

# Methodist Homes Willesden Court

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Willesden Court on 17 November 2014. This was an unannounced inspection. Willesden Court is a care home with nursing and provides care and support to 60 older people. It is a purpose built home with three floors. The ground floor accommodates 18 people living with dementia who do not require nursing care. The first floor accommodates 21 people with general nursing needs, and the top floor accommodates 21 people living with dementia who also have nursing needs. There were 60 people using the service at the time of our inspection.

At our last inspection in October 2013 the service was meeting the regulations we inspected.

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People told us that they felt safe and staff were caring and treated them with respect. One person said, “I have to be here because I don’t get around very well. This is the best place for me now.” Another person told us, “This is a good place.”

Risk assessments were in place for each person for health risks, such as the risk of falls, pressure sores and malnutrition. However we did not see assessments of how to manage risks to individuals, such as the risks from smoking, and for the need to use bed rails. We have made a recommendation for the provider to address this.

Procedures were in place for managing and administering medicines. However we found that recording of medicines did not accurately show that they were safely administered. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Procedures were in place to maintain the safety and welfare of people using the service. Staff were aware of the actions they should take to safeguard people from abuse. There were sufficient staff to meet people’s needs. People told us that there were always staff available to help them when needed. Staff told us that they were able to meet people’s care needs and to have time to talk to individuals and spend time with them.

Staff were aware of people’s rights to be involved in decisions and to make choices about their care and treatment. Care plans showed these preferences. Staff showed that they understood how to communicate with people and to understand and meet their needs. We observed activities during the day on all floors. Activities organisers provided individual activities such as manicures and supported people with craft activities. Care staff encouraged people to be involved and active throughout the day, for example with singing and dancing while they served morning drinks.

Staff treated people with respect for their dignity and privacy. We observed one staff member encouraging a person to go with them to their room to change their clothes. They managed this in a very positive and dignified way that did not draw attention to the person’s continence needs.

People told us that they would be able to talk to any member of staff if they had a complaint or concern. The complaints record showed that complaints had been investigated and responded to appropriately.

The atmosphere in the home was open and inclusive. Staff said the manager spent time walking around the home and he was always available if they wished to speak to them. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Risk assessments did not provide staff with information on how to minimise and manage risks to people's safety. Medicines records did not show that people received medicines as prescribed and safely.

People who used the service told us that the home provided a safe environment. Staff were aware of different forms of abuse, and of their responsibilities for reporting any concerns.

There were sufficient numbers of staff to keep people safe and meet their needs.

**Requires Improvement**



### Is the service effective?

The service was effective. Care plans provided information for staff on each person's individual needs and staff received training to enable them to understand and meet the assessed needs.

People were provided with a choice of nutritious food and drink. Staff were aware of how to monitor people for risk of malnutrition and took actions when required to address these risks.

Staff understood and addressed people's healthcare needs and people had access to appropriate healthcare services.

**Good**



### Is the service caring?

The service was caring. People told us that staff were caring and we observed that staff treated people with respect for their dignity and privacy.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support.

**Good**



### Is the service responsive?

The service was responsive. Assessments of people's needs were carried out before they were admitted to the service, and regularly reviewed. Care plans were updated with any changes and provided information for staff to meet people's needs.

Staff supported people to take part in their choice of individual and group activities. People told us that they could choose what they wanted to do during the day.

Complaints were responded to appropriately in line with the complaints procedure and actions taken to address the concerns.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led. Staff told us the registered manager supported them and they were able to raise any questions or concerns they had about the service.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider's services manager carried out monthly audits of procedures and records at the service. Actions required from the audits had been addressed.

Good



# Willesden Court

## 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 was planned to check 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.

The inspection team consisted of three inspectors. We spoke with nine people living at the service and spent some time on each floor observing how staff interacted with them. We spoke with ten members of staff, including

the registered manager, nurses, care workers, domestic staff, chef and activities co-ordinator. We looked at six people's care plans, and a range of records about people's care and how the service was managed.

