



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Whitehaven Care Home
Address:	22 Whitehaven Horndean Portsmouth Hampshire PO8 0DN

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Christine Bowman	2 7 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Whitehaven Care Home
Address:	22 Whitehaven Horndean Portsmouth Hampshire PO8 0DN
Telephone number:	02392592300
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Roland Fiford, Ms Beverley Walton
Type of registration:	care home
Number of places registered:	15

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	15	0
old age, not falling within any other category	0	15

Additional conditions:

The maximum number of service users to be accommodated is 15

The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Dementia (DE) Old age, not falling within any other category (OP)

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--

Brief description of the care home

Whitehaven is a privately owned and managed care home registered to provide non nursing care and support for up to fifteen persons, aged at least 65 years, some of whom may have dementia. The home is situated in a quiet residential area in the South Hampshire town of Horndean, with easy access to Portsmouth and the M27 motorway, and main routes to the north of the county. All residents are accommodated in their own single rooms. Fees are #570 per week and include toiletries, activities,

Brief description of the care home

including outings, and reflexology. Additional charges are made for newspapers, chiropody and hairdressing.

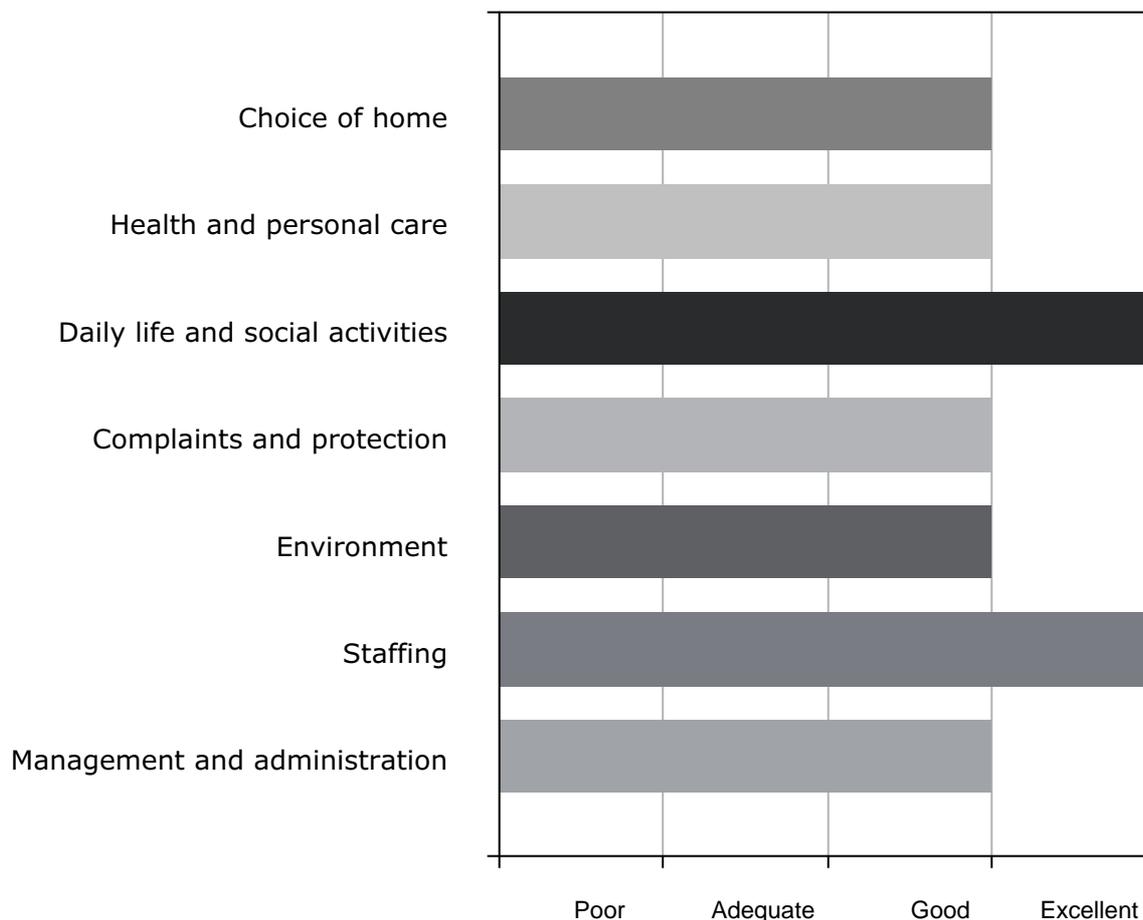
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection report includes information gathered about the service since the previous site visit on 9th May 2007 under the Commission's 'Inspecting for Better Lives' (ILB) process. The registered manager, Ms Beverley Walton, completed an Annual Quality Assurance Assessment (AQAA) giving up-to-date factual evidence about the running of the home and informing us of what they think they are doing well, how they have improved the service and of their plans for further improvements. Residents completed six service user surveys, some with support from their relatives and representatives, giving their views on the running of the home. Four staff members and one healthcare professional also completed surveys, giving their views on the care and support given to the residents. An unannounced site visit was conducted by Ms Christine Bowman, Regulation Inspector, on 27th April 2009, to assess the outcomes of

