Inspection Report

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

Whitehaven Residential Home

22 Whitehaven, Horndean, Waterlooville, PO8 0DN

Tel: 02392592300

Date of Inspection: 06 June 2013

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We inspected the following standards to check that action had been taken to meet them. 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	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Whitehaven Rest Home Limited
Registered Manager	Ms. Beverley Walton
Overview of the service	Whitehaven is care home for older people in Horndean in East Hampshire. It offers residential care services to older people with dementia or residential care needs.
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

We carried out this inspection to check whether Whitehaven Residential Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Management of medicines
- Assessing and monitoring the quality of service provision
- Records

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 6 June 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

On the day we inspected there were 15 people living at the home. During our inspection we spoke with three staff and four people who use the service. People we spoke with said that the staff "Are very caring". One said "The girls are lovely".

People's consent was obtained prior to any care and support being provided. There was clear guidance in the home's policies and procedures about what action should be taken if staff thought a person did not have the capacity to make their own decisions. The home ensured relevant health care professionals were contacted when needed.

We observed interaction at lunchtime for approximately 80 minutes, we saw that members of staff spoke to people with respect and sensitivity.

We carried out an inspection on 28 December 2012 when we identified concerns with record keeping, for example the home had not ensured that accidents and incident records had been properly managed for all people. We made a compliance action asking the provider to take action in order that we were reassured that people were in receipt of safe and adequate care. The provider wrote to us and told us what action they were going to take.

At this inspection we found that the provider had taken steps to improve record keeping. However, we found people were not always protected against the risks associated with medicines.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that care plans included information about how each person communicated, both verbally and nonverbally. An example of a person's non-verbal communication included "I may grit my teeth, this means if it is safe please go away and come back later". "I may cover my eyes with my hands this shows I want to be left alone ".This meant that staff had relevant guidance to help them understand whether a person was consenting to care and treatment or not. When we spoke with members of staff they demonstrated a good understanding about gaining people's consent before providing care and support. They gave examples of how they ensured people were consenting to care and support which included understanding people's verbal and nonverbal methods of communication and allowing people to time to make their decisions about whether to accept care and support.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.
We saw that there was detail in people's care plans about the type of decisions they had capacity to make and where applicable who had been given that power legally for example a relative. The home's policies and procedures gave clear guidance about the Mental Capacity Act 2005. This included what actions should be taken if staff at the home thought someone did not have the capacity to consent to care or treatment. The manager explained that a mental capacity assessment would be requested from relevant professionals in the situation that they needed to know whether a person could make a specific decision, such as consent to a specific treatment.

People told us they were able to make choices about their daily lives. This included the time they got up and went to bed and the activities they wished to take part in. We observed that people were making their own choices about where they spent time for

example in the communal area or in the privacy of their bedrooms.

People were addressed by their preferred name. This was confirmed in conversations we had with people using the service.

Staff demonstrated warmth and a genuine affection for people. They spoke at a relaxed pace giving people time to understand any explanations and/or choices they were being offered. People were given time to respond to any choices offered. Each person was offered choices about the drink with their lunch, where they wanted to sit for their meal and where they wanted to go afterwards.

We looked at care records for three people using the service. Each one had details about the choices people using the service had made about aspects of their personal care and daily lives. Examples included choices of social and leisure activities they liked to undertake. We saw that assessments of capacity and ability to make choices about daily life had been completed. They stated what people were able to choose, for example meals and clothes and how staff could offer these choices.

People who used the service were given appropriate information and support regarding their care or treatment. We looked at three care plans for people and all had Advanced Care Planning forms which were completed and signed by staff, the person or their representative. We noted that these were all completed with the person and staff and relatives were also informed if requested by the person

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that an assessment was made of people's needs prior to, when they moved into the home and at frequent intervals after they had moved into the home.

We looked at the care documents for three people who lived at the home. They included clear details about the care and support each person needed and wanted. This included clear guidance about how people should be assisted with moving when using moving and handling equipment and personalised guidance about the use of continence aids. There were clear instructions about the support each person liked with regard to their personal care, including people's preferences with regard to the toiletries they liked to use.

There was evidence that people, their representatives, health care professionals and members of staff had been involved in developing and reviewing the plans. This included discussions about any changes required in the provision of care and support to their family member.

Each person also had a set of risk assessments. These identified hazards that people may face and provided guidance on how staff should support people to manage the risk of harm. For example "risk signs: gritting teeth, covers eyes, punching own hands". "Action: If gritting teeth or punching hands if safe to do so, staff should walk away. Do not put pressure on X to follow tasks. If X is covering their eyes, they want to be left alone". Risk assessments and care plans were reviewed every month to ensure they were current and relevant to the present needs of the person. People's health care needs were documented in their records and any contact with an external health care professional was recorded. Daily records were completed for each person. These records detailed that the care plans were being followed by care staff.