Before we visited the home we checked the information we held about the service, including notifications of significant events that the provider had sent to us. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 8 October 2013. The provider completed a Provider Information Return (PIR). This 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.

# Is the service safe?

## Our findings

People told us that they felt safe and secure at the service. Staff told us they had attended training on safeguarding adults and the training records confirmed this. Staff were aware of the different types of possible abuse and the actions they should take to report any concerns. The provider had procedures for safeguarding that complied with the London multi-agency policy and procedure to protect adults from abuse. The manager has co-operated with the local safeguarding authority in investigating and resolving a concern raised about the safety of a person who used the service.

People said that there were always staff available to help them when needed. We observed sufficient staff available during our visit to meet people's needs. Staff told us that they were able to meet people's care needs and to have time to talk to individuals and spend time with them. We observed staff assisting people when they needed attention and sitting with individuals to talk with them and give them attention. The registered manager told us that they adjusted staffing levels according to the assessed needs of people using the service, and they rarely used agency staff so that all staff were familiar with the support the people required. At the time of our inspection the passenger lift was being replaced and additional staff were allocated to the first and second floors in order to assist them to use a stair lift safely or to meet their specific needs if they were not able to leave their floor.

Risk assessments were in place for each person for health risks, such as the risk of falls, pressure sores and malnutrition. However we did not see assessments of how to manage risks to individuals, such as the risks from smoking. People who wished to smoke were able to smoke in the garden. We spoke with two people who did not keep their own cigarettes and lighters, and needed to ask staff for them when they wanted to smoke. Staff told us that this was for their safety, but there were no risk assessments in place to describe the risks for these people keeping their

own cigarettes and to provide guidance on managing and minimising the risks. We saw care plans for two people for the use of bed rails to prevent them from falling out of bed. The care plans stated that bed rails were used for safety and not as a restraint, but there was no assessment for each person on why they needed bed rails and consideration of other measures to maintain their safety.

The provider told us that they had procedures in place to ensure that medicines were administered safely and there had been only one error of medicine during the previous 12 months. Staff showed us the system for administering medicines. Medicines were supplied in the original packaging and recorded when administered on medicines administration records (MARs). We looked at medicines and records on two floors. On one floor we found no errors in recording, and staff maintained a daily count of medicines to ensure that they tallied with the MAR and the risk of errors was minimised. On the other floor we found two errors with recording medicines. The MAR for one medicine had not been signed for several prescribed doses, but a count of the medicines did not tally with the record, and showed that the medicine had probably been administered, but not recorded. Another medicine was prescribed to be given "at night", but was written on the MAR to be given at 5pm. Staff told us that this was the person's choice, but there was no record on the MAR or in the care plan of this choice, and that the GP or pharmacist had confirmed that the medicine could be given safely at the earlier time. We found that the provider did not ensure that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**We recommend that the service provide guidance for staff on measures to minimise and manage risks to their safety.**

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us they had regular training that provided them with the skills to understand and meet the needs of people who used the service. Training records showed that all staff had regular updates of training, including health and safety, moving and handling, food hygiene and safeguarding.

Care plans provided information for staff on how to meet people's needs. Care plans were still in the format used by the previous provider of the service which focussed on tasks rather than people's holistic needs and wishes. They were hand written which meant that it was difficult for staff to amend them if there were any changes. However a summary "support plan narrative" provided a summary of each person's needs and how staff should address those needs. The registered manager told us that the current provider's format for care plans was being introduced. We saw the format for these, which provided clear information and guidance for staff on each individual's needs and wishes.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) Code of Practice and how to make sure that people who did not have the capacity to make decisions for themselves had their legal rights protected. We noted that mental capacity assessments were carried out when required and decisions made in the person's best interests. For example we saw a capacity assessment for one person which showed that they were not able to make a decision about receiving cardiopulmonary resuscitation (CPR) in an emergency. The best interest decision made by their family members was that they should have CPR if it was needed. Staff told us that five people received medicines covertly, hidden in their food. Capacity assessments were carried out and showed that one person had the capacity to decide to refuse their medicines. For others the best interest process involved a family member, the GP, the pharmacist and the registered manager.

