

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

Havelock House Nursing Home

57-59 Victoria Road, Polegate, BN26 6BY

Tel: 01323482291

Date of Inspection: 29 May 2013

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

Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Havelock House Nursing Home
Registered Manager	Mrs. Sandra Jones
Overview of the service	Havelock House is located in a quiet residential area of Polegate, East Sussex. It is registered to provide accommodation for up to 27 older persons who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Meeting nutritional needs	6
Safety and suitability of premises	8
Complaints	10
Records	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 29 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke with four people who lived at the home and with five members of staff. These included the owner, the manager, the chef, the activities co-ordinator and a care worker. We reviewed a range of information from other sources to help us understand the views of people who were using the service. This included minutes of meetings and individual care records.

We observed that people and relatives had positive relationships with care staff, were being treated well, receiving good care and supported in a sensitive and professional manner. People told us that their nutritional needs were being fully met. Staff reported that they felt valued, trained and supported and demonstrated a good understanding of people's individual care needs. One member of staff told us "We try hard to provide the best service to the people who live here; this is their home".

The provider had a range of systems embedded into practice to address security and maintenance issues and to monitor the quality of service. People described the home as "a happy home", told us that it was a "good place to live" and that they could speak with the manager at any time if they had any concerns.

We found that care plans, staff records and other records relevant to the management of the home were accurate and fit for purpose.

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were provided with a choice of suitable and nutritious food and drink and supported to be able to eat and drink sufficient amounts to meet their needs.

Reasons for our judgement

We found that people who lived at Havelock House were given choices about what they would like to eat and drink and were protected from the risks of inadequate nutrition and dehydration.

During our visit we spoke with the assistant cook, covering for the permanent chef who was on annual leave and found that the kitchen and food preparation areas to be clean, orderly and tidy. When we reviewed documentation that related to the most recent inspection undertaken by the Environmental Health Department in June 2012 we found that all the outstanding requirements and actions had been completed satisfactorily.

We saw that there was a varied four week rotational menu displayed in the dining area for people to make their selection. A choice of hot meals included a daily vegetarian choice. There was information to help people make healthy choices especially for those who had small appetites. Staff described to us how they helped people make their daily choices. We saw people and relatives being offered coffee throughout the morning and staff told us that tea, coffee or a range of cold drinks were available and served routinely throughout the day. During our inspection we observed people who were being cared for in bed being sensitively supported to eat and drink using appropriate drinking cups to assist them. Staff told us they were aware of the need to identify people at risk of poor hydration and how important it was to ask people what drinks they would prefer rather than make assumptions because that was 'what they always had'. This meant that people's nutritional needs were being met in a supportive and respectful way.

We looked at a sample of care records and we found that appropriate assessments had been undertaken to assess people's nutritional needs and that records had been kept monitoring their food and drink intake. We looked at a sample of care records but reviewed in depth the records of two people who were receiving pureed diets and saw that their weight had been regularly monitored and recorded with any concerns identified. This ensured that people were being monitored to ensure that they were receiving adequate nutrition and hydration.

When we asked people in the home what they thought of the food we were told that generally they found it good. One person told us "the staff try hard to please everyone". Another person commented "the food is ok and I like most of it" and another said "I enjoy my lunch and I always have enough".

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Reasons for our judgement

People who used the service, staff and visitors were protected against the risk of unsafe or unsuitable premises and living in safe accessible surroundings that promoted their wellbeing.

At a previous inspection we had identified that many rooms and communal areas had been badly in need of refurbishment. The manager described how in response, the provider had formulated a full maintenance and redecoration plan to address these issues. This refurbishment had been undertaken as and when each room became available to minimise the disruption to the people living at the home. When we walked around the premises with the manager we saw areas including hallways, communal areas and bedrooms had been upgraded and decorated in line with the provider's refurbishment plan. Hallways had been repaired and redecorated and staff told us how much brighter it made the home.

Records were available to us that demonstrated how a range of regular health and safety checks had been carried out. This included the testing of water temperatures, gas supplies and electrical circuitry. We saw certificates to verify that these checks were current. Generic environmental risk assessments for the premises were found to be comprehensive, up to date and had been reviewed regularly. This demonstrated that the provider was taking steps to ensure the premises remained safe for the people who lived there.

When we reviewed fire records we found that routine fire safety checks that had been undertaken and recorded. Staff reported that they had received training in evacuation procedures which was verified when we looked at the provider's induction and training records. We saw that personal emergency evacuation plans were in place for each person living at the home to support procedures to be adopted in the event of a major incident at the service. This information was available in each person's care plan and in an overall document accessible for evacuation purposes. This demonstrated that the provider had taken steps to ensure that people could be safely evacuated in an emergency.

We looked at how issues that related to maintenance and safety were reported and managed by the provider. Staff described how they used a designated maintenance folder

which was checked daily with completed tasks signed off by the manager. This ensured that problems were being dealt with quickly and efficiently and people were protected against the risk associated with unsafe or unsuitable premises.

The sluice facility, laundry and kitchen areas were well organised, clean and tidy with appropriate arrangements in place for the safe disposal of waste, including clinical waste.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

People were made aware of the complaints system. Complaints were fully investigated and resolved, where possible to people's satisfaction.

Reasons for our judgement

The provider had an effective complaints system available for identifying, receiving, handling and responding to complaints.

We looked at the provider's policy for handling complaints and the manager described how complaints were recorded, investigated and reviewed. We reviewed the complaints register and saw that there had been no complaints received or recorded since the last inspection.

Staff were knowledgeable about dealing with issues. One care worker told us how she would listen to people if they wanted to make a comment or raise a complaint and then would always discuss this immediately with the nurse in charge or the manager. Another member of staff said "We don't get formal complaints because we try to sort things out for people and deal with issues immediately".

Information for people on how to make a complaint or raise a concern was available in each person's room, in the service user's guide and displayed in the main reception hall. We asked a relative if they knew about the procedures for raising a complaint. They told us that there was information displayed and if they had any concerns they would know exactly who to speak to with confidence that immediate action would be taken. We asked two people who lived at the home and although they did not understand the formal procedures in place they were happy that if they told a member of staff about a problem, or were unhappy, it would be sorted out for them very quickly.

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

The provider was able to demonstrate that accurate records had been maintained in relation to the premises, the people who lived at the home and the staff.

We reviewed a sample of health and care records and found them to be well organised, accurate and easy to navigate. Information about each person using the service was detailed, clear and well recorded and reflected an awareness of maintaining people's dignity and confidentiality. Staff described to us how each care plan was checked on a regular basis by either the nurse in charge or the manager. This ensured that staff adhered to the policy and that care records were maintained consistently and to the required standard. The manager told us how staff meetings were an important forum used to discuss the importance of record keeping. When we looked at a selection of minutes for these meetings we were able to see that issues relating to record had been raised and discussed.

Staff told us there were clear procedures in place to guide them about matters relating to the accurate recording of personal information and respecting people's confidentiality and privacy. They told us that they received training during their induction and we saw that this was confirmed when we looked at three people's employment files.

We found that records used daily in recording the care of people were being stored securely and were only accessible to appropriate members of staff. More detailed records were held securely in the manager's office and historical files were stored in a secure room. The manager was conversant in the procedures for the security and destruction of records and personal information held by the organisation. This ensured that the provider was taking steps to protect people's confidentiality.

The manager was able to produce a selection of records for our inspection. These demonstrated that the premises were being maintained safely, incidents, complaints and risks were being recorded appropriately and information relating to staff was comprehensive and secure.

Staff employment files were held securely in the manager's office in a locked filing cabinet and were only accessible to the manager and the provider. This demonstrated that records

relating to people employed by the provider were being managed and stored 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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