



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### The Willows

**The Willows**  
**136 Honeypot Lane**  
**Kingsbury**  
**London**  
**NW9 9QA**

*Lead Inspector*  
Mr Ram Sooriah

*Key Unannounced Inspection*  
16<sup>th</sup> April 2008      11:00

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
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	The Willows
<b>Address</b>	The Willows 136 Honeypot Lane Kingsbury London NW9 9QA
<b>Telephone number</b>	01727 857536
<b>Fax number</b>	0208 204 5900
<b>Email address</b>	m.laute@abbeyfield.com
<b>Provider Web address</b>	www.abbeyfielduk.com
<b>Name of registered provider(s)/company (if applicable)</b>	Abbeyfield UK
<b>Name of registered manager (if applicable)</b>	Manjit Kaur Laute
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	28
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (28)

# SERVICE INFORMATION

## Conditions of registration:

1. The Registered Person may provide the following categories of service only:

Care home only - Code 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: 28

**Date of last inspection**      20/02/2008

## Brief Description of the Service:

The Willows has been a care home since 1986. It was previously run by the West London Abbeyfield Society. It is now operated by Abbeyfield UK after a merger in 2007. Abbeyfield UK is a member of the Abbeyfield society and manages the provision of services to older people. The Abbeyfield society was launched in 1956 to provide "housing with support and care to older people from all walks of life regardless of income". It is a registered charity.

The home accommodates older people of mixed gender who require assistance and support with personal care. It is located in Kingsbury on the fairly busy Honeypot Lane and is easily accessible by car. There is a car park for about 7 cars in the grounds of the home. The home is also well served by public transport, as there are a number of buses that pass in front of the home. The underground station is an approximate ten-minute bus ride away.

The home benefits from well maintained gardens, lawns, flower beds/shrubs and trees on the sides and at the back. It is purpose built and covers two floors. Residents are accommodated over the two floors in single bedrooms. All bedrooms have a wash hand basin and 5 bedrooms have an en-suite, which consists of a toilet and shower. There are bathrooms and toilets for communal use on each floor.

There is a kitchen and large communal areas on the ground floor. Access to

each floor is via a shaft lift and stairs. A number of offices and storage areas are available throughout the home.

The registered manager is Manjit Laute and she runs the home with the support of the deputy manager and line management from Abbeyfield UK.

The home charges fees from £530 for a single room to £580 for a single en-suite room. The fees do not include hairdressing, dry cleaning, toiletries, newspapers and other personal expenses.

There were 27 residents in the home at the time of this inspection.

# SUMMARY

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

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

This is the first unannounced inspection for the period 2008-2009 and the first key inspection since the home has been re-registered. The inspection started on the Thursday the 16<sup>th</sup> April from 11:00 to about 18:00 and continued on Tuesday 22<sup>nd</sup> April from 10:20 to about 16:00.

As part of the inspection we toured some of the building, talked to six residents, two visitors to the home and five members of staff. We also looked at a sample of records that the home keeps.

The manager also kindly completed an Annual Quality Assurance Assessment (AQAA), which was forwarded to the commission. This was completed satisfactorily. The AQAA has been used where possible in writing this report.

We would like to thank the residents and visitors for talking to us to share their experiences about the service and the manager and her staff for their cooperation and support during the inspection.

## **What the service does well:**

One of the main assets of the home is that it is well maintained, appropriately decorated, warm and airy. It is also clean and free from odours. It provides a homely and friendly environment for residents. Residents and their relatives are encouraged to bring photos, pictures and items of decorations to personalise their rooms and to make these homely. Residents who were able to give their views about the home said that they like living in the home. One resident said, *"I like my bedroom and I appreciate that they allowed me to bring some of my furniture. I also like looking through the windows"*

Residents' choices about their daily life are respected. Observation of life in the home and feedback from staff and residents showed that residents are able to spend the day as they wish, stay in bed, stay in their rooms and take part in the organised activities.

Residents and/or their representatives are invited to visit the home prior to moving in. They are thus able to ask questions and get more information about the service that the home provides. Prospective residents' needs are assessed by the manager to make sure that the home is able to meet their needs.

The home benefits from the 'The Friends of the Willows' which is a group of volunteers that supports the home in improving the quality of life of residents by arranging and supporting appropriate social and leisure activities for residents. We commend The 'Friends of the Willows' for the work that they do.

The home has a registered manager who is closely supported by line management to make sure that the home meets the aims and objectives of the service. Feedback from the manager and other people working for the organisation, including the responsible individual, shows there is a desire and willingness to improve the quality of the service and the experiences of residents who live in the home.

## **What has improved since the last inspection?**

The care records contain information about the life history of residents. This provides a picture of the residents as individuals in the first instance, prior to looking at the care that they require. This is a good effort at making care records more person centred.

