

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
ODN

Tel: 02392592300

Date of Inspection: 27 August 2013

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September 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✓ 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'.

	Page
<hr/>	
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	4
<hr/>	
Our judgements for each standard inspected:	
Management of medicines	6
<hr/>	
About CQC Inspections	8
<hr/>	
How we define our judgements	9
<hr/>	
Glossary of terms we use in this report	11
<hr/>	
Contact us	13

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:

- Management of medicines

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 27 August 2013, talked with people who use the service and talked with staff.

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 two people who use the service.

We carried out an inspection on 6 June 2013 when we identified that people were not always protected against the risks associated with medicines. The provider wrote to us telling us what action they would take.

We carried out an inspection on 27 August 2013 to review the progress the provider had made in taking action to be compliant in the area where we had previously assessed them as non-compliant.

We found that the provider had taken steps to improve administration and recording of medicines.

Staff told us of the medicine administration policies, new records and training that had been introduced following our visit.

People we spoke with were happy at the home and we observed that staff intervened and offered support when needed in a sensitive manner.

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

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

At our last visit in June 2013 we saw people were at risk as staff could not always ensure people's health needs were met as they did not have a clear record of what medicines had been given. The provider sent us an action plan in June 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.

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 plan had details about the medicines people took and the support they needed with taking medicines. This included for one person a discussion with family and the doctor about the necessity of medicines and how staff could manage this if the person refused. We saw that the person's behaviour at some times of the day meant they were not receptive to receiving support. Medicines had been prescribed to help alleviate their anxiety and behaviours which meant staff could support their needs. When they felt 'unwell' the records showed that they refused their medicines. An assessment had been completed with the staff at the home, family and the GP about how these medicines could be given. The manager discussed these records with us and undertook to ensure that the care plans would detail the action staff would take to protect the person's' dignity and independence.

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 July 2013 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. We saw that staff had signed to say they had administered these medicines or stated why they had not been able to.

We saw that several people were prescribed creams and lotions such as Aqueous cream and Cavilon and supplementary drinks. Staff had signed the MAR sheets to say they had been offered / administered.

The manager told us that she was reviewing the documents currently being used by staff to record creams and lotions in people's rooms. We looked at four records and saw the majority of the staff had recorded when they had administered creams and lotions. However, we saw that there seemed to be a pattern where some staff did not always complete the records. We discussed this with the manager who undertook to look into this further. The day after our visit we were sent the new documents that the manager would be introducing to ensure a record was kept consistently by staff.

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. We saw that the policies and procedures regarding medicines had been updated and staff had received reminders about medicine administration.

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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