the key inspection standards for older people with respect to the residents living at the home. The registered manager was interviewed and provided support for the inspection process by making residents' and staff files and other documents available to be sampled. A tour of the premises was undertaken and communal areas and some of the residents' bedrooms were viewed. A number of staff and residents were spoken with throughout the day and observations were made of the residents and of staff as they carried out their duties. Residents' and staff records, maintenance certificates and complaints and compliments records were sampled and the Statement of Purpose, the Service User Guide and some policies and procedures were viewed.

What the care home does well:

Whitehaven has a friendly and welcoming ambiance and provides the residents with a homely, comfortable, well-maintained, clean and fresh home, which fulfils their needs. Comments from the residents included, 'Whitehaven is a very happy home. We are all very well cared for by all the staff' and 'I am very happy here'. Comments from other stakeholders included, 'the home is very friendly and the staff are aware of individual's needs', 'White haven has a lovely caring atmosphere with wonderful staff, who treat the residents with warmth and respect', 'cares for residents holistically and maintains optimum well being' and 'lovely home, everyone seems happy and content'.

The home offers a good variety of entertainment and activities to motivate the residents and enhance their quality of life. Accommodation is also offered to pets, which promotes the emotional health of residents.

The home benefits from having a loyal staff team offering consistency and continuity to the residents. 100% of the residents, who completed surveys, confirmed the staff listen and act on what they say. One resident commented, 'they are extremely caring,' another that, 'they are always attentive,' and a third, 'I am happy here and the staff are so kind.' The four staff, who completed surveys, also thought there were always enough staff to meet the individual needs of the residents.

The manager is well qualified for her position and has an inclusive and empowering management style.

What has improved since the last inspection?

No requirements or recommendations had been made as a result of the previous site visit, but the AQAA recorded that there was an ongoing programme of maintenance and that a number of rooms had been redecorated to enhance the environment for the enjoyment of the residents. A new laundry had been installed to promote hygiene practises.

Since the previous site visit, a system by which the staff champion areas of care had been introduced. The increased responsibility, job satisfaction and team spirit this initiative had promoted, had led to good staff retention and continuity and consistency for the residents.

What they could do better:

There were no areas of concern noted.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents are supplied with all the information they need to make an informed decision about moving into the home. The home ensures that prospective residents' individual needs are assessed and that a care plan is compiled to show how their needs will be met at the home.

Evidence:

The service user guide was up to date and contained colourful photographs of the home and garden and of the residents taking part in activities, enjoying lunch and relaxing. The philosophy of care promised prospective residents they would be 'treated with dignity and respect,' and that the proprietors wanted the residents, 'to consider the home as their own from the moment they arrived'. One of the ways they tested the quality of the service offered was to ask the question, 'is it good enough for my mother, father, grandmother or grandfather?' Comments from residents, relatives, healthcare professionals and staff, collected in the quality assurance process, were

Evidence:

included in the information for prospective residents, giving them a variety of views on the experiences of those receiving a service at the home. All the staff were trained in presenting the home to prospective residents and their families as part of the collective team responsibility.

Assessments were carried out by the manager or the deputy and the manager stated that, 'when it is not possible for prospective residents and their relatives to visit, owing to the distances involved, we take the computer to show photographs of the home, the residents, and the staff'. The manager plans to develop a DVD showing all areas of daily life at the home to be available to supplement the brochure, and to develop a mentoring system, by residents who would enjoy this role, for new residents and their families. The manager stated that there is an open visiting policy at the home and prospective residents and their relatives are invited to join the current residents for a meal and to sample life at the home before deciding if they would like to move in. Careful consideration was given to compatibility with the current residents when new admissions were considered. Some comments on the admissions process included, 'all the staff were very caring and we were offered a drink on arrival', 'all the information was explained very clearly' and 'the manager was very helpful with any questions concerning mum's care'. The six residents, who completed survey, some with support from relatives and friends, confirmed that they received enough information about this home before they moved in so they could decide if it was the right place for them.