There was evidence that the management has been trying to improve and address standards in the home. For example residents who previously had not received a contract have been provided with one.

There has been an improvement in the provision of activities for residents, particularly with the involvement of members of staff in engaging residents. There is however still some way to go.

The home has started to apply the quality assurance system to measure the quality of the service, although there is more work to do in this area.

## **What they could do better:**

Although some residents and/or their representatives visit the home, residents must be offered a copy of the service users' guide to make sure that they are fully informed about the service that the home offers. To demonstrate that the home only accepts residents whose needs can be met in the home, the preadmission assessments of the needs of the residents must be completed comprehensively.

The home is generally weak on records keeping, particularly on care records. Care plans and needs' assessments were not well completed and as a result the needs of residents were not well addressed. A person reading the records would not be able to give holistic care to a resident because of the lack of information and detail.

Staff have received training in the management of medication but a number of issues were noted which must be addressed to ensure the safety of residents. The manager must have a system in place to test the knowledge of care staff who administer medicines.

The home has a complaints' procedure but it is not clear with regards to the use of the words 'concerns' and 'complaints'. As a result people who may very well complain about the service, may have their 'complaint' treated as a 'concern' and not as seriously as they might have expected.

To ensure that good infection control procedures are adhered to the provision of a sluicing disinfectant must be considered in view of the number of commodes that are in use in the home.

Recruitment procedures were not strictly adhered to in the past. The manager said that she now makes sure that all the recruitment checks are carried out as required to ensure the safety of residents.

The home must apply its quality assurance procedure in a consistent manner based on a cycle of planning-action-review to measure the quality of service. Comprehensive action plans with appropriate timescales must be prepared, if required, to address identified issues.

A number of health and safety issues were noted during the inspection which must be addressed to make sure that all people who use the premises are safe at all times. This includes having comprehensive risk assessment systems in place with evidence that effective control measures are in place to address areas where significant risks have been identified.

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](mailto: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):

1-4

People who use the service experience **adequate** outcomes in this area. This judgement has been made using available evidence including a visit to this service

People who are admitted to the home and who then decide to live in the home do not always receive comprehensive information about the service that the home offers and as a result may not be fully aware of this.

Residents and/or their representatives are offered a contract/statement of terms and conditions to make them aware of their rights and obligations.

The information collected during the preadmission assessment of the needs of residents is not always recorded comprehensively to evidence the decision process in accepting the resident in the home.

### EVIDENCE:

Following a change of provider for the home at the end of 2007, a new statement of purpose (SOP) has been prepared. We were informed that the statement of purpose also contains all the information that is contained in the service users' guide (SUG). A copy of the statement of purpose was kindly provided to the inspector. There was a note in the SOP to say that this

document is available in other formats/languages, which can be requested by contacting the manager.

We asked two residents if they had received the SUG/SOP to provide them information about the service that is provided by the home. None were found in their rooms and they said that they had not received these documents. There was however evidence that some residents visited the home to view the facilities that the home has to offer. One resident said that she had visited the home and liked the grounds of the home.

We checked whether people who use the service are provided with a contract/statement of terms and conditions, including all those who are publicly funded. Copies of contracts for two residents were seen and one person has been provided with a contract that has yet to be returned to the home. It was noted that a resident who had been in the home for more than a year had not been given a contract until a few weeks prior to the inspection. The manager stated that all residents who are now admitted to the home receive a contract/statement of terms and conditions irrespective of the source of funding. One resident who was asked about this said that his/her representative deals with these kind of matters.

We looked at the care records of a newly admitted resident to check whether residents' needs are appropriately assessed prior to them being offered a place in the home. There was a preadmission assessment format in place but this was not well completed. There were sections which were left empty and therefore a person reading this record would not be able to understand the needs of the residents and make a decision about whether the home will be able to meet the needs of that resident. For example there was no information about his medication, past medical history, pressure areas and risk of developing pressure ulcers, cultural background, level of independence and likes and dislikes. One resident who was recently admitted recalled being visited by the manager prior to him/her coming to the home.

## 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):**

7-10

People who use the service experience **adequate** outcomes in this area. This judgement has been made using available evidence including a visit to this service

Whilst the format of the care records has been updated, these are not fully completed to address the needs of residents comprehensively. As a result there is no guarantee that the needs of residents would be met.

The healthcare needs of residents are on the whole met, but the home did not demonstrate conclusively how it is meeting the needs of residents with pressure ulcers or/and who are at risk of developing pressure ulcers.

Medicines management was not always carried out in a safe manner to make sure that residents were safe.

