

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

The White House (Curdridge) Limited

Vicarage Lane, Curdridge, Southampton, SO32
2DP

Tel: 01489786633

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	The White House (Curdridge) Limited
Registered Manager	Miss Emma Hampton
Overview of the service	The White House provides personal care for people who live with dementia. The home comprises the main house and three purpose built interconnecting units, each with its own manager and staff team.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we met all 39 people living at The White House and looked at care plans for four people. We observed people being supported by staff and spoke with five people and one relative in private. We saw that people's privacy, dignity and independence were respected and that people's views and wishes were taken into account.

All five people told us they were happy at The White House. People told us "It's good here". "Staff are very friendly, and welcoming to visitors, caring". "The staff look out for people who need more support".

Individual needs of people had been assessed and were reviewed. Care plans updated in the light of changing needs. People experienced care, treatment and support that met their needs and protected their rights.

We looked at arrangements in place for safeguarding. We found that people were protected because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Staff rotas, training records, observation of staff supporting people and discussion with people demonstrated that there were enough qualified, skilled and experienced staff to meet people's needs.

The provider had in place an effective system to assess and monitor the quality of service.

A relative told us "the staff are really good. They make sure I am involved. I don't feel as though they have taken over. It's a partnership. I feel valued, and my knowledge and opinions are valued".

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were able to express their views and were involved in decisions about their care as far as they were able to do so.

We looked at files for four people with whom we had spoken, who required varying degrees of support. The things that were important to people in relation to their care were established as part of the assessment and the support to meet those needs was provided. Each showed that people were as involved as possible. The expectation of the provider was that people would be fully involved and we saw that staff were required to provide a written explanation in the care plan where this was not the case. This demonstrated that the provider promoted the rights of people to be involved in their care.

We saw that people had their privacy and dignity respected. Throughout the inspection we observed staff communicating with people at a pace suitable to them and were relaxed and unhurried. We saw that people were offered meaningful choices. For example, the menus were in pictorial form, so that people were able to see the range of choices available rather than selecting the last item that was said.

One person who used the service was the chair of the Residents' Association, who told us that this was a forum in which people could exchange views, raise matters and put forward ideas. The director took the chair and produced minutes, a sample of which we saw. The chair told us they took this forward to the agenda for the next meeting for updates.

The service was nearing the end of a major refurbishment programme and the minutes showed people were updated as to progress at the meetings. The chair told us the meetings worked well as people felt involved in the way in which the service was run. We were told of an example of a change made through this forum, so that there were now more salads on the winter menu. This showed how the provider changed aspects of the service as a result of feedback from people using the service.

We saw that each unit produced an eye-catching newsletter, including colour, text and photographs. These were prominently displayed on dining room doors. The newsletters served as a method of communication for relatives and a discussion point and reminder for people who used the service. This demonstrated how the provider ensured people remained involved with what was happening in their home.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that the White House was designed and developed in line with best practice for younger and older people who experienced dementia. We saw that the service provided a spacious, calm and safe environment, where people were able to walk freely and purposefully indoors and out, to visit other units to have a chat, coffee or a meal without restrictions.

Each unit had its own colour theme for corridors to aid people in orienting themselves in the building. Bedrooms were personalised and most had a picture of the occupant on the doors with picture cues as to their likes and interests. Some people chose not to have pictures.

The garden provided a tranquil area with a safe walkway encircling an enclosure with a pond and ducks, peacocks, wallabies, pygmy goats and rabbits. There was also a safe courtyard in the centre of the complex, accessed from all units. Through the design of the environment the provider promoted people's independence, safety and wellbeing.

We observed ways in which practice supported and promoted independence. Some people were supported to undertake defined roles within the home. For example one person told us they delivered newspapers around the home daily and a trolley had been provided to facilitate this.

There was a key-worker system. Staff told us they were key-worker for one or two people and their role was to make sure information on files was up to date. People told us how the key worker system promoted choice and independence. Every eight weeks each person had a Special Day, when the key worker arranged for them to do something they particularly wanted to do, at home or in the community. One person told us they had been to the theatre in December. For one person who had been in the Navy, it was arranged for them to go to Portsmouth Naval Dockyard and this was detailed in the unit newsletter. People told us that if they didn't want to go out they might have a takeaway meal at home.

Each unit had its own manager and staff team and staff told us this meant they knew people well. From observation and discussion with staff, a relative and people who used the service, we found this to be the case.

We saw guidelines for staff about care planning. These included a clear introductory statement describing the philosophy of inclusivity and promotion of dignity underpinning the care provided. Each person had an "At a Glance" care folder, providing a précis of people's support needs, thereby ensuring bank staff would have easy access to the information they needed. People had safe and appropriate care because their needs were assessed prior to them receiving a service. Care plans were very clear and concise and were easily followed enabling the staff to provide safe, effective and consistent care and support.

Care plans were centred on the individual, and considered all aspects of their individual circumstances, and their immediate and longer-term needs. There were clear individual guidelines, which ensured staff understood what people were communicating when they had limited verbal abilities and saw the importance of this. For example, we saw guidelines on one care plan for one person who was prescribed paracetamol to be given as required. Detailed in the care plan was the phrase used by that person meant they were in distress. This meant that the person's needs were understood and would be met consistently.