The assessment documentation of two residents, who had been admitted to the home since the previous site visit, was sampled. The pre-assessment documentation included information with respect to equality and diversity to make sure consideration was given to the individuality of the new resident in drawing up their care plans. The residents' spiritual, cultural, dietary, sensory and psychological needs were recorded in addition to health, medication and the involvement of healthcare professionals. Mobility needs were fully explored at this stage because the home cannot cater for residents' wheelchairs due to the width of the corridors and the fact that there is only a chair lift on the stairs to access the first floor. Full and detailed assessments covered all areas of the residents' needs had been completed. Levels of independence and the need for staff support were also recorded to ensure that the residents care plans would include the support required to maintain independence safely and to the highest level.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans addressed the residents' health, personal and social care needs and safe arrangements were in place for the handling of medication to protect the residents and the staff. The residents' right to privacy was upheld and their dignity maintained.

Evidence:

'The implementation of Resident Centred Care has increased the well being of our residents and we have noticed improved job satisfaction from our staff and enhanced relationships with the residents,' the manager recorded in the AQAA. The residents' care plans sampled had been drawn up from comprehensive assessments and covered all areas of the residents' care needs. Records confirmed that reviews had taken place on a monthly basis. One resident with Mental Health needs, whose file was sampled, contained a Community Psychiatric Nurse Assessment, a Mental Capacity Act Assessment and a care plan based on the Care Programme Approach. Each resident had a day and night folder clearly recording the staff interventions required and including moving and handling risk assessments to inform the staff. Risk assessments, identified the level of risk involved in identified areas and the methods of risk

Evidence:

reduction. For residents at risk of falls, the home had developed a 'falls champion' specialising in this area, working closely with healthcare professionals and outside agencies to enhance the quality of care in this area. A night monitoring system had been installed to ensure the safety of the residents overnight. It logged all visits to the residents' bedrooms and details of care provided, which might include activities for residents with dementia, should they be distressed.

The six residents, who completed surveys, recorded that they always received the care and support they needed and a relative spoken with on the day of the site visit was very pleased with the service provided for their relative. 'We are currently involved in developing life histories books and memory boxes, which the residents create with an individual member of staff, and we have extended our key worker scheme making gradual improvements during the year and increasing the bond between the member of staff and resident', the manager wrote in the AQAA. These initiatives promoted the awareness of the needs of the residents with dementia and showed how the home was responding to them. A staff member had also been assigned the role of champion of care for dementia and a file of accessible information relating to the National Dementia Strategy was available to inform residents, staff and relatives, confirming that the home was following this advice. Another folder of press releases with respect to dementia was kept for discussion with relatives to offer help and support.

The policy of the home with respect to access to General Practitioners (GP) showed that residents, where possible, and within the confines of geographical areas, continued to use their own GP, according to their wishes. The manager stated that there were two surgeries serving the home and excellent community nursing services were available to provide support to the home. A healthcare professional, who completed a survey, confirmed that the service always sought advice and acted upon it to manage and improve individuals' health care needs. As all the residents were accommodated in single bedrooms, they were assured of privacy when receiving treatment from visiting healthcare professionals. Records of visits were kept in resident's files, including access to dental and optical care, chiropody, reflexology and aromatherapy.

Medication administration records inspected had been completed in a satisfactory manner, showing that residents had received the required dosage of their prescribed medication, as set out by their medical practitioners, and there were no unexplained gaps in the recordings. The staff, who took responsibility for this task had received training in the safe handling of medication, and their individual training and development logs confirmed this. Individual residents' records contained a photograph to identify them and most of the residents' medication was blister packed for safety and convenience. The manager stated that she carried out regular audits to ensure all

Evidence:

drugs were accounted for and a random check of two resident's controlled drug stock, confirmed that the controlled drug register was correct. Records were kept of medication received and returned to the pharmacy to ensure it was all accounted for. The manager stated that should residents wish to take responsibility for their own medication, risk assessments would be undertaken and suitable storage facilities in bedrooms were available, but all the current residents had chosen to have their medication administered by the staff.

