

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Havelock House Nursing Home

57-59 Victoria Road, Polegate, BN26 6BY

Tel: 01323482291

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Havelock House Nursing Home
Overview of the service	Havelock House is a nursing home which provides permanent and respite nursing care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Havelock House Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 November 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

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### What people told us and what we found

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We carried out this inspection to look at the care and treatment that people living at the home received. At the last inspection on 2 July 2014 we found that there were concerns with regard to care and welfare, cleanliness and infection control, supporting workers and assessing and monitoring the quality of service provision. We carried out this inspection to follow up on these concerns. Evidence gathered at this inspection showed that the provider had achieved compliance.

The service currently has an embargo on admissions implemented by the local authority.

The home did not have a registered manager. The appointee manager was responsible for the day to day running of the home. As part of our inspection we spoke with three staff, including the appointee manager. During the inspection we spoke with four people who lived in the home.

One inspector carried out this inspection.

People told us, "It is all nice here, my family visit and they are happy too." And, "I stay in my room, my choice I feel secure and the staff look after me, it's good I am quite happy here."

We saw staff speaking to people and providing care and support. Staff spoken with were able to tell us about people and their individual needs. There were systems in place to report and audit accidents, incidents and falls effectively.

The home asked people who used the service for their feedback, This was in the form of a

satisfaction survey which had been completed by people living at Havelock House and a further survey by their relatives. We saw that comments had been followed up and actioned. Therefore evidence was seen to show the results of these surveys had been used to improve the service.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

Our inspection of 2 July 2014 found that care and treatment had not been planned and delivered in a way that ensured people's safety and welfare was maintained.

The provider sent an action plan informing us that they had taken steps to address this. Evidence gathered at this inspection showed that the provider had achieved compliance.

We looked at care plans for four people living at Havelock House and other associated care documentation. We saw that people who required monitoring had food, fluid and charts completed daily. People also had access to an A-Z directory which provided information about the home and the services provided. This was accompanied by the service user guide.

Care plans included information about people's care needs, these had been reviewed monthly. We saw that referrals had taken place to other outside agencies and health professionals when appropriate. This included chiropodist, tissue viability specialists, dietician and speech and language therapists and GP's.

The appointee manager showed us the homes reporting system for falls, accidents and incidents. We were informed that an accident had occurred early on the day of our inspection. We looked at the mornings hand over and saw that this information had been included in the morning handover. An accident form and other associated documentation had been completed.

People who required special pressure relieving equipment had this provided. We saw that the Registered Nurse (RN) and care staff monitored pressure relieving equipment daily. This was recorded in a folder. Equipment was set appropriately in accordance with people's weights which had been monitored monthly.

Care and nursing staff had recorded the care they provided. Staff spoken with were able to tell us about people living at Havelock House. This meant that staff knew people and their

needs. We saw that when a person became distressed staff responded promptly in a calm and reassuring manner. Staff spent time with the individual and sat with them to comfort them, whilst doing paperwork.

Havelock House had an activities co-ordinator. We saw that an activity schedule was displayed in the lounge, this included pictorial information for people. Activities were flexible and also included visits from a local church and other visiting groups. A fete had taken place in the summer and plans were on going at the time of our inspection for a future event in November which was to be attended by the local Mayor. During our inspection we saw people being offered magazines to read, and spending their time how they wished.

People we spoke with told us they were happy living at Havelock House. We were told, "It is all nice here, my family visit and they are happy too." And, "I stay in my room, my choice I feel secure and the staff look after me, it's good I am quite happy here."

We saw that the appointee manager had implemented a new emergency evacuation plan. There had been a recent inspection by the fire service and new evacuation equipment had been purchased. There was a folder in place which included personal emergency evacuation plan (PEEP's) for everyone living in the home. The appointee manager told us they were due to meet with the managers of two other local care homes to devise a plan for evacuation should this be required. This meant that systems were in place to assist with evacuation in the event of any emergency.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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Our inspection of 2 July 2014 found that people were not protected from the risk of infection because appropriate training and guidance was not in place.

The provider sent an action plan informing us that they had taken steps to address this. Evidence gathered at this inspection showed that the provider had achieved compliance.

We looked at a number of people's bedrooms, communal areas, bathrooms and toilets. All areas of the home appeared clean and tidy.