We saw that strategies for managing assessed risk were incorporated into care plans, and that this balanced safety and effectiveness with the right of the individual to make choices.

We saw from the files that the framework for providing activity-based care for people with dementia was in line with best practice. We observed how people had choice in how they spent their time. Some people spent most time in their rooms and we saw how staff checked on them and engaged with them unobtrusively. The type of door fitted to bedrooms enabled people to have their door open or closed so that they had as much involvement and stimulation as they wanted. We saw that staff respected people's wishes to keep their door closed and have privacy.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us they felt safe at The White House and said they felt able to raise concerns with staff and the manager.

We saw there was a safeguarding file for staff to refer to. This included the local multi agency policy. We saw training records, which showed all care staff had received training in safeguarding vulnerable adults within the previous year.

We spoke with one of the unit managers, the trainer and three care staff. All confirmed they had undertaken training, understood their responsibilities in relation to safeguarding and knew what action to take in the event of an allegation or suspicion of abuse. We saw how staff worked collaboratively with other professionals to safeguard and protect their welfare, regarding one person who used the service. We reviewed records relating to a situation where The White House made an urgent Deprivation of Liberty Safeguards authorisation whilst Court of Protection proceedings were commenced. As a consequence a plan was drawn up with other agencies. During the inspection we observed that a visit took place, which demonstrated how the staff were actively involved in safeguarding the person using the service.

We saw Mental Capacity assessments on file. This demonstrated how the provider respected and upheld the rights of people to make decisions and choices about aspects of their care.

This showed how the provider minimised the risk of abuse by having systems in place to ensure staff were trained to identify and respond to suspected or actual abuse.

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

Our judgement

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.

Reasons for our judgement

We saw that there was a low turnover of staff at the home. Records showed that 13 people were employed in the past year as bank staff. The rotas showed no agency staff were used. The provider told us it was practice for bank staff to work across all units and staff confirmed this. This showed how the provider ensured that people were supported by a stable staff group who knew them.

The provider ensured that staff were properly trained and supervised to provide care. New staff worked through an induction pack and we saw an example of this. The pack included policies and procedures. In addition to reading through these, staff were required to reflect back in writing their understanding of what they had read, opening them up for discussion. Staff were also required to sign up to the principles underpinning the provision of care at the White House. This meant the provider could be sure that staff actively understood what was required of them. The member of staff responsible for training also supervised all new staff. We saw that their first shifts were evaluated with new staff.

Staff were supervised and appraised within a performance management system. Supervision sessions took place every two months and we saw records relating to this for one member of staff. The areas of the care assistant's job description and its competencies formed the basis of supervision and appraisal, with additional competencies for other staff as relevant. A standard form was used for supervision, comprising questions which prompted discussion and reflection. This meant that the provider could be sure that staff developed a greater level of understanding about the nature and impact of their job and developed professionally from their learning.

The system allowed managers to set targets and we saw how these were followed up. For example, where it was identified that a key worker should update a care plan there was a system of colour coding to monitor progress. This demonstrated how the provider ensured that staff were properly supported and supervised to provide care to people who used the service.

A unit manager and three care staff told us training was good and all said they felt very well supported by the manager and director. One told us that the director and registered manager were "really fantastic". Another said "This is a really good place to work. People

feel supported".

We saw a matrix for one unit, showing training undertaken by staff. This included first aid, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and dementia. Of the nine staff working in the unit, we saw records demonstrating that eight had achieved NVQ 3 and one had completed NVQ 2. A member of staff was employed to coordinate staff training and they were trained to deliver some courses in house. This demonstrated that the provider had a system in place to ensure people who used the service were protected because they were cared for by staff who were competent to carry out their roles.

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

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We found that the provider had effective systems in place to monitor and assess the quality of the service provided. The provider lived nearby and told us they were at the home most days. In this way they were able to monitor the quality of the service provided. We spoke with one member of staff who was employed as a mentor. They told us part of the role was to undertake file audits and there was evidence of this on all four files seen.

The registered manager undertook spot checks regularly and we saw records of this. They saw every room and a sample of documentation in each unit. Feedback was given to the unit manager and cascaded to key workers. We saw how outstanding actions were colour coded and monitored.

We saw customer satisfaction forms which were sent annually. Each person who used the service had an annual review which was an opportunity for individuals, their relatives, and other professionals to provide feedback about the service provided to them. We saw records of annual reviews on three files seen.

We looked at an accident form on one file and saw how incidents were evaluated. A copy was placed on the person's file. A second copy was audited by the trainer who told us that they review these to identify patterns, which would feed into the review. This demonstrated how the provider improved the service by learning from adverse events.

Through reviewing one file we saw that there was a system in place for recording and monitoring changes in people's condition over 24 hour periods when required. In addition to providing information to review care plans and for other professionals, this was a way in which the provider could monitor and revise staffing levels to ensure there were sufficient staff to meet the needs of everyone who used the service. This showed that the provider identified and managed risks to people who used the service.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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