Observations of the staff throughout the day confirmed that they were respectful and polite in their interactions with the residents, who smiled in response to them and appeared relaxed and happy in their home. New staff had completed the Skills for Care common induction standards, which provide an introduction to the caring role and promote the residents' rights to be treated as an individual, with respect for their privacy and dignity. The four staff members, who completed surveys recorded that they always felt they had the right support, experience and knowledge to meet the different needs of the residents with respect to equality and diversity issues. Some residents had their own personal telephone lines and all the bedrooms had been provided with a connection. The home also had a mobile telephone, on which, residents could receive private calls in their bedrooms.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are treated as individuals, who make choices about how they spend their time, about the food they eat and with respect to their social lives.

Evidence:

The weekly activities schedule was displayed to inform the residents of the entertainment on offer and when it was available. On the day of the site visit, some residents received visitors, some received one-to-one support and an armchair exercise involving the throwing and catching of a ball took place in the lounge area after lunch. The activities schedule included a variety of entertainment and trips out, including a weekly visit from the hairdresser, a weekly visit from a Roman Catholic minister, a monthly visit from a Church of England minister or attendance of religious services in the locality, armchair exercises, arts and craft, quizzes, reminiscence work, musical entertainment, social events such as birthday parties, celebrations and trips to the theatre. The manager stated that transport was hired for trips such as the Lapland (New Forest) trip at Christmas, which the residents had enjoyed and which had been a success, and for theatre trips. The home had built up a social group of family members, who provided extra support for the residents, when taking such trips. Tea parties took place every six to eight weeks, the manager stated, and a recent party

Evidence:

had had a 1920's theme, with residents and staff dressing up in flapper costumes to perform the tea dances.

The home accommodated three resident cats in addition to one resident's dog and budgerigar, which most of the people living at the home gained pleasure from seeing and stroking, the manager stated. It was clear from remarks made by a resident, who had brought their pets to the home, that their choice of home had been influenced by the ability of the home to accommodate them and that their emotional welfare had been promoted by their presence.

Four of the six residents, who completed surveys, stated there were always activities arranged by the home that they can take part in, one thought there usually were and one that there sometimes were. One resident commented, 'yes, outings and entertainment are regularly offered and as I'm physically fit I can join in'. The manager wrote in the AQAA that links with the community through the church, local schools and the learning disability centre had been developed to stimulate the residents' interests. Relatives and friends were encouraged to visit the home and some residents were taken out on a regular basis.

The statement of purpose recorded that, 'each day the cook personally asks the residents at coffee time, their choice from the menu for the day'. The menu was displayed for the residents to see and on the day of the site visit the choice of main courses was stuffed marrow or broccoli bake with potatoes and vegetables. The dining tables were nicely set out for lunch with table cloths, glasses and vases of flowers creating a pleasant place for the residents to socialise. The lighting was domestic in nature and framed pictures on the walls and domestic furnishings made this an attractive place to eat. Four of the six residents, who completed surveys, confirmed that they always liked the meals at the home and two that they usually did. Residents commented, 'yes, I enjoy the meals and there is always a choice', and 'the meals are delicious and varied'.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents were confident they would be listened to, should they express concerns, and a satisfactory procedure was in place to deal with complaints, should they arise. Residents are protected from abuse by well-informed staff, who know how to protect them.

Evidence:

The home welcomed suggestions and complaints, and a leaflet had been designed, which was available at the front entrance along with other useful information, for residents and their relatives and representatives to complete should they wish to do so. The leaflet explained that complaints and suggestions contributed to the continuous improvement of the service. The complaints procedure was included in the service user guide and displayed on the home's notice boards. Timescales within which the complainant could expect a response following a formal investigation were included. 100% of the residents, who completed surveys, confirmed they always knew who to speak to if they were not happy and that they also knew how to make a complaint. The AQAA recorded that there had been no complaints over the previous twelve months and the CQC (Care Quality Commission) had not received any complaints on behalf of this home. A number of compliments, however, had been received including, 'it is difficult to put into words our gratitude for the five and a half years of loving care you have given to our relative', 'you have all been so supportive', and 'thank you to you all for the kindness and support you have given to our relative

Evidence:

over the past few years, despite her debilitating illness, you made it possible for her to continue to live happily and contentedly and with dignity'.

The home had an up to date copy of the local authority safeguarding procedures, and a local procedure based on this to clarify referral details for the staff. The staff training and development logs sampled confirmed that the staff had accessed the Protection of Vulnerable Adults training. One referral, which involved a situation between two residents, had been made by the home to the Local Authority Safeguarding team. Full records had been kept of the investigation and a satisfactory conclusion had been reached. The manager stated that the safeguarding team had commented that, 'the home's response to the situation was commendable.'