We looked at the homes policies and saw that there were policies in place in relation to infection control. These included personal protective equipment, isolation of a service user with an infectious disease, managing outbreaks of diarrhoea and vomiting and infection outbreak management policies.

All but two staff had completed recent infection control training. We saw that staff wore gloves and aprons appropriately around the home when providing care. Alcohol gel was available throughout the home in a number of rooms and communal areas. Hand washing gel and paper towels were seen in bathrooms, toilets and other areas where hand washing facilities were provided.

We saw that people had a named plastic box in their bedrooms. These had been used to transport items with the person when they went to the bathroom or shower. Items were then returned to the box after use and stored in their rooms. No toiletries were seen in the communal bathrooms.

We looked at the sluice rooms and saw that these were clean, with gloves, aprons and red bags available if required. The laundry areas were viewed. People's laundry was seen to be in named boxes with areas for storage clean and tidy. Red bags were available for the washing of soiled laundry with information displayed in sluice areas regarding the correct colour of bags to use for rubbish disposal.

The home used a housekeeping records folder. This was used to document all cleaning which took place. We saw that staff signed when tasks had been completed including daily

tasks, curtains, carpets and deep cleaning. This also including cleaning of toilets and other areas of the home. These checklists had then been checked and signed by the appointee manager to confirm they had been completed.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Our inspection of 2 July 2014 found that the provider did not have suitable arrangements in place in order to ensure that staff were appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users.

The provider sent an action plan informing us that they had taken steps to address this. Evidence gathered at this inspection showed that the provider had achieved compliance.

We looked at the training matrix and saw that staff had completed fire safety, moving and handling, safeguarding adults, infection control, food hygiene, dementia and mental capacity training since the last inspection. Further training provided by the local authority had been booked, this included catch up training for the small number of staff who had outstanding training needs and further training as identified by the appointee manager.

Staff we spoke with told us that they had found the dementia training very useful, and felt that they were able to access the appropriate training to meet the needs of people they were providing care to. We saw that future training for RNs included syringe driver, catheter and wound care training.

We saw that staff were having regular supervision with the appointee manager. This was scheduled to take place four times a year with an annual appraisal. A matrix was in place to show staff when their supervision was due to take place.

Staff spoken with told us that they felt supported by the appointee manager and we saw that staff spoke to the manager in the office throughout the day when they needed to. The appointee manager confirmed that they had an open door policy, and were available on call at all times. The provider may find it useful to note that when the appointee manager was unavailable there were no alternative numbers for staff to contact in an emergency.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Our inspection of 2 July 2014 found that the provider had not ensured that there was an effective system to regularly assess and monitor the quality of service that people received.

The provider sent an action plan informing us that they had taken steps to address this. Evidence gathered at this inspection showed that the provider had achieved compliance.

Havelock House had a robust system in place to monitor and review the quality of service provided. We saw that a number of new audits had been implemented since the last inspection. These included accident, incident, falls and medication.

Handover sheets had been checked by the appointee manager to ensure that they contained appropriate information. We looked at the handover sheet and saw that an incident handed over that morning had all the appropriate documentation in place. An accident form had been completed and other associated documentation. This showed a robust system was in place to report, audit and document actions after incidents occurred. We saw that there was an 'after head injury' observation form used after a head injury to evidence appropriate after care had taken place. This meant there was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

Housekeeping and maintenance had been documented when completed and evidenced that the home had responded to issues in a timely manner.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Questionnaires had been sent to relatives and people who lived at Havelock House. We saw that when a concern or question had been included in the feedback the appointee manager had met with the individual or their representative to discuss the concern and actions taken when appropriate.

Staff meetings had taken place. Minutes of these were seen. Staff meetings were

scheduled to take place monthly.

We saw that maintenance and equipment checks had taken place. The lift and stair lifts were new this year. Portable appliance testing, gas and water checks had been completed. This included a legionella test. The home had recently implemented regular water temperature testing.

Fire safety checks had been completed, with fire bell checks and emergency lighting checked weekly.

A maintenance book was also being used, this could be written in by any staff member to alert the manager and maintenance employee of any issues or concerns. These had then been signed and dated when actioned.

Policies and procedures were in place to inform staff. A number of these had been recently reviewed and this was an on-going process. Staff were able to access any policies if needed.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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