments made by healthcare professionals included:

"People are treated as if they are in their own home, with respect"

"Staff always appear to be well trained with a mix of skills"

"Cannot fault the care given here"

"Every resident is treated as an individual"

"Would recommend Victoria House to any local families looking for home for their elders"

"I have never found better care than at Victoria House"

When asked what the home does well, healthcare professionals stated:

"They provide excellent all round care respecting every individual and meeting their needs"

"Providing a stimulating and homely environment"

"Excellent staff with superb manager"

"Acting quickly regarding concerns"

"Providing small touches that show they care".

What the service does well:

Provides excellent care, delivered by staff who know residents' needs well.

Provides an excellent range of activities, events and outings.

Supports residents to maintain links with friends, families and the local community.

Provides a comfortable, homely environment.

Consults residents about decisions that affect them and provides opportunities for them to contribute their views about the home.

Makes available good information about the home to new and prospective residents.

Provides access to medical support when residents need it.

Liaises effectively with healthcare professionals when necessary.

Provides a skilled and experienced manager.

What has improved since the last inspection?

Some areas of the home have been redecorated.

Residents have more opportunities to be involved in developing their care plans.

What they could do better:

Provide a menu that reflects residents' expectations and preferences.

Ensure that staff have the skills needed to communicate effectively with people who have hearing impairments.

Demonstrate that all staff responsible for administering medication have had up to date training in this area.

Make sure that allergy sections on medication administration records are completed.

Ensure that all staff attend training in the Protection of Vulnerable Adults.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 1, 3, 5 and 6

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Good information about the home is available to residents.

Residents' individual needs are assessed when they move in.

Residents are able to 'test drive' the home before deciding to move in.

EVIDENCE:

The home has produced a Statement of Purpose, which gives details of the services and facilities provided and the aims and objectives of the service. A Service User Guide is issued to all residents.

Residents who returned surveys said that they had access to information to help them make a choice about whether to move to the home. Residents also said that they were able to visit the home before moving in.

Residents' needs are assessed before they move in to ensure that the home can meet their needs. New residents have a formal review after six weeks. The home does not admit residents for intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7, 8, 9 and 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents' care plans reflect their needs and preferences.

Residents see healthcare professionals when they need them.

Records must demonstrate that all staff responsible for administering medication have had up to date training in this area.

Allergy sections on medication administration records must be completed.

Residents' privacy and dignity are respected and maintained.

EVIDENCE:

Each resident has an individual care plan, which records individual health and support needs and information about residents' interests, hobbies, family

background and personal history. Care plans also contained a risk screening tool, which identifies any potential risks and actions to minimise these.

Care plans provided evidence that residents see healthcare professionals when they need them, including GP's, district nurses, physiotherapists and chiropodists. Any contact with healthcare professionals is recorded. All contained evidence of regular review and demonstrated that residents and their representatives are involved in the development of care plans.

Residents said that they get medical treatment when they need it and that staff provide good care. However two residents' surveys raised an issue about communication that should be addressed by the home. One resident said, *"I wear hearing aids and I feel that some of the staff do not put enough effort into understanding this disability"* and another said, *"carers should be made aware of how to communicate with profoundly deaf residents"*.

Medication is stored securely in the home and there is a written medication procedure. Sample staff signatures are held on file. Staff have training before being authorised to administer medication, although records that two staff needed to attend this training at the time of inspection. See Requirement 1.

Risk assessments were in place for residents who manage their own medication. Some allergy sections on medication administration records were blank and should be completed. See Requirement 2.

Residents said that they are supported to make choices about their lives. One resident said that she chose to keep her existing GP when she moved to the home. Staff spoke to residents with respect and promoted individual choice during the inspection. Personal care needs were met promptly and with discretion. Comments made by residents confirmed that they are consulted on issues that affect them at the home. Residents also confirmed that they are able to choose how they spend their time at the home.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14 and 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home provides an excellent range of activities, events and outings.

Residents receive good support to maintain links with friends, families and the local community.

Relatives are made welcome when they visit.

Residents are consulted about issues that affect them in the home and are able to exercise choice and control over their care.

The home must ensure that the food provided reflects residents' expectations and preferences.

EVIDENCE:

The home provides an excellent range of activities, events and trips to places of interest. The programme is supported by staff and a team of volunteers,

who also run a shop and weekly coffee morning. There is an activities co-ordinator on the staff team and a volunteer activities co-ordinator. Residents identified the range of activities as one of the strengths of the home. One resident said, *"There is an amazing range of activities...some in and some away from the home"*.

Many residents remain involved with the local community following admission to the home, keeping in touch with friends and church groups and making use of local shops, surgeries and other community resources.

Residents said that their friends and family are made welcome when they visit and that important personal and cultural events are celebrated at the home. Events planned by the home to celebrate Christmas included a Christmas party, church carol service trip and a visit by a local school to perform a nativity play.

Residents are consulted about issues that affect them in the home and are able to exercise choice and control over their care. Residents are able to access the information held about them by the home should they wish to do so.

Comments about the food provided by the home were mixed. Some residents said that they were generally happy with the food but others said that the quality was often poor and that they had less input into the menu than they used to. Some residents said that they felt the current menu did not reflect their preferences and that their complaints about the food had not resulted in improvements. The home must address this issue to ensure that the menu reflects residents' preferences. See Requirement 3.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 16 and 18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

There is a clear Complaints procedure.