### **EVIDENCE:**

Each resident has an individual folder where the care records are kept. The folders are kept in a cabinet in the office. It has been noted during previous inspections (23<sup>rd</sup> May 2006, 17<sup>th</sup> September 2007) that the care plans needed to be made more comprehensive and more person centred with the involvement of residents and/or their representatives. It was also identified during the last inspection in February 2008 that progress was being made in this area.

The findings during this inspection show that while there has been some progress in this area, more need to be done to make sure that the care plans are comprehensive, accurate and contain information about the action to take to meet the identified needs of residents.

We looked at the care records for 4 residents. 3 of them contained information about the needs of the residents but one person who has been in the home for about 5 months did not have an assessment of his needs and a care plan to meet his needs. The manager explained that the home has been changing documentation and that the process has taken longer than anticipated.

Equality and diversity issues are addressed to some extent in care records. There are some information about the religion of residents and social background, but these areas in the care plans are not always comprehensively recorded. As a result the home was not able to convincingly demonstrate how the needs of residents with regards to these aspects of care, were being addressed. On a positive note there was evidence that staff have received training on this matter. Conversation with two members of staff showed that they were aware of the importance of ensuring that equality and diversity issues be addressed.

Residents have a number of risk assessments such as manual handling, pressure ulcer, nutritional and falls risk assessments to ensure the safety of residents. It was noted that these were not always completed appropriately. Dates when these were carried out were not recorded. Some scores were not added up to find the final scoring of some risk assessments and the level of risk. Others were not carried out monthly and with the involvement of the residents or their representatives. Three residents were asked if they had seen their care plans, they said that they have not. One visitor, responsible for one resident, was also asked and she said that she had not seen the care plan of the resident.

We were informed that one resident had a pressure ulcer in the home, which was acquired while the resident was an in-patient in the hospital. The wound care and dressings changes are carried out by the district nurse. It was however noted that the resident did not have a care plan describing the action to take to promote healing of the pressure ulcer and prevention of other ulcers developing, such as a repositioning regime. The home's policy on the management of pressure ulcer refers to a care plan being in place and of a pressure ulcer risk assessment being kept up to date.

The resident with the pressure ulcer or others at high risk of developing ulcers had equipment in place, including pressure relieving overlays and cushions. This was confirmed by checking the equipment that was in place. However the items of equipment were not recorded in the care plans of residents to enable a person reading the care plans make a judgement about the measures in place to manage pressure area care.

The home also kept fluid charts and turning charts to monitor the condition of residents, particularly for those residents who were very frail. However these were not completed comprehensively and there were gaps in filling these. They therefore did not provide useful information about the residents' care.

We found that there were gaps in the nutritional assessments of residents. The nutritional status of residents is monitored by the use of the nutritional assessment, but these are not always reviewed on a monthly basis, even for residents who were at significant risk. However the weight of residents was monitored at least monthly. While the review of risk assessments may be linked to the identified level of risk, the dates for future reviews should be clearly identified to make sure that this happens. Staff spoken to, agreed that risk assessments should be completed appropriately and reviewed regularly and said that this was a lapse.

We noted on the first day of the inspection that a number of residents sat in wheelchairs, which did not have cushions. The residents were seated directly on the canvas. This practice could not only be putting residents at risk of developing pressure ulcers but could also be causing discomfort for residents. Residents were also wheeled without seat belts and there were no risk assessments in place to address the risk of residents falling out of the chairs while wheeling them. Staff said that the wheelchairs did not come with cushions and therefore used the chairs the way they were. A few of them said that they would use the belt when wheeling residents outside the home but not in the home. This however did not reduce the risk of residents falling out of the chairs while wheeling them in the home.

The management of medicines was inspected. The medication policy has been updated and was available for inspection. Medicines were stored in a trolley and kept in the manager's office. There was one person in the home who self-administered her medicines. The manager confirmed that there was a lockable facility in the resident's room and that a risk assessment was also in place.

We were informed that medicines are administered only by the senior carers. Examination of the medicines administration record (MAR) charts showed that medicines were mostly signed when administered with a few empty spaces where there were no signatures or a code. A code 'f' was at times used when a medicine had not been administered. This was described as 'not required' but the reason why the medicine was not required was not described. On a few occasions a variable dose of a medicine was prescribed. It was noted that the actual amount administered was not always recorded.

The instructions and the location to administer creams, lotions and other topical medicines were not clearly identified. As a result one was not always sure where a topical medicine should be applied. This was clear when we talked to the person administering medicines. She was not sure where one of

the topical medicines was to be applied. The knowledge of people administering medicines must also be improved as this was judged to be lacking. One member of staff, who was asked about some medicines that were being administered, was not clear of the indication and uses of these medicines and of their side effects and contra-indications. Without a good knowledge of medicines, it is difficult for one to monitor and observe for side effects of the medicines and take appropriate action when required.

