Inspection Report

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

Date of Inspection: 07 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ 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'.

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 7 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with seven people who used the service and six visitors, the Provider, Registered Manager, three of the management team and five members of the care staff. We also spoke with a visiting health care professional. We saw that systems were in place to gain and review consent from people who used the service, and to act on their wishes. One person who used the service told us "I was asked if I wanted to live here and I said I did. The staff always ask my consent before they do anything".

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Two visitors we spoke with said that their relative "Talks more, relates to people and makes eye contact". They told us that they could visit at any time and said "It's lovely to walk in and see staff with her, laughing and joking". Another visitor told us they had been involved in their relative's care planning and said that "Staff are extremely friendly and very caring".

We found that appropriate arrangements were in place to protect people against the risks associated with medicines. There were enough qualified, skilled and experienced staff to meet people's needs. A person who used the service told us "I have called the staff in the night and they come so quickly. I feel very safe and happy here". We saw that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

We saw that systems were in place to gain and review consent from people who used the service, and to act on their wishes. We looked at a sample of care and support records for five people. These were tailored to each individual and reflected their choices, daily routines and personal preferences. Each person had a key worker.This is a designated staff member who assists in co-ordinating the person's care and support.

One person who used the service told us "My daughter found this home and we looked around it. I was asked if I wanted to live here and I said I did. The staff always ask my consent before they do anything. They are very respectful and always knock on my door". Another person said "I looked around the home and said I wanted to come here. You can bring your pets if you like". A visitor told us that staff respected their relative's choices. They said that the family were able to be involved in discussions about care and support. Another visitor commented about the way that staff dealt with their relatives' occasional refusal to receive personal care: "They'll try again when she's in a better mood. They care about her feelings and don't force her". We saw that this was in line with the person's care and support plan.

The training programme for staff included training in relation to the Mental Capacity Act (MCA) 2005. Staff had also been issued with guidance outlining the basic principles of the MCA and how to apply them in practice. A member of staff demonstrated their knowledge and understanding of some of the key principles of the MCA. For example, they were aware of situations that may require that decisions were made for people in their best interests, by others.The member of staff understood that this would involve an assessment of the person's mental capacity.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. The provider and manager told us how they had previously made an urgent Deprivation of Liberty Safeguards referral. This procedure is to ensure that an individual's liberty is restricted only when it is in their best interests and there is no other

way to take care of that person safely. We saw that the service had referred the matter appropriately and received proper authorisation. At the time of this inspection, there was no-one in the home who was subject to a Deprivation of Liberty procedure.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at care records for five people who were using the service. Each person had an assessment of their needs and a care plan, including risk assessments. The records contained detailed information about people's care needs and progress notes showing how the care and support was delivered. The plans had been updated when people's needs changed, for example, following changes in the support required to have a shower. People who used the service and their representatives were involved in the development and review of the plans. This meant the plans in place reflected people's needs.

We saw that people's health needs were monitored and referred to health professionals appropriately. Risks associated with the provision of care and support had been assessed, such as in relation to mobility and falls, nutrition and weight. The records showed that any concerns were followed up and appropriate action was taken. This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

During this inspection a doctor visited the home. The doctor told us that she visited the home every two weeks. She said the arrangement "Works well, I get to know the patients and I then know if something is wrong. We build up a good relationship". A person who lived in the home told us that they had recently received treatment for a health condition and said "It is perfect now".

Visitors told us about positive changes they had observed in their relatives since coming to the home. One told us about how their relatives' health condition had improved and said this was because "He is so well looked after here". Others said that their relative "Talks more, relates to people and makes eye contact". They commented that their relative was always dressed in clean clothes and that staff were very attentive. They told us that they could visit at any time and said "It's lovely to walk in and see staff with her, laughing and joking". Another visitor told us they had been involved in their relative's care planning and that the home kept them informed about any changes. They said "Staff are extremely friendly and very caring".