Complaints receive an appropriate response.

The home is committed to protecting residents from abuse but some staff need to attend training in the Protection of Vulnerable Adults.

EVIDENCE:

The Abbeyfield Society has a written complaints procedure, which is available around the home. The procedure is available in formats including large print, Braille and tape.

Eight complaints were recorded in 2008. Records demonstrated that complaints are appropriately investigated and that complainants receive an appropriate response. Residents said that they feel comfortable raising any complaints they have and that they are dealt with appropriately.

The CSCI survey asks residents if the home responds appropriately if they are unhappy about something. Residents' responses included, "*The managers*

always make themselves available to see us as soon as they can” and “They always listen and try to remedy it”.

The home provides training for staff in the Protection of Vulnerable Adults, although training records indicated that some staff have yet to attend this training. See Requirement 4. There is a Whistle-blowing policy, which enables staff to report any concerns they have about poor practice.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19, 20, 21, 24, 25 and 26

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is comfortable, safe and well maintained.

Communal spaces are homely and welcoming.

Residents' bedrooms reflect their individual tastes and interests.

EVIDENCE:

Victoria House is situated a short walk from Kew Gardens and the London Underground station. Local shops and services are available at Kew Village, also nearby. A high standard of decoration has been achieved throughout the home. Some of the communal areas were being redecorated at the time of inspection.

The home has several lounges, which provide opportunities for socialising or small group activities. There are also several dining areas, which enables people to eat in small groups. There is a well-maintained garden, which is well used by residents in the summer.

Residents' bedrooms vary in size and layout. The bedrooms seen were personalised and reflected the tastes and preferences of their occupants. Residents are able to bring personal items with them on admission and are to install a private telephone line should they wish.

There are enough toilet and bathroom facilities to meet residents' needs. A wet room has been installed since the last inspection, which provides access to walk-in shower facilities.

Almost all residents said that standards of hygiene in the home are high. One resident said, *"My room is always very clean as is the rest of the home"* and another said, *"On the rare occasions there is a hygiene problem, it is dealt with quickly by the staff"*. One resident said, *"Lavatories.... are not always clean"*. All areas of the home were clean and hygienic at the time of inspection.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27, 28, 29 and 30

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

Residents feel that they receive excellent care from staff who know their needs well.

Staff job roles are clear and well defined.

The home must ensure that staff are available in sufficient numbers to meet residents' needs.

Residents are protected by the home's recruitment practices.

The home provides good induction and support for new staff.

Staff have access to appropriate training.

EVIDENCE:

Residents' surveys said that staff provide good care. One resident said, *"I am very well cared for. The carers are very kind"* and another said, *"There is a caring, happy atmosphere stemming from the managers but also a sense of a well disciplined staff of carers"*.

Residents said that staff are usually available when they need them but "*Occasionally they are busy and you have to wait*". Two staff said that they have less time to spend with residents than they used to. One of these said that staffing levels occasionally affect her ability to provide appropriate support to residents. The home must ensure that there are always enough staff on duty to meet residents' needs.

There was evidence that staff are appointed following a thorough recruitment procedure and that new staff have an induction when they start work. The Abbeyfield Society obtains Criminal Records Bureau Disclosures, proof of identity and references for new staff.

Staff have job descriptions that define their roles and contracts of employment. Training records demonstrated that staff have access to appropriate training and refresher training in moving and handling, health and safety, first aid and fire safety.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users 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 discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31, 33, 35 and 38

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The home has a skilled and experienced manager.

Residents are consulted about issues that affect them and have opportunities to contribute their views about the home.

The Abbeyfield Society has a commitment to Quality Assurance and service monitoring.

There are appropriate procedures in place for recording residents' finances.

The health and safety of residents and staff is maintained.

EVIDENCE:

The home's manager is experienced in managing older peoples' services and has achieved NVQ level 4 and the Registered Managers Award. The manager is also a registered nurse and has an excellent knowledge of the home.

The inspection provided evidence that residents are consulted about issues that affect them and have opportunities to contribute their views about the home. Residents meetings are held regularly and there is a residents' representative. The Abbeyfield Society commissions an annual satisfaction survey, which is carried out by an independent consultant.

The quality of the service is also monitored through the area manager's monthly visits and a quality assurance manager was carrying out an audit at the time of inspection. Will result in audit report and identify areas for improvement.

The home keeps small amounts of money for some residents. There are clear procedures for this and the home records residents' income and expenditure.

The home has written fire procedures and there was evidence that staff check the fire alarm and emergency lighting system weekly using different call points. The fire alarm system and emergency lighting system was serviced in October 2008. The fire fighting equipment was serviced in June 2008. The last drill took place in February 2008.

A five-year electrical safety certificate was issued in September 2007 and the gas safety record issued in July 2008. Portable appliances were tested for safety in February 2008. The home has a contract with the equipment supplier for the maintenance and servicing of lifting equipment.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	3
6	3

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	X
23	X
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	4
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	X
33	4
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	Records must demonstrate that all staff responsible for administering medication have had up to date training in this area.	30/01/09
2	OP9	13(2)	Allergy sections on medication administration records must be completed.	30/01/09
3	OP15	16(2)	Provide a menu that reflects residents' expectations and preferences.	30/01/09
4	OP18	13(6)	Ensure that all staff attend training in the Protection of Vulnerable Adults.	30/01/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP10	Ensure that staff have the skills needed to communicate effectively with people who have hearing impairments.

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