

Review of compliance

The White House (Curdridge) Limited The White House (Curdridge) Limited	
Region:	South East
Location address:	Vicarage Lane Curdridge Southampton Hampshire SO32 2DP
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	The White House is a care home without nursing. The home is registered to accommodate 42 people. It provides personal care for younger and older people who require long term care and older people with mild to moderate dementia. The home is situated in pleasant surroundings of a country side and there are gardens, including fish and duck ponds, and walkways that

	people can use.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The White House (Curdridge) Limited was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 February 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with five people who use the service and they told us that they liked living there. One person told us the home was "homely." Another person told us: "I miss my own home but I like it here." One relative told us: "My mother was at first anxious to be here but now seems to have settled. Staff here have gone the extra mile to make her comfortable."

What we found about the standards we reviewed and how well The White House (Curdridge) Limited was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced effective, safe and appropriate treatment that met their needs. The home had completed and reviewed care plans and risk assessments of people using the service. Overall, we found the White House had met this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People who live at the home had their nutritional needs and preferences assessed and met. Where appropriate, members of staff provided people with support to eat their meal. Overall, we found the White House had met this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home was appropriately cleaned in most areas. It undertook audits of cleaning and infection control standards and members of staff received appropriate training on infection prevention and control. Overall, we found the White House had met this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Members of staff received the training and support to enable them to effectively meet the needs of people using the service. They received regular two monthly supervision and an appraisal once a year to support them in their role. Overall, we found that The White House had met this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home had systems in place to monitor the quality of care and support provided to people who use the service. Overall, we found that The White House had met this essential standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that members of staff knew them well, and they always felt confident that their needs would be met. People said they felt looked after, and told us that whenever they felt unwell, they were seen by a doctor. People told us that members of staff took time to chat with them, ask them how they were, and listened to any concerns they had about their health. One person told us: "I am well taken care off here."

Other evidence

We looked at six records (care plans and risk assessments) which told us how the service ensured people's needs were met. We found that people had care plans and risk assessments in place and these included their individual health, emotional, social and welfare needs. Where risks had been identified, a specific care plan had been put in place to ensure the person received the support to minimise the risk and remain safe. For example, a recent risk assessment had identified that a person was likely to wander out of her room at night. There were specific instructions for members of staff on how to help and support the person.

We spoke with six members of staff and they were knowledgeable about people's care plans and risk assessments and gave examples of how they supported people.

The care plans and risks assessments had been developed with either the person receiving the care, or their representatives. We saw that care plans and risks assessments were updated when people's needs changed. For example, one person's

vision appeared to have deteriorated recently. This was recorded in the care plan and an appointment had been made with the optician to assess whether the person required a new pair of glasses. Records showed that care plans were reviewed monthly by relevant people, in consultation with the individual person or their representatives.

We looked at care plans and found that home responded appropriately when people became unwell. We saw people living at the home were supported to see health care professionals where appropriate. The home employed a GP to hold fortnightly in-house surgery visits. Both GP and a psychiatrist held regular reviews together at the home. Every two weeks they saw all people at the home to ensure their medical and mental health needs were being met. The registered manager told us that this service "provided continuity of care." Relatives we spoke with told us that they valued this service because the GP and the psychiatrist, working together, had a good understanding of the needs of the people.

During the inspection, we saw that members of staff interacted with people in a friendly and respectful manner. We saw people enjoyed the activities that were being carried out in the various areas throughout the home. There was a daily activity chart at the entrance and at various places throughout the home that identified what activities were going to be delivered during the day. On the day of our inspection, we saw people enjoying various activities including a music session and a quiz programme. The home has plans to open an activities centre staffed by specialist people that will be begin in March 2012. It will be open from 0930 to 1530 every day of the week including Saturdays and Sundays.

The home organised regular outings for people. A few years ago, the home purchased a bus that it used to transport people to various activities locally. For example, recently there was a visit to a local park and other local tourist attractions. A visit to the local library and pub was planned for in February. We spoke with three people who told us that they enjoyed these outings.