CQC is required by law to monitor the operation of the MCA Deprivation of Liberty Safeguards (DoLS) for care homes, and to report on what we find. Where there is a deprivation of a person's liberty DoLS requires the provider of the care home to submit an application to a 'Supervisory Body' for authority to do so. The provider notified us that they had

made appropriate applications for DOLS authorisations and we saw evidence of this when we visited the service. The registered manager was aware of the 2014 Supreme Court judgements which widened the scope of the legislation.

People were provided with a choice of suitable and nutritious food and drink. One person told us, "There's quite a variation of food. Sometimes it's hard to make up your mind." At lunchtime we observed staff offering people a choice of meals, and providing the food that people chose. One person decided did not like soup so was asked what they would like and gave them their chosen alternative. Another person was eating breakfast cereal for lunch. They told us that this was their choice and said, "The food is sometimes good, but sometimes not to my taste." Another person told us that they didn't like the food and wanted Gujarati food. This person's care plan showed that they wished to eat "Asian" food, and food such as roti, dhal and yoghurt were available for them. Staff told us that they person often refused these foods when offered, but they would eat a sandwich or mashed potato. Water and juice were available on all tables at lunch time and we observed staff offering a choice of hot and cold drinks during the morning and afternoon.

At lunchtime staff addressed people by name and reminded them of their meal choices. They offered help with cutting up food or with eating and they encouraged people to drink during the meal. We observed a staff member assisting one person who was unable to eat and drink independently. The staff member talked to the person, and gave them time to taste and enjoy their food. One of the cooks also served the food and spoke and joked with people. We observed the cook talking to one person about the different things they could eat if they asked for it.

Everyone was assessed regularly for the risk of malnutrition. Malnutrition Universal Screening Tool (MUST) assessments were carried out each month or more frequently if required, and people at risk of malnutrition were referred to a dietician for advice. Staff understood how to monitor and check risks of malnutrition. They told us that they would note and report to senior staff if a person refused their meals, had a small appetite, or if there was a recorded loss of weight loss. Measures were in place including food supplements and enriched diets to improve the nutrition of people at risk of malnutrition. The care plan for nutrition for one person showed that a speech and

## Is the service effective?

language therapist had assessed them for difficulties in swallowing and advised on the procedure for staff to support them to swallow their food. The MUST assessments showed any change in the person's nutritional risk. For example, we saw records for one person that they had steadily put on weight over the previous six months and the risk of malnutrition had decreased from high to medium.

The care plans provided clear information on each person's health care needs including skin viability and specific

conditions such as diabetes. We saw evidence of regular blood tests for people with diabetes and guidance on their dietary requirements. There were records for each person for contacts with GPs and other health professionals. Guidance on each person's mental health needs included the support they needed if their behaviour changed, and contacts with psychiatrists and the community mental health team.



# Is the service caring?

## Our findings

People told us they were happy with staff and staff treated them well. One person said, “I have to be here because I don’t get around very well. This is the best place for me now.” Staff showed that they understood how to communicate with people and to understand and meet their needs. They gave people time to express their wishes and spoke with them while they were supporting them. During the morning staff were singing and encouraging people to join in while offering drinks to people. They supported people who needed help with drinking sensitively and respectfully, giving them time to sip and enjoy their drinks.

People were supported to express their views and were actively supported in making decisions about their lives in the home. Staff understood and used non-verbal communication with people unable to tell them their wishes. One staff member was providing manicures for people in the lounge. They chatted to everyone, offering a manicure to one man and joking with him. They checked that the choice of nail polish and what they were doing

with another person, who gave a ‘thumbs up’ to show their agreement. Care plans provided guidance on how to communicate with each person. For example the care plan for one person who may be anxious advised staff to talk to them quietly, ask them questions and to give their opinion. We observed staff following this guidance.