The care records have a section to record information about death and dying. These were not always completed as part of the holistic approach to the care of residents. As a result it was not always clear what were the hopes, fears and views of the residents about their future and dying, and whether residents or their representatives have specific wishes and instructions about this matter. One resident mentioned some of his hopes about the future to the inspector. We concluded that it is therefore possible to get this information from residents, with the right approach.

The manager stated that residents could stay in the home as long as their needs would be met with the support of other healthcare professionals and their relatives. Two residents said that they did not wish to move to another home when their needs change as they have got used to the staff, the home and their bedrooms.

## 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):

12-15

People who use the service experience **good** outcomes in this area. This judgement has been made using available evidence including a visit to this service

The home continues to develop the provision of social and leisure activities to suit the needs of residents.

The meals that are provided by the home are under review as the provider realises, and as noted during the inspection, that these could be improved to ensure that residents receive suitably varied and nutritious meals at all times.

### EVIDENCE:

Good progress has been achieved with regards to making the life history of residents a central part of the care plan. This was placed prominently in the front of the care plan. The care plan format also contains a section on the social needs of residents, the close social entourage of the resident and a plan to meet the needs of the residents. However for this part of the care plan to be useful, this must be completed appropriately.

The home accommodates a few residents who are well able to make decisions for themselves and who want to engage in some form of activities to keep themselves occupied and stimulated. The care plan unfortunately does not always reflect this.

The home benefits from the "Friends of the Willows", which is the group of volunteers who support the home in improving the quality of the life of residents by supporting and arranging fulfilling activities for residents. They take part in fund raising exercises for the home and in assisting during activities sessions and in engaging with residents. The work that they do is well appreciated by everybody including management, staff and the residents.

The home employs an activities coordinator. On the first day of the inspection there was a ball throwing session and in the afternoon there was bingo. A plan was in place addressing the activities in the home, which included sewing, exercises, card making, quiz, shopping trolley and visiting entertainers. We were informed that the home arranges a monthly outing for residents when about 10 residents are able to go out. One resident said, *"I look forward to going out for the outings, but unfortunately this is only once a month"*. Another third resident said, *"I can choose to attend activities as I like"*.

We observe the activities coordinator interacting with residents and carrying out activities. One comment that has been made in the past during previous inspections is the lack of involvement of care staff in the provision of activities. A resident said, *"there is no one to talk to, apart from my friends who visit. Staff are busy and do not always have the time to talk to me"*. One member of staff said *'care staff are busy in the morning getting residents up and in the afternoon helping residents to the toilets and attending to those who go to bed in the afternoon or who are in bed, and do not always have the time to talk to residents or help with activities'*. The manager said that she has been addressing this area and that staff are now more aware of the need to engage with residents. She said that there are care staff who are allocated in the lounge to help with activities and to engage with residents.

On the second day of the inspection we noted that a number of residents were seated at the dining table at 16:30 when supper was at 17:00. They were toileted and brought directly to the dining table for their meals. It was not clear why there was a rush to sit the residents at the dining table where they would have to wait about half an hour before supper and when they could have sat in their armchairs and continue with engaging with staff. This seemed to be a task orientated approach, which did not seem to be aimed at the welfare of residents.

A few visitors were seen on the day of the inspection. Visitors who spoke to the inspector said that they are made to feel welcome when they visit the home. We observe that residents were able to sit with their relatives/visitors in the communal areas, which has a number of smaller sitting areas, or in their bedrooms.

Catering in the home is contracted out. Conversation with staff and the chef showed that Kitchen staff and care staff were familiar with the dietary needs of residents, although the likes and dislikes of residents are not always recorded.

The home has a four weekly menu. Examination of the menu showed that there were normally two choices offered for lunch although catering staff would provide other options if a resident did not eat a particular meal.

It was noted that the second choice on the menu did not always provide a nutritious meal, particularly with regards to the amount of protein intake. For example on the day of the inspection the second choice for lunch was potato wedges. On the Thursday of the 3<sup>rd</sup> week menu, vegetable samosas were the second choice for lunch. On Tuesday of week 1 the second choice for lunch consisted of pasta shells and tomato. The supper for the same day consisted of vegetable soup and fish fingers. As a result we concluded that the menu seen, did not reflect guidance from the government on the preparation of meals in care homes and on the nutritional content of the meals, as per "The eat well plate" (see Food Standards Agency, (2007) Guidance on Food served to older people in residential care. [www.food.gov.uk](http://www.food.gov.uk); and Food Standards Agency, (2006).

The manager produced a sample menu on the second day of the inspection, which showed that the issue above was in the process of being addressed and that residents were in the process of being consulted about the new menu. She has yet to implement the new menu.