Our judgement

People experienced effective, safe and appropriate treatment that met their needs. The home had completed and reviewed care plans and risk assessments of people using the service. Overall, we found the White House had met this essential standard.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We spoke with two people who told us that they liked the food and the variety offered to them. We spoke with two relatives who told us that there was always "good wholesome food" to eat.

Other evidence

During our inspection, we saw that each person had a nutritional risk assessment which recorded their individual needs. People had their weight monitored monthly and action was taken if people's nutritional needs changed. For example, recently (January 2012) the home found that one person was not eating well and members of staff initiated a system to monitor his fluid and food intake. Members of staff ensured that during meal times additional support was available for him. During our inspection, we saw more attention was paid to him during dinner time to encourage him to eat and we were told that a week before, his weight had slightly increased. This was confirmed when we examined his record.

During our visit, we saw three people being helped to maintain their independence with supportive equipment. For example, two people needed special equipment to eat their meals and we saw this was recorded in their care plans. We saw that during dinner, both were provided with the appropriate specialist equipment that helped them to maintain independence. Members of staff were available to help people, where needed, in an unobtrusive and gentle manner.

The home's menu was presented in a pictorial form. On a daily basis two options from which to choose were presented at each meal time and two courses served at lunch

time. The menu was rotated on a four-weekly basis and offered people a varied, healthy and balanced diet. We visited the kitchen and spoke with the chef who told us that he had received training in food hygiene. He had recently attended specialist training in preparing food for people with diabetes. He told us how this training had helped him prepare a variety of foods for this group of people. On the day of our visit, there was special home-made dessert made for people with diabetes.

The kitchen was found to be clean and well maintained. We saw that there was plentiful supply of food in the home. The chef told us that fresh fruit and vegetables were ordered every Tuesday and Friday from a local farm nearby and food was ordered twice a week. If they ran out of any food items, the registered manager, who lived nearby, would get the items delivered.

Our judgement

People who live at the home had their nutritional needs and preferences assessed and met. Where appropriate, members of staff provided people with support to eat their meal. Overall, we found the White House had met this essential standard.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke with two people who told us that home was cleaned regularly and their rooms were clean.

Other evidence

When we walked around the home during our visit, we visited eight bedrooms and found that six of them were clean, tidy and dust free. In two rooms, we found some small amount of high level of dust.

There was antiseptic gel available for members of staff and visitors at the entrance and at various places including visitors' toilets and other prominent areas throughout the home. There were signs in the visitors' toilets and other areas reminding members of staff and visitors of the importance of hand hygiene.

We spoke with the registered manager who was aware of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The regulations say that providers must have regard to the Code when deciding how they will comply with registration requirements. The registered manager has arranged for an infection prevention and control nurse specialist to visit the home in April 2012 to undertake an assessment of infection prevention and control.

The registered manager confirmed that the home had undertaken audits of cleaning and infection control standards. We were informed that the registered manager undertook random checks of the home to see whether it was clean. These spot checks were made once a month on a random day selected by the manager. During these visits, checks were made of the bathroom, toilets, main kitchen and communal areas to

ensure general cleanliness. As a result of these checks, the registered manager had increased support for cleaning in the home on Sundays. The registered manager told us that there were plans to increase the frequency of these checks to every week starting March 2012 and this task was going to be undertaken by the unit manager for each of the four areas in the home. .

During our visit we looked at two commodes and found the underside of the commodes were stained yellow with brown marks. A member of staff confirmed that these were not always lifted to make sure the undersides were clean. We raised this issue with the registered manager who immediately asked the housekeeper to ensure the commodes were cleaned. We later re-visited the toilets where the commodes were located and found them clean.

We looked at training records and found that all staff had been trained on infection prevention and control. This was last undertaken in May 2011 and the next refresher course was scheduled to take place in June 2012. We spoke with three members of staff who said they had been trained in infection prevention and control and found it useful. For example, members of staff were aware that they needed to use red bags for soiled linen.