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents live in a homely, comfortable, safe and well-maintained home, which fulfils their needs and is clean, fresh and odour free.

Evidence:

The home was situated in a cul-de-sac in a residential area of Horndean and blended well with the surrounding properties. It was permissible to park along the roadside and there were sufficient parking spaces for several vehicles adjacent to the property. A pleasant and well-maintained garden, planted with shrubs, small trees, borders and areas laid to lawn surrounded the home. A terraced area had been provided with outdoor seating for the residents to enjoy in the warmer weather. The home did not cater for residents with mobility needs as there were small steps to negotiate and the corridors within the home were not sufficiently wide to accommodate wheelchairs easily. However, a ramp was provided at the front entrance to accommodate visiting wheelchair users and a stair lift was provided for access to the first floor.

A tour of the premises was undertaken and the communal rooms and some of the residents' bedrooms were viewed. The sitting and dining room were open plan, light, bright and homely. Potted plants, vases of fresh flowers, well co-ordinated soft furnishings, domestic lighting and comfortable seating made this a pleasant area in which the residents could relax. The layout of the living area enabled clusters of chairs

Evidence:

to be located in small groups rather than all facing the centre of the room, as is so often the case in older peoples' homes. Music was playing in the background and ball catching exercises, designed to encourage residents to exercise the upper parts of their bodies, were in progress. Newspapers and books were available for residents to read, some of which were in large print for those with limited visibility. There was a large widescreen television and a collection of videos, compact discs and DVDs for the residents' entertainment. A small room was available on the first floor for private meetings.

Residents' bedrooms were on the ground and the first floor. The upper bedrooms had been provided with a balcony and the downstairs bedrooms had French windows opening onto a terrace and access to the garden. All the bedrooms sampled had pleasant views of the garden or of the garden centre beyond. Residents' bedroom doors had nameplates and symbols specific to them, indicating their hobbies or interests. Bedroom doors were lockable from the inside, and fitted with a device allowing access in an emergency, and keys were available for residents wishing to lock their bedroom doors in their absence, should they wish to do so. Bedrooms had been personalised and encouragement had been given to the residents to bring small items of furniture to make their bedrooms homely and familiar. Bedrooms sampled reflected their occupants' interests and efforts had been made by the home to encourage relatives to supply photographs of residents in their younger days to revive their memories and to encourage discussion. One resident spoken with was pleased to have found a home where their pet dog was also welcomed.

The ground floor bedrooms had been provided with a hand basin for washing and the first floor bedrooms had ensuite washing and toilet facilities. Bathrooms and toilets had been fitted with appropriate aids to support the residents, but access to one of the toilets on the ground floor was limited and a relative commented that there was insufficient space to support a resident in need of assistance.

The laundry room, was clean and fresh, in keeping with the home as a whole, and contained all the necessary equipment for washing and drying the residents' clothes and bed linen. New washing and drying machines and an iron press, specifically for the improved ironing of pleated skirts, had been provided over the previous year to enhance the service. Hand-washing facilities were available to promote infection control and staff training records confirmed that infection control training was included in the mandatory updates for all the staff. Four of the six residents, who completed surveys, thought the home was always clean and fresh, and two that it usually was. One resident commented, 'fresh flowers and seasonal decorations are always in evidence'.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A stable, committed and well-trained staff team, which had been safely recruited to ensure the residents' protection, provide their care.

Evidence:

Staff rotas indicated that sufficient staff were on duty to cater for the needs of the residents and, as observed at the previous site visit, staff carried out their duties in a cheerful, calm unhurried manner taking time to talk with and assist the residents. A total of fifteen care staff were employed at the home, some of which were part-time, and catering and housekeeping staff were also employed. The AQQA recorded that no staff had left the home's employment over the previous twelve months, resulting in the residents benefiting from having a loyal staff team offering consistency and continuity. The home did not employ specific night staff, but all the staff were on the rota to cover day, night and weekend shifts, completing one or two night shifts over a two week period to maintain continuity of care for the residents. Five of the six residents, who completed surveys, confirmed that the staff were always available when they needed them, and one that they usually were. They also recorded that the staff listen and act on what they say. One resident commented, 'they are extremely caring,' another that, 'they are always attentive.' The four staff, who completed surveys, also thought there were always enough staff to meet the individual needs of the residents.