One resident who was asked about the meals said, "*they always ask you about what you want*" and another said that "*the meals are alright and I get enough to eat*".

There were records of residents' choices and of meals that were cooked in the home, to help determine whether the meals that were provided to residents were sufficiently nutritious.

## 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):

16 and 18

People who use the service experience **adequate** outcomes in this area. This judgement has been made using available evidence including a visit to this service

The home complaints procedure is not very clear about defining a 'complaint' and as a result complaints may not be listened to and taken as seriously as they should.

The home has a safeguarding adult policy and provides training to staff to make sure that people who use the service are safeguarded from abuse.

### EVIDENCE:

A copy of the complaints procedure was available in the foyer of the home. The complaints policy and procedure have been updated to reflect changes in the organisation. The manager said in the AQAA that, *'each resident has been given a copy of the leaflet "Do you have a concern or complaint"'*. This is good practice and demonstrate an open approach to concerns and complaints about the service.

It is quite right to acknowledge and address the concerns of people who use the service but it seems that the word "concern" is being interchanged with the word "complaint". In essence concerns and complaints do not mean the same thing, concerns are worries, anxieties, apprehensions and complaints are grievances, expressions of dissatisfaction.

The complaints procedure does not also acknowledge that it is primarily for the person raising the issues to decide whether the issues that he/she raises are concerns or complaints. It also seems, according to the procedure that a

resident/representative cannot complain to the manager but can only raise concerns, and that once the "concern" goes to the next stage (to the operations manager) it automatically becomes a complaint.

During the inspection it was noted that two letters were received about laundry and clothing. These were not recorded in the complaints register (or as concerns) and it was not clear how the issues that were raised, were addressed, although the manager later said that she wrote to the person who sent the letters. There was no indication to show whether clarification has been sought from the person who wrote the letters that she was 'complaining' or raising 'concerns.' It was also not clear whether issues became formal complaints, once put in writing. However, as complaints are 'expressions of dissatisfaction', it is clear that the person raising the issues was complaining, as he/she was dissatisfied about the standard of laundry.

We think that the complaints procedure must clarify that people can raise concerns and complaints about the service and that it is up to them to decide whether they want the issues to be addressed as concerns or complaints. The complaints policy of the home must also clarify whether it accepts anonymous complaints. The policy says that the home does not, but feedback from the organisation suggests that it does. It is good practice to accept anonymous complaints, as these can be a valuable source of feedback and information about the service. The review of the complaints procedure and policy is required to demonstrate that complaints are taken seriously and that complaints management is a part of the strategy to ensure improvement of the service.

There was a policy on safeguarding adult, which was judged to be appropriate and comprehensive. The manager stated that she has had training on safeguarding adults and that this subject has also been discussed with her line manager as part of supervision. She was on whole aware of the action to take in cases where there have been suspicions or allegations of abuse.

She added that most staff in the home have had training on abuse. Staff spoken to were also familiar that they should report all suspicions of abuse to the person in charge. The training matrix kindly provided to the inspector by the manager confirmed the above.

The home has not had any allegations of abuse in the past year.

## 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):

19,24 and 26

People who use the service experience **good** outcomes in this area. This judgement has been made using available evidence including a visit to this service.

The home provides a suitable environment where the needs of the residents can be met.

#### **EVIDENCE:**

The grounds of the home are maintained to a high standard and provide a pleasant view to those residents who are able to look out. Most bedrooms have windows, which gives on the grounds of the home. Residents say that they enjoy sitting in their chair and looking outside. They say that it is very peaceful considering that the home is situated on a relatively busy road.

Entrance to the home is monitored. The front door is kept locked and is released by staff when visitors ring the bell. There is a coded pad to the front door of the home when going out. The front door is automatically released when the fire alarm is activated.

The standard of decoration is good and the home is on the whole bright and airy. There is evidence of ongoing maintenance and decoration. New carpets

were seen in a number of bedrooms and all bedrooms that were seen were in good decorative order.

It was noted that the quality of furniture in place in the bedrooms of residents was good. All bedrooms had a wardrobe, some had fitted wardrobes, set of drawers and bedside cabinets. Residents were also encouraged to bring items of furniture and decoration to personalise their rooms. This added a more personalised touch to the home. Beds of residents were mostly divans except when adjustable beds were provided by community equipment service for residents who have been assessed as requiring this by the district nurse.

The home has a large communal area, which can be divided in smaller areas for residents who want to engage in different activities. There is also a dining area that is well used by residents. All residents, including those who prefer to stay in their rooms rather than staying in the communal areas, are encouraged to use these areas. The manager has identified in the AQAA that some of the furniture in the communal areas will be replaced. This might indeed be indicated as some chairs were starting to look dated.