Our judgement

The home was appropriately cleaned in most areas. It undertook audits of cleaning and infection control standards and members of staff received appropriate training on infection prevention and control. Overall, we found the White House had met this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with three relatives who told us that members of staff were "always willing to help." One relative told us: "My mother was at first anxious to be here but now seems to have settled. Staff here have gone the extra mile to make her comfortable."

Other evidence

The home was divided into four individual areas and each area had a unit manager. The home employed 52 staff. Twenty-six members of staff had completed National Vocational Qualification (NVQ) Level 3, four had completed NVQ Level 2 and two had completed NVQ level 4. Three members of staff had recently begun an NVQ programme and told us that they received financial support from the home to undertake this course.

During the visit we looked at the homes training records for six members of staff. The records showed they had received training in areas including infection prevention and control, the mental capacity act, moving and handling, nutrition, dementia awareness, health and safety, food hygiene and fire safety. The registered manager had a matrix of all training that staff had completed.

Members of staff we spoke with received regular ongoing supervision and appraisal. The supervision sessions were provided by the unit managers and held every two months. All staff received appraisals and this took place once a year. We spoke with a member of staff who had recently had her appraisal and she told us: "It was great to receive feedback on how well I do my job. It motivated me to continue to do better. I also got a pay rise."

The home is accredited with "Investors in People (IiP)." "Investors in People" is a standard to help businesses achieve their objectives by developing and harnessing the skills of its staff.

Our judgement

Members of staff received the training and support to enable them to effectively meet the needs of people using the service. They received regular two monthly supervision and an appraisal once a year to support them in their role. Overall, we found that The White House had met this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with two relatives who told us that they were regularly asked for their views about the service provided by the home. They received the minutes of the relatives and residents meetings and a newsletter every month. People we spoke with told us that they had "plenty" of opportunities to provide feedback and they had access to the registered manager at any time to highlight any concerns. One person told us that the registered manager always took time to listen to any feedback and made improvements where possible.

Other evidence

The registered manager told us that she undertook regular checks of the home on a monthly basis. These checks covered areas including care plans, kitchen facilities, general cleanliness, infection control, risk assessment of the home, fire, health and safety. For example, a recent check had identified that the fire exit door in the kitchen needed to be replaced. We saw action had been taken to replace the exit door. The Registered Manager also attended the resident association meetings to gain an insight into what changes people using the service wanted.

During another recent check, the registered manager found that the complaints procedure in the home was neither readily available nor up-to-date. She made arrangements for the policy to be updated and communicated this to all relatives and people who use the service through the newsletters and posters throughout the home. As a result of this new policy, all concerns and complaints were logged and were being reviewed weekly by the registered manager and her team. We looked at this log book and found that the home rarely received any complaints. Concerns highlighted by

relatives were addressed immediately and the actions taken were recorded in the log book.

We saw the minutes of three resident association meetings and found that requests made by people had been addressed. For example, people wanted to have more pygmy goats, peafowl and rabbits in the Spring in the garden. We spoke with the registered manager who told us that plans were underway to get more of these animals during the Spring. We were shown changes that had already been made in the garden to accommodate the arrival of the animals. People also wanted to see more "musical" films. As a result, the home undertook a survey of what films people wanted to see and a few of these had been recently purchased.

The home undertook yearly feedback from people who use the service and their relatives. The results of these were shared through the newsletter and the home took actions as a result of this feedback. For example, relatives had requested for more activities for people and as previously mentioned, the home has planned to open an activities centre staffed by specialist people that will be begin in March 2012. It will be open from 0930 to 1530 every day of the week including Saturdays and Sundays. We spoke with a relative who told us that his mother was looking forward to this.

Our judgement

The home had systems in place to monitor the quality of care and support provided to people who use the service. Overall, we found that The White House had met this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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