People's wishes about social and leisure activities were detailed. This included details about their working and social life. A reflexologist visited in the afternoon and they asked people asked if they would like their feet massaged in the afternoon. We saw that one person who had been quite anxious after lunch, relaxed and enjoyed having their feet massaged. A CD was put on at lunchtime, we did not hear people asked if they wanted

music on or what they would like to listen to. After lunch the CD was still playing and three people were singing along with it and engaging with others.

We saw one member of staff assisting a person with their lunch. They made conversation with the person we heard them say "Are you feeling a good girl, don't be naughty give me your hand". The person did not look distressed and was engaged with the member of staff. We spoke with the manager about tone of voice and how things could be misinterpreted. We heard the manager speak with the member of staff in a positive way enabling them to learn how their behaviour and speech could impact on the people they cared for.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider had not made appropriate arrangements to ensure that staff managed medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. We saw that there was a policy about the safe management of medicines. We saw that there was a record kept of all medicines received into the home and returned to the pharmacy. This meant that there was an accurate record of all medicines held at the home.

Medicines were safely administered. We saw that care plans had details about the medicines people took and the support they needed with taking medicines. We spoke with one person who told us that they would like to manage their own medicines. We saw that this had been tried twice and following discussion with the person, their doctor and staff it had been felt too unsafe.

We observed medicines being administered in a safe manner. We observed that people were encouraged and supported to understand the medicines they were having.

Some people were prescribed medicines to be taken when they required them, such as pain relieving medicines. We saw that there was guidance in people's care documents about when these medicines should be given, how to recognise if the person needed them and how to monitor the effectiveness of the medicine.

We looked at Medication Administration Record (MAR) charts for people who lived at the home from the 3 June to the date of our inspection. We saw there was a clear record of the medicine, the dosage and the time the medicine needed to be taken. However staff had not signed every entry to evidence they had observed the person taking the medicine. We found for the three days prior to our inspection 28 gaps where staff had not recorded that they had offered / administered a medicine. We saw that where people were prescribed a variable dosage staff had not always recorded what they had given or why or if it had helped, for example "Macrogol one or two sachets daily", staff had not always recorded how many sachets.

We saw that several people were prescribed creams and lotions such as Aqueous cream

and Cavilon and supplementary drinks. Staff had not signed the MAR sheets to say they had been offered / administered. A member of staff told us that staff should sign to say they had given a food supplement drink and where several flavours were available which one they had given. They also told us that creams and lotions were signed for on a record in people's rooms. We looked at two samples of these records in people's rooms and found that staff had not signed every time to say they had administered them. For example one person was prescribed Certraben twice a day and the records from 30 May 2013 to 6 June 2013 showed 10 gaps where staff had not signed.

This means that staff could not always ensure people's health needs were met as staff did not have a clear record of what medicines had been given.

We saw that for medicines that had been declined by people, there were records of the reason for this.

The manager told us that it was only staff that had completed training about the safe management of medicines who administered medicines. Conversations with staff confirmed this. We saw training records that confirmed members of staff had completed training about the safe management of medicines.

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 saw that quality audits of the service were completed every month by the manager. This included reviewing documentation, care practices and assessing the safety of the environment. We saw that the home acted on any identified areas that required improvement.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The views of people using the service were sought with the use of satisfaction surveys. Some the things people were asked about included whether their views and wishes were respected, their opinions about the provision of meals, and their views about the provision of activities at the home
The provider took account of complaints and comments to improve the service. There were risk assessments for each person who lived at the home, which included guidance about how to reduce the impact of any risks. Procedures were in place for reporting accidents and incidents and there was a system to monitor and respond to any concerns or complaints about the service.

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

At our last visit in December 2012 we saw that people were at risk of not always receiving the care, treatment and support that met their needs and protected their rights because the home had not ensured that accidents and incident records had been properly managed for all residents. The home had not maintained appropriate records with regards to the management of information with regards to persons employed for the purposes of carrying out the regulated activity. The provider sent us an action plan in January 2013 telling us what they would do to ensure that the service offered was safe. We saw that the provider had made the necessary improvements to become compliant with this outcome.

During this inspection saw that records were stored in the office which was open and that staff had access to them when needed. Care plans and notes were kept in a lockable cabinet. Staff were observed accessing the records throughout the day either the paper records of those maintained on the computer.

We saw that there were improvements to some records that were highlighted at the last inspection, for example accident and incident records had been maintained. We also saw that specific action had been taken in putting systems and records in place to monitor and assess the quality of the service for example staff development records and auditing of care plans.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Staff had not signed medicine records consistently to show they had administered it, or to show they had considered the amount of medicine to be given, or whether the medicine if it was 'as required', had been effective and that they had applied prescribed creams and lotions. Regulation 13

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 by 11 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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