We observed that some people chose to remain in their rooms in the morning and to get up at the time that they chose. Staff respected their wishes, and said that they checked regularly whether these people wished to get up and join in activities. At lunchtime we observed that people who had remained in their rooms for the morning were joining in singing in the lounge while waiting for their lunch.

Staff treated people with dignity and respect. They told us that they knew how each person liked to be supported with their personal care. They respected people’s privacy and always knocked on bedroom doors before entering. We observed one staff member encouraging a person to go with them to their room to change their clothes. They managed this in a very positive and dignified way that didn’t draw attention to the person’s continence needs.

# Is the service responsive?

## Our findings

Assessments were undertaken before people were admitted to the service, to identify their care and support needs. Care plans were written from the assessments, detailing how people's assessed needs should be met.

Each person had a written profile that described their memories, likes and dislikes and what was important to them. We saw that care plans were reviewed as people's needs changed so that staff knew what support people required.

Care plans showed each person's wishes and preferences. For example the care plan for one person stated that they preferred to stay in their room, but occasionally participated in activities. They enjoyed the chaplain's regular visits. Another care plan stated that at night the person liked to have a light on, and to have a drink and the call bell accessible. Staff told us that they were aware of these preferences and ensured that they were met. A care plan stated the one person did not like to join in activities, but liked to socialise in the garden and go to the shops. This person confirmed these wishes to us, and told us that they were supported to do these things and could ask for staff to support them when they went out.

We observed activities during the day on all floors. Activities organisers provided individual activities such as manicures and supported people with craft activities. Care staff encouraged people to be involved and active throughout the day, for example with singing and dancing while they served morning drinks.

Care plans addressed people's cultural needs. One person we spoke with said that they would like Gujarati food and to visit the Hindu temple. We noted that they were offered suitable food, although they often chose from the main menu instead, and a relative visited to take them, to the temple.

People told us that they would be able to talk to any member of staff if they had a complaint or concern. The complaints record showed that there had been two complaints from relatives during the previous 12 months. These had been investigated and responded to appropriately. The registered manager told us that lessons were learned from the outcomes of one complaint and measures taken to ensure that similar incidents did not happen in future. The second complaint was about the garden, and the response from the provider confirmed that plans were in place to clean up and upgrade facilities in the garden.

# Is the service well-led?

## Our findings

The atmosphere in the home was open and inclusive. The registered manager had moved to the home from another of the provider's homes. Staff told us that the atmosphere in the home had improved and that they were well supported by the registered manager. They said the manager spent time walking around the home and he was always available if they wished to speak to them.

All staff had regular supervision of their work with a senior member of staff and all staff had an annual appraisal of their work and their development needs. Nursing staff were provided with the training and experience that they needed to maintain their professional status and Nursing and Midwifery council (NMC) registration.

The registered manager informed the Care Quality Commission (CQC) in a timely way of significant events that happened in the service. This meant that we could check that appropriate action had been taken to ensure the safety and welfare of people who used the service.

The provider had procedures for quality assurance and audits. We saw evidence of regular audits of procedures for maintaining the quality of care in the home. These included monthly audits of care plans, and records of pressure sores, falls and monitoring of people's weights to ensure that they were not at risk of malnutrition.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider carried out an annual satisfaction survey and followed this with an action plan to address any concerns. The provider's services manager visited the home each month and checked the home's procedures and record keeping. The provider also carried out an annual appraisal of their values with an action plan to address any areas that required improvement. The values assessment action plan for 2014 included improved communication between managers and staff. The registered manager told us that this was being addressed, with improved staff meetings and supportive supervision for staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Treatment of disease, disorder or injury	<p><b>This corresponds to regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</b></p> <p>The provider did not ensure that the administration of medicines was recorded accurately to show that people received their prescribed medicines safely.</p> <p>Regulation 12 (1) (2) (g)</p>