

# Review of compliance

J Hall and Mrs C Hall The Whitehouse	
<b>Region:</b>	South East
<b>Location address:</b>	1 Chichester Drive West Saltdean Brighton East Sussex BN2 8SH
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	The Whitehouse can provide accommodation and personal care for 15 older people. The accommodation was on the lower ground floor, the ground and the first floor of a detached property. There was a stair-lift from the ground to the first floor and stairs from the ground to the lower ground floor. Each person had their own bedroom each of which had a private wash hand

	basin and toilet. There was a lounge, conservatory, dining area, shared bathroom, shower room and toilets.
--	--

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Whitehouse was not meeting one or more essential standards. Improvements are needed.**

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 16 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People who use services said that the staff treated them with respect and supported them to raise any concerns they had. They said that they received the health and personal care they needed and that they were comfortable in their home.

One person said, 'Overall, I've been pleased that I chose to live here because it's homely and we all get on. The staff are very kind to us and it's relaxed. It's personal and friendly and we get all the help we need'.

### What we found about the standards we reviewed and how well The Whitehouse was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use services were involved in decisions about their care and support, their privacy and dignity was respected and their independence was supported.

Overall, we found that The Whitehouse was meeting this essential standard.

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

People who use services generally experienced safe and appropriate care but the

arrangements to meet one person's needs were not sufficiently robust.

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use services generally were being kept safe from the risk of abuse but they could not be fully confident that they were being reliably helped to manage their money,

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

People who use services generally were provided with comfortable accommodation but they could not be fully confident that they were suitably protected from risks relating to fire safety and trip hazards.

Overall, we found that improvements are needed.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People who use services generally benefited from reliable staffing arrangements but some people were not confident that they would always receive the assistance they needed at night.

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

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

People who use services generally benefited from safe quality care and support due to effective decision making and the management of risks to their health, welfare and safety.

Overall, we found that The Whitehouse was meeting this essential standard.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a

variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **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 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People who use services said that their care needs had been discussed with them when they moved into the service. They also said that subsequent decisions involving them had been based upon their wishes.

They said, 'My family came to see the place before I moved in and they told me all about the things I could expect. Staff were specially kind when I came and they asked me how I liked things without rushing and pressuring me. It was all kind and very informal' and 'I'm very settled here because the staff are so genuinely kind. We all like the relaxed pace of life and we can use our bedrooms whenever we want and get up and go to bed when we want'.

##### Other evidence

When people had been considering moving into the service their needs for care had been assessed so that they could be confident they would get the help they needed. This included support with washing and dressing, eating meals, correctly taking medication, managing money, safely accessing the community and keeping in touch with family and friends.

The atmosphere in the service was relaxed, staff were polite and people were given

time to do things in their own way. Staff recognised that some people had special communication needs, spoke with them in an understandable way and supported them to make choices.

People had been given written information about the facilities and services provided in the service including things such as how their care would be planned, the meals available and the fees to be paid.

People had been supported to wear clean clothes of their choice and they had their own possessions. They had been supported to personalise their bedrooms with pictures and ornaments. Also, they had been assisted to use the telephone and to deal with their mail.

In consultation with people, staff had kept in touch with their carers (relatives) so that they knew about any important developments. These included things such as when someone attended a non-routine medical appointment or when there was a significant change in the care they needed.

People had been offered the opportunity to take part in various social activities. These included doing board games and gentle exercises. There had been an in house pantomime at Christmas. People had been helped to celebrate their birthdays with staff making a cake and organising small parties. The most recent trip out organised by staff have been in the summer of 2011.

People were free to receive guests whenever they wished.

### **Our judgement**

People who use services were involved in decisions about their care and support, their privacy and dignity was respected and their independence was supported.

Overall, we found that The Whitehouse was meeting this essential standard.

## 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

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People who use services said that they were satisfied with the health and personal care they received and that their independence was encouraged.

They said, 'I get all the help I need and the staff always come straight away if you need help and they're very kind' and 'The staff are very good here and everything runs smoothly pretty much. The staff do have to work hard but we get all of our laundry done and then we get help with things like getting washed and dressed and the staff are all so kind'.