Evidence:

The AQAA recorded that eleven of the fourteen staff had completed a National Vocational Qualification (NVQ) in Care or Health and Social Care at level 2 or above to support them in their role. Three staff had achieved a NVQ at level 3 and there were plans to inspire and develop them to higher levels of achievement. New staff had completed the Skills for Care common induction standards, which provide an introduction to the caring role and promote the residents' rights to be treated as an individual with respect to their equality and diversity issues. The manager confirmed that agency staff were not used at the home, but that the team work together to support each other and to ensure the residents are cared for by staff they know.

'Our residents are involved in the recruitment of new staff and their opinions are valued and respected', the manager recorded in the AQAA. She also stated that the residents compiled their own questions for interviews and gave feedback as part of the process. Staff, whose files were sampled, had been recruited in accordance with regulations, and all the necessary pre-employment checks had been carried out for the protection of the residents. The four staff, who completed surveys, also confirmed that their employer had carried out checks, such as Criminal Record Bureau checks and references, before they started work. The manager wrote in the AQAA that, 'recruitment is not automatic following the advertisement of a post, only suitable applicants are considered. A buddy champion welcomes and acts as support to new staff and the in-house trainer provides induction training and identifies training and development needs.

The staff training matrix confirmed the regular up-dating of mandatory training including Moving and Handling, Health and Safety, Fire training, Infection Control, Basic First Aid, Food Hygiene, the Protection of Vulnerable Adults, and showed that most of the staff had attended sessions over the previous six months. Most of the staff had also undertaken the Safe Handling of Medication, Palliative Care, Dementia Care, Falls Prevention and Diabetes. Some staff had also accessed training in Challenging Behaviour and the Mental Capacity Act. All the staff, who completed surveys, confirmed that they were being given training which is relevant to their role, helps them to understand the individual needs of the residents with respect to equality and diversity, and keeps them up-to-date with new ways of working. The manager stated that community nurses could be accessed through the resident's General Practitioner, should any nursing input be required, and that the staff receive specialist training in accordance with residents' developing needs.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents live in a well managed home, in which their opinions are sought and acted upon for the improvement and development of the service. Effective systems are in place to promote the residents' health, safety and welfare creating a safe environment for them to live in.

Evidence:

The registered manager was a State Registered Nurse prior to managing this home, a role which she has undertaken since 2001. She had completed a National Vocational Qualification (NVQ) at level 4 in Health and Social Care and in Management and also the Registered Managers Award (RMA). More recently she had completed an NVQ at level 5 and confirmed that she keeps herself up to date with current practise, by membership of the Hampshire Care Association, and by attending regular meetings to network with other managers and with representatives of the Local Authority. She stated that she had attended all the training provided by the Local Authority for managers, which included discussions on the National Dementia Strategy. Since the

Evidence:

previous site visit, the management team had been enhanced by the addition of an in-house trainer as deputy to support the manager, who had recently undertaken a qualification equivalent to the RMA. The staff had been encouraged to take responsibility for becoming Champions of Care, by attending seminars and cascading information and new ideas to the staff team, to enhance the standard of care for the residents.

The manager completed an AQAA (Annual Quality Assurance Assessment), which contained information on how the service had improved since the previous site visit and plans for further improvements in the quality of the service for the benefit of the residents. The collated results of the home's quality assurance questionnaires completed by residents, their relatives, staff, healthcare professionals and entertainment facilitators confirmed a high level of satisfaction with the service provided and comments included, 'the home is very friendly and the staff are aware of individual's needs', 'White haven has a lovely caring atmosphere with wonderful staff, who treat the residents with warmth and respect', 'cares for residents holistically and maintains optimum well being' and 'lovely home, everyone seems happy and content'.

All residents had been provided with a lockable facility in their bedrooms in which to store valuables, but the manager wrote in the AQQA, 'very few of our clients use this facility', and records were kept of any valuables held by the home in safekeeping for the residents.

The health, safety and welfare of the residents were promoted by regular staff training in moving and handling, fire safety, first aid, food hygiene and infection control. Certificates were viewed on staff personnel files to confirm this. The Annual Quality Assurance Assessment, completed by the manager confirmed that policies and procedures with respect to health and safety were in place to keep the staff informed, and that the essential maintenance of equipment had been carried out according to manufacturers' recommendations to ensure it was safe to use. A sample of certificates, seen on the day of the site visit, confirmed that maintenance checks had been carried out in a timely fashion.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
-----	-------------------	-------------------------------

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.