We spent some time in The Smile Club, which is a communal activities area. We observed

people who used the service wandering in and out as they wished. Some people were engaged in activities such as scrabble or artwork, while others were sitting and watching. The atmosphere was calm and there was a good rapport between staff and people using the service. A person who used the service said "We have such fun in here, we have a good giggle. It is brilliant". Another person told us "It is very nice here. Everything you could possibly want is here. The staff are wonderful and think up new things for us to do all the time".

A member of staff told us "We like to get a history of the resident and their particular interests. We build this up gradually as we get to know the resident. Once a month the resident can choose to do whatever they want and the key worker goes with them. One of the residents likes to go to the theatre and have a nice meal. We have another resident that loves animals, so he goes to Marwell on his day". A visitor told us that when their relative had wanted to go to a local event, his key worker came in on her day off and took him: "The staff go out of their way to make life as normal as possible. We chose this home because of the staff. If Dad does not want to mingle the staff come in and chat to him or play scrabble on a one to one basis. He has the choice".

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place to protect people against the risks associated with medicines.The service had a policy and a set of procedures in relation to obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. The training record and programme showed that staff received training to give them the knowledge and skills they needed to safely handle and administer medicines to people. In addition to the training, each member of staff had to complete assessments of their competence in administering medicines before they were allowed to perform the role.

We observed a member of staff giving people their medicines. The member of staff positioned herself at the same level as each person she spoke to and made eye contact with them. The member of staff asked if she could give people their medicines before doing so. Once given, she stayed with each person until they had taken the medicine, then she thanked them before she moved on to the next person.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at samples of the medicine administration records (MAR), which kept a record of medicines that staff had supported people to take. The MAR for each person had been completed in line with the procedures. We saw that care and support plans contained detailed personalised guidance about the levels of support individuals received in relation to medicines. There was a system in place to audit and monitor the effectiveness of medicines management in the home.

A person who used the service told us "I have my medication morning and evening roughly about the same time. The doctor reviews my medication". Another person said "It is very, very good here. I get my medication on time. I am always asked for my consent".

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We saw the staff rota, which showed that staffing arrangements were planned in advance to help to ensure that sufficient staff were always on duty to support people's needs. There was a minimum ratio of staff set for each unit with an additional member of staff to help out where needed during the day. The provider told us how additional staffing support had been arranged on occasions when it was required.

There was a low turnover of staff at the home, which helped to ensure that people received consistent care and support. One care worker told us "We are well supported here. We all try to stay and work in our own unit. That way we get used to the residents likes and dislikes and they get used to us". Another care worker said "They really help us here. We have a lot of training and it is fitted around our families, it can be any time of the day, it is to suit us".

We spoke with a recently recruited member of staff, who told us that they had received an induction and training every month. We saw the staff training programme, which included a six part dementia course and other relevant training to support staff in meeting people's needs. We were informed that, out of a total of 52 care staff, 26 had National Vocational Qualifications (NVQ) level 3, six had NVQ level 2 and two members of staff, a night supervisor and the mentor, had NVQ at level 3 and 4. The home had an in-house trainer and training was continuous. This helped to ensure that there were enough qualified, skilled and experienced staff to meet people's needs.

A person who used the service told us "I have called the staff in the night and they come so quickly. I feel very safe and happy here". Another person said "The staff are lovely. I never have to wait and there are plenty of them". A third person told us "We don't have agency staff, we have our own key worker. I can tell her anything and I would". A visitor commented "The staff are marvellous here. I can't speak highly enough of them".

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at a range of records, including people's personal records and other records relevant to the management of the service. Reviews were carried out and there was a key working system to help ensure that people's care and support records were up to date, accurate and fit for purpose. We saw that records were kept securely and could be located promptly when needed.

The service had policies and procedures in relation to confidentiality and record keeping. The provider may find it useful to note that these did not include details of any retention schedule, to inform managers and staff about timescales. This would help to ensure that records were kept for the appropriate period of time and then destroyed securely.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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.

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