##### Other evidence

Each person had an individual plan of care that said what assistance they needed and wanted to receive. The information included things such as helping people to do everyday tasks, using the bathroom and safely getting about. Staff said that these plans helped them to reliably provide care for people in ways that were right for them.

The plans generally took into account advice received from health and social care professionals. Staff were giving additional assistance to one person so that they could safely manage a routine medical condition. Not all aspects of the assistance had been clearly planned and so the person could not be confident that it would be provided in a consistent way.

There were written risk assessments that helped people to stay safe by avoiding unnecessary hazards. This included helping to reduce the risk of people having falls.

People received the care they needed. This included assistance with getting up and going to bed, washing and dressing, using the bathroom, having their meals and managing their laundry.

People had received the healthcare services they needed including seeing professionals such as doctors, community nurses, dentists and opticians. There was a reliable system to pass on important information when people were admitted to hospital. This included details of the person's known medical conditions, medication and mobility.

Things to maintain good health had been provided such as 'flu vaccinations and advice about healthy eating.

**Our judgement**

People who use services generally experienced safe and appropriate care but the arrangements to meet one person's needs were not sufficiently robust.

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who use services said they felt free to raise concerns and that they felt safe.

They said, 'I like the staff a lot because they're so very nice to people and kind. I know that they'll always help me because that's how they are. I don't have anything to complain about here but if there was the staff would put it right for us' and 'I'm happy enough with things here. I could say if there was something and I'm sure that staff would listen and sort out whatever for me'.

##### Other evidence

There was a complaints procedure that explained how people could raise concerns. There was a procedure to help ensure that complaints were investigated and promptly resolved. The provider was not dealing with any complaints at the time of our visit.

There was a policy and procedure that described the action staff should take in order to keep people safe from abuse. Staff had received relevant training and they knew what to do to keep people safe. This included being able to recognise abuse if it occurred and how to 'whistle-blow' if they had concerns.

There were arrangements to support people who needed special help when making certain important decisions such as receiving some kinds of medical attention. Also, there were safeguards if someone needed to have part of their freedom limited so that any restrictions used were the least necessary and were reviewed regularly.

Security checks including references and a police check had been completed for staff. These had been done to help make sure that they were trustworthy to work with people who were vulnerable.

People were being helped to manage their money so they had enough to buy things. Some of the money spent on behalf of people were not supported by receipts. This meant that sometimes people could not check that they were being assisted in a reliable way to manage their money.

**Our judgement**

People who use services generally were being kept safe from the risk of abuse but they could not be fully confident that they were being reliably helped to manage their money,

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People who use services said that their accommodation was comfortable, homely and clean.

They said, 'I'm comfortable here and have what I need. I like having my own bedroom so I have my own space, then I can choose when I want company and when not' and 'I think I'm pretty much okay with the place. It's a bit tatty but its clean enough I suppose and I have what I need. It's always warm even when the weather's really cold so I don't have anything to complain about really'.

##### Other evidence

Some parts of the masonry paint on the outside of the building were discoloured and some areas of the decking leading to the front door were stained. Two fence panels that formed one of the exterior garden walls had fallen down.

Shared use areas such as the lounges, bathrooms and toilets were generally comfortably furnished and decorated. In one location bits of bare plaster board had been stuck onto a ceiling to cover damage. The carpet on one landing and stairwell was threadbare and slippery. One of the lights in a stairwell was not working.

Some of the bedroom doors did not match each other and one of them did not have a number or other means of identification on it. All of the double glazed window units in one bedroom had failed and were misted up inside. In one bedroom the carpet was heavily stained and in another it was threadbare and slippery.

Things were clean and there was a fresh atmosphere. During our visit the heating was

on and the accommodation was warm. Hot water taps were temperature controlled to reduce the likelihood of scalds. There was a call bell system with call points in each of the bedrooms.

Some of the improvements required by the local fire safety authority had not been completed. A contractor had completed regular checks of the fire safety equipment. Some of the more regular checks that have to be done by staff were overdue. The records did not show that there had been a recent fire drill, the programme of annual fire safety training was overdue for most staff and not all staff could demonstrate a clear knowledge of the provider's fire safety procedure.

A contractor had confirmed that gas appliances and the electrical wiring system were safe to use.