The home employs domestic staff which includes a cleaning supervisor. There are at least two cleaners on duty everyday including the weekend. As a result the home benefits from a good standard of cleanliness. There were no odours in the home.

The home has a laundry room which is relatively well equipped with 2 commercial washing machines and one dryer. All the laundering is carried out on the premises. There is a laundry person who is responsible for the laundering of clothes and linen.

The manager stated that the home has a sluice and that the disinfectant has not been working for a while. As most residents in the home have a commode, it was not clear how bedpans for commodes were being disinfected to prevent cross infection. We were informed that the bedpans were cleaned manually by staff.

## 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):

27-30

People who use the service experience **adequate** outcomes in this area. This judgement has been made using available evidence including a visit to this service

The home provides adequate staffing to meet the needs of the residents. In the past recruitment checks have not been thorough with regards to ensuring that appropriate references were received for people who were offered employment in the home to ensure the safety of residents. Staff receive training to make sure that they are competent to care for the residents in an appropriate manner.

### EVIDENCE:

Care staff wear uniforms and have name badges. Feedback from residents was on the whole positive about staff. The duty rosters showed that there are one senior and four carers on an early shift and one senior and three carers in the afternoon. At night there are a senior carer and two carers. The manager is supernumerary.

We were informed that there was previously an extra carer in the morning and that the number of staff has been reduced recently, because the organisation judged that the previous staffing levels were too high. Whilst there are no statutory requirements with regards to what number of staff should be on duty in relation to the number of residents, there is a statutory obligation to make sure that adequate number of staff be provided to meet the needs of the residents. There was some feedback from staff that residents got up later than previously as there were less staff and that they did not have the time to help

with activities, as they were always involved in providing personal care for residents. However the manager said that there were teething problems just after the new staffing levels were implemented. From feedback from residents there was no indication that the needs of residents were not being met and the manager stated that staffing is kept under constant review and that there are more staff on duty when this is needed, such as when residents go on trips and outpatient appointments or when there are functions in the home.

As discussed in section 3 of this report, it seems that the approach to care has been somewhat task orientated with time mostly spent in the actual delivery of 'personal care' with little time to engage with residents. We noted that residents were being placed at the table for their supper at 16:30 when the supper is at 17:00. That time could have been used engaging with residents rather than getting them ready for their supper half an hour early.

Members of staff spoken to said that they have supervision. We looked at some supervision records and noted that these have not always been done every two months or six times a year. For example one member of staff last had supervision in August 2007 and another had supervision in August 2007 and January 2008. The manager stated that senior staff have been trained to carry out supervision and she has divided the staff in groups to facilitate supervision. The training matrix indeed confirmed that senior staff have had training in this subject. Whilst the manager seems to have put processes in place, it is noted that supervision of staff is not yet being carried out at least once every two months or six times in a year.

From figures given during the inspection it seemed that the home did not have 50% of its care staff trained to NVQ level 2 or above. The manager later clarified that the home has 24 care staff which consist of three trained nurses with a qualification is recognised in the UK, two trained nurses from abroad but whose qualification have been compared to NVQ level 2 (with documentation to that effect), four care staff trained to NVQ level 3 and six care staff trained to NVQ level 2. The home therefore has more than 50% of its care staff trained to NVQ level 2 or above.

We looked at the personnel files of four members of staff to see whether appropriate recruitment checks were carried out to make sure that residents were safe. At the time of the inspection one member of staff did not have an appropriate CRB check (the manager later sent evidence, not available at the time of the inspection, that the member of staff have had an appropriate CRB check) and another member of staff did not have an application form (the manager later confirmed that the member of staff had completed an application form). We also found that the member of staff did not have appropriate references. The manager stated that since her appointment she has made sure that the recruitment procedure is adhered to as required.

Training records showed that all new staff are inducted using the Skills for Care Common Standards as well as the home's new in-house induction program. This was confirmed by the manager. She kindly provided a training matrix to us which showed that most staff were up to date with statutory training and that staff have also had training in areas such as dementia, continence/constipation, equality and diversity and care planning.

## 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):

31,33,35 and 38

People who use the service experience **adequate** outcomes in this area. This judgement has been made using available evidence including a visit to this service

The manager runs the home in an open manner with the involvement of residents and staff.

The quality system has not yet been applied in a systematic and comprehensive manner to monitor the quality of the service.

The management of the personal money of residents is good, but the management of residents' property, particularly jewellery and valuables, is not that good to make sure that residents' property is safe.

Health and safety issues are not always addressed in a comprehensive manner to ensure the safety of residents, staff and visitors to the home.

### EVIDENCE:

The manager has worked at the Willows since April 2007 and has been registered since November 2007. It is stated in the SUG that she has two years management experience and 15 years experience in the care sector. She has

the registered manager's award and she stated that she has the NVQ level 4 in care.

Residents who spoke to us said that they knew who the manager was and that they would speak to her if they had concerns about their care. The manager is aware of her responsibilities with regards to managing a care home and about the issues in the home. There were signs of general improvement in the provision of the service, such as regular staff meetings and residents meetings being held. This was positive as this showed that residents and staff views were being considered in the managing the home.

The home has a quality assurance procedure. It says that 'the business development plan will form the basis for the continuous cycle of improvement and development of services in the care home'.

A Business Development Plan was shown to the inspector. This seems to be an audit tool based on the National Minimum Standards for older people with a plan of action that need to be carried out to meet the standards where necessary. The person(s) responsible for addressing each area was/were identified. The timescale to address issues were however not clearly identified and it was not clear when the audit was carried out. The whole process was not based on a cycle of planning-action-review with clear timescale to meet the standards or 'things that has to be done', and review as to whether these have been met/done within the timescale.

For example the section on care plans says that all care plans will be revised. There are no timescales for a review as to whether this has been met. In the section under outcome achieved it says that '*all care plans are drawn up with the involvement of residents....*'. The evidence seen during this inspection showed this is not really the case. The whole process did not seem systematic and applied consistently to measure the quality of the service. The manager however did identify in the AQAA that '*AUK (Abbeyfield UK) are in the process of developing a full audit tool that will feed into the Business Plan. Manager is currently in the process of fully developing a Portfolio of Evidence Folder which will show what we do well*'.

There has not yet been a satisfaction survey, but the manager said that this area is being addressed and that a survey will be completed.

There were reports of monthly visits by the provider/regional manager as required by legislation. These were appropriately completed and action plans were noted following these visits to address issues that have been identified.

We checked the management of residents' personal money by the home. We were informed that the home is not responsible for the pensions/benefits of residents. These are normally managed by relatives/representatives of the

residents. Some residents keep a small sum of money in the home for personal expenses. We sampled 2 residents at random and checked their balances. We noted that the balances were correct and that receipts were kept about all expenses that were made for residents.

We were also informed that the manager checks the personal money of residents at least monthly and that the regional manager also does that. There were records to show that the regional manager checks the personal money of residents when she visits the home.

There were valuable sheets that were kept about the valuables that are brought into the home by residents. These were on the whole completed but were not always signed and agreed with the residents/representatives. We sampled the records of one resident and noted that there were no records of the jewellery that the resident wore while in the home.

There was evidence that the home carries out weekly fire tests regularly but there was no evidence of regular emergency light tests. Records showed that staff have had fire training and fire drills. An emergency fire plan and fire risk assessment were not available for inspection. There was a contingency plan which addressed to some extent issues with regards to the home becoming inhabitable if there was a fire, but this did not fully address the action to take in case of a fire, such as the evacuation procedure to adopt and people who would be responsible to decide and carry out the evacuation.

The home did not have a health and safety risk assessment. The Portable Appliance Test certificate was not up to date, but it was noted that there was an electrician in the home on the day of the inspection carrying out the portable electric appliance test. A tour of the premises showed that some items of equipment had not been tested since 2004. An electrical wiring test certificate was not available for inspection, but the manager confirmed that the current electrical wiring certificate had run out as the current certificate was carried out in February 2005 and was valid for 3 years.

There was evidence that the water system was maintained to monitor and prevent Legionella. Records of temperature of water system were taken to monitor for this. However there were no regular temperature checks at water outlets, to which residents have access to, to check the water temperature where thermostatic valves were fitted to make sure that these were working properly as per guidance from the Health and Safety Executive. (HSE (2007). Scalding risks from hot water in health and social care. LAC No 79/5. [www.hse.gov.uk](http://www.hse.gov.uk))

# 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

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	2
<b>2</b>	3
<b>3</b>	2
<b>4</b>	3
<b>5</b>	X
<b>6</b>	X

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	2
<b>8</b>	2
<b>9</b>	2
<b>10</b>	3
<b>11</b>	2

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	2
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	2
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	3
<b>25</b>	X
<b>26</b>	2

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	2
<b>28</b>	3
<b>29</b>	2
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	2
<b>34</b>	X
<b>35</b>	2
<b>36</b>	X
<b>37</b>	X
<b>38</b>	2

Are there any outstanding requirements from the last inspection? Yes

<b>STATUTORY REQUIREMENTS</b>				
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	OP1	5	The service users' guide must be given to residents in a format suitable to them, or to their relatives to make sure that they are fully aware of the service that the home provides.	31/07/08
2	OP7	14(1,2)	All residents must have a comprehensive assessment of their needs and must have a care plan in place, which details the action to take to meet the needs of the residents. This is necessary to make sure that the needs of residents would be met.	31/07/08
3	OP7	15	Staff must sign and date all care plans and assessments so that people know how, when and by whom the assessments and care plans were done as these are legal documents <b>(Repeated requirement-timescale 31/03/08 not met)</b> . Care plans and risk assessments must be drawn up and reviewed with residents or their representatives to make sure that they are involved in the care planning process.	31/07/08
4	OP8	17	Fluids balance charts and turning	31/05/08

			charts must be completed appropriately to make these useful documents. Without this the information that these charts contain is incomplete and unreliable.	
5	OP8	12(1)	That residents who have pressure ulcers or who are at high risk of developing pressure ulcers have a care plan in place to address these needs and that the pressure sore risk assessment is completed at least monthly. This is necessary to make sure that residents receive a consistent and high standard of care with regards to pressure area care.	31/05/08
6	OP8	12(1)	That assessments be carried out and recorded as to whether residents need to sit in wheelchairs during the day instead of an armchair. Seat cushions must be provided if required to promote the comfort of residents and to prevent residents from developing pressure ulcers as far as possible. Risk assessments must be carried out during the transfer of residents in wheelchairs as to whether a seat belt is required to make sure that residents do not fall out of a wheelchair during transfers.	31/05/08
7	OP9	13(2)	That medicines are signed when administered or a code used when not administered, which clearly identifies the reason for not administering the medicines to make sure that the management of medicines is carried out safely.	31/05/08
8	OP9	13(2)	In cases of variable doses of medicines the actual amount of medicines administered must be recorded clarified to make sure	31/05/08

			that residents are safe.	
9	OP9	13(2)	Staff who administer medicines must have a good knowledge of the medicines that they administer, including the indications and side effects of the medicines, for them to observe and monitor for side effects as required, to ensure the safety of residents.	31/07/08
10	OP9	13(2)	The location for the administration of topical medicines must be clarified on the MAR sheet to make sure that all staff are aware of the location to apply the medicines.	30/05/08
11	OP11	15(1,2)	To ensure that all the needs of residents would be met, the care records must contain information about the hopes and fears of residents about their future and about their wishes and instructions about death and dying.	31/07/08
12	OP12 OP27	12(1)	That the manager reviews some of the approaches to the care of residents, such as sitting residents at the dining table half an hour before supper, as this does not seem to be aimed at the welfare of residents.	30/05/08
13	OP16	22	The complaints procedure must be clarified with regards to what is a 'concern' and what is a 'complaint' and whether the home accepts anonymous complaints. Clear records must be kept as to what happened when concerns/complaints have been raised. This is necessary for the home to demonstrate that complaints are taken seriously and that complaints management is a part of the strategy to ensure improvement of the service.	31/07/08
14	OP26	13(3)	Consideration must be given to the provision of a bedpan	31/07/08

			washer/steriliser to make sure that bedpans are fully cleaned to prevent cross-infection as far as possible.	
15	OP29	19	All applicants must have two appropriate references before they are offered employment, to ensure the safety of residents who live in the home.	30/05/08
16	OP30	18(2)	To make sure that staff are fully competent to do their jobs and are supported as required, supervision must be offered to all care staff once every two months or six times a year.	31/07/08
17	OP33	24	To make sure that the home has an effective quality management system, the quality assurance procedure must be applied based on a systematic cycle of planning-action-review. Timescales for action to address issues that have been identified must be clear and measurable.	31/07/08
18	OP35	17	To ensure that residents' property and valuables are kept safe, there must be comprehensive records of the valuables and property that have been brought into the home by residents. The records must be signed by staff and agreed with residents or their representatives.	31/07/08
19	OP38	23(4)	The home must have an emergency fire plan and a fire risk assessment to make sure that residents, staff and visitors are safe. There must be monthly Emergency lights testing to check that the system is working appropriately.	31/07/08
20	OP38	13(4)	There must a health and safety risk assessment in place to ensure the safety of residents, staff and visitors to the home.	31/07/08
21	OP38	13(4)	To ensure the safety of the property of residents and of	31/05/08

			residents themselves, risk assessments must be carried out with regards to windows on the ground floor which can be fully opened and windows on the first floor, which despite restrainers can still be opened to such an extent, to allow a person pass through.	
22	OP38	13(4)	There must be regular checks of water temperature at water outlets to which residents have access to make sure that the thermostatic valves are working appropriately and to prevent the risk of scalding	31/05/08
23	OP38	13(4)	The home must have an up to date electrical wiring certificate to make sure that people who use the service are safe.	31/07/08

## 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

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