

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

White Lodge Residential Home

67 Havant Road, Emsworth, PO10 7LD

Tel: 01243375869

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

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

Details about this location

Registered Provider	Mrs Jill Dowsett
Overview of the service	White Lodge Residential Home provides accommodation and support for up to 25 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

- Care and welfare of people who use services
- Staffing

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 20 August 2013, observed how people were being cared for and talked with people who use the service. We reviewed information given to us by the provider.

What people told us and what we found

We carried out a routine inspection in June 2013 when we identified concerns with the management of risks within the home and the staffing levels available to support people living at this home. We made compliance actions 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.

We carried out a follow up inspection on 20 August 2013 to review the progress the provider had made and we found that the provider was compliant in these areas.

On the day we inspected there were 23 people living at the home, some of whom had memory impairment and/or a physical health problem. During our inspection we spoke with three people living in the service and two members of staff.

We saw that the home was clean and well maintained. We observed people participating in a group physical activity in the lounge with the activities coordinator.

We saw that risk assessments had been completed for all people living at this home to ensure their safety when they were being cared for. People had their care discussed and agreed with them.

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

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

Reasons for our judgement

At our last visit in June 2013 we saw that people were at risk of not always receiving the care, treatment and support that met their needs and protected their rights. Risk assessments for equipment being used to help in the care of people were not completed. This meant that staff were using equipment to support people in their care without first assessing the risks involved. Risks had not been reduced and care plans had not been updated regularly to reflect the needs of people.

The provider sent us an action plan in July 2013 telling us what they would do to ensure that the service provided ensured the welfare and safety of people. For example, an upgrade of the risk assessment system was to be implemented.

At this inspection we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for four of the 23 people living at the home. We saw that these care plans contained detailed risk assessments for people and identified in particular the support required with moving and handling issues, mobility and falls.

For example, one person was seen to have recently had a break in their skin integrity due to pressure. Clear care plans were in place to ensure this was managed and identified risks had been addressed. We saw a change of position chart in place to reduce the risk of pressure damage. Staff were aware of this and recorded changes at least two hourly. This showed that risk assessments were being used in the home to ensure safe and effective care for people.

Two people who required the use of a hoist to transfer their sitting positions had been assessed for the appropriateness of the use of this equipment. We spoke with both of these people and they told us they understood the reasons for the use of this equipment. Staff had discussed this with them and identified the risks if the hoist was not used to transfer them. A clear risk assessment had been implemented and this had been discussed with the people and their representatives.

Other equipment used within the home, including the use of bed levers and bed rails had been risk assessed. The use of bed rails had been agreed with people and the risks explained. This meant that people were making informed choices when agreeing to the use of this equipment.

On the day of our visit in June 2013 there were no activities planned and the home was quiet with many people choosing to stay in their rooms. When we visited in August 2013 the activities coordinator role had changed significantly and people were involved in physical activities within the home. We saw a group of seven people enjoying a physical game of skittles in the lounge whilst reminiscing to music.

The manager told us of a very successful summer fete which had been enjoyed by all the residents. One resident told us, "I particularly enjoyed having families and other people around."

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

At our visit in June 2013 we found that at times there were not enough qualified, skilled and experienced staff to meet people's needs. Staff told us that they were constantly on the go, and people told us that staff never had very much time for them.

The provider sent us an action plan in July 2013 telling us what they would do to ensure that the service provided adequate staffing levels to meet the needs of people living at the service. For example, a review of the working day was to be carried out.

At this inspection we found that there were enough qualified, skilled and experienced staff to meet people's needs. We saw that the staff working roster had been reviewed with staffing numbers increased to accommodate the needs of people living at the home. New care staff had been employed and the end of an on-going contract to provide short term care for some people was imminent. The manager told us that this allowed staff more time to interact with people and ensure their needs were met.

The provider had reviewed the working day with people and their representatives at a meeting and identified times when staff availability had been reduced. This was addressed with the introduction of new staff for a short period of time in the afternoon.

An activities coordinator had increased their hours to ensure more support was available for people to participate in activities either independently of others or as a group. This staff member was also available to support people at busier times of the day with personal care. We saw that there had been an increase in the number of sessions of activities provided and many people received one to one support with activities of their choice. For example, one person was able to go to a local lake area with the activities coordinator and have a coffee. People were offered many opportunities to participate in activities. One person told us, "Sometimes I just like to have a quiet day but there is always a lot to do."

People told us that staff were always available to help. One person told us, "I cannot fault the staff they are always there to help me and I never feel like I am too much trouble for them."

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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