The kitchen was neat and clean and good food handling practices were in place. These included regular checks being done to make sure that certain foods had been chilled and frozen correctly.

The laundry was equipped with a washer and dryer. There was provision for some items to have a special hot wash to make sure that they had been properly cleaned. The laundry was well organised and clean.

There were arrangements to ensure that the building was secure at night.

### **Our judgement**

People who use services generally were provided with comfortable accommodation but they could not be fully confident that they were suitably protected from risks relating to fire safety and trip hazards.

Overall, we found that improvements are needed.

## Outcome 13: Staffing

### 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 sufficient numbers of appropriate staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People who use services said that at most times they were confident that staff would reliably provide them with the assistance and company they wanted.

One person said, 'Staff are really nice to us all. They'll always have a chat and help me and I like them all as people because they're genuinely kind'.

Staff slept in at night and could be contacted by people sounding the call bell system. We were told that people were informed about the arrangement before they moved in so that they knew that staff would not routinely check on their welfare at night. Some people voiced reservations about the arrangement. They said, 'I was told about there being no staff awake at night before I came in but I still don't like it. When I wake up at night I worry that if I needed something they might not hear the bell and I have to force myself to go back to sleep as soon as I can. I'd much prefer to have someone awake and checking on me in case I can't find the bell point' and 'I do worry about nights because the staff sleep in and they might not be able to hear if I needed them and what if something happened and I couldn't reach the bell. No, I'd prefer the staff to do regular checks on people at night to make sure we're all okay'.

##### Other evidence

During the day and the evening there were various staff on duty to provide care, to do cleaning and to work in the kitchen. The written roster showed that shifts were being filled reliably. There were generally effective cover arrangements for planned and unexpected absences although at the time of our visit one shift had not been filled.

A number of things contributed to people receiving consistent support. These included having handover sessions at the beginning and end of each shift. At these meetings staff reviewed each person's general wellbeing and as necessary planned for things such as providing additional care for someone who was unwell.

There was an informal work plan for each shift so that staff knew what they were expected to do. There were occasional staff meetings at which general issues to do with the running of the service were discussed.

Each member of staff had met regularly with the manager so that the quality of their work could be reviewed and so their training needs could be identified and met.

### **Our judgement**

People who use services generally benefited from reliable staffing arrangements but some people were not confident that they would always receive the assistance they needed at night.

Overall, we found that The Whitehouse was meeting this essential standard, but to maintain this, we have suggested that some improvements are made.

## 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

People who use services said that they were consulted about their home and could contribute suggestions to improve it.

They said, 'The staff are more like friends here and of course you can chat with them like you would with friends. I haven't had the need to ask for anything but if I did I know that staff would do everything possible to help me' and 'Staff are fine and helpful. If you need something you've only got to ask and they're always friendly and will try to help you. It's a bit like a big family here'.

##### Other evidence

Informal feedback had been received from people who use services. Suggested improvements had been made including altering the menu to respond to people's changing preferences.

The records showed that accidents such as trips and falls had not occurred frequently. Staff were aware of the need to examine any that did occur in the future so that action could be taken to reduce the likelihood of them happening again.

Informal quality audits had been completed of key things such as the management of medication. This involved checking that medicines were being ordered, stored, administered, recorded and disposed of in the correct way.

National developments in good practice such as new guidance about the use of

medicines and equipment had been received and acted upon. This was so that people had been protected from medicines or equipment that might no longer have been safe for them to use.

**Our judgement**

People who use services generally benefited from safe quality care and support due to effective decision making and the management of risks to their health, welfare and safety.

Overall, we found that The Whitehouse was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> People who use services generally experienced safe and appropriate care but the arrangements to meet one person's needs were not sufficiently robust.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>Why we have concerns:</b> People who use services generally were being kept safe from the risk of abuse but they could not be fully confident that they were being reliably helped to manage their money,	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>Why we have concerns:</b> People who use services generally benefited from reliable staffing arrangements but some people were not confident that they would always receive the assistance they needed at night.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p><b>How the regulation is not being met:</b> People who use services generally were provided with comfortable accommodation but they could not be fully confident that they were suitably protected from risks relating to fire safety and trip hazards.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). 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 CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA