

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

## Whitegates Retirement Home

Westfield Lane, Westfield, Hastings, TN35 4SB

Tel: 01424754865

Date of Inspection: 07 May 2014

Date of Publication: June 2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Whitegates Retirement Home Limited
Registered Managers	Mr Daniel Keith Rickaby Mrs Bridget Sullivan
Overview of the service	Whitegates Retirement Home provides support and care for up to 24 older people. The home is located in the village of Westfield.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 7 May 2014, observed how people were being cared for, 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 and reviewed information given to us by the provider.

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### What people told us and what we found

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In this report the named managers were Mr Daniel Keith Rickaby and Mrs Bridget Sullivan. These people were not in post and not managing the regulatory activities at this location at the time of the inspection. Their names appear because they are still the registered managers on our register.

A single inspector carried out this inspection. The focus of the inspection was to follow up on a compliance action issued at our last inspection in November 2013, to look at additional outcomes and to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People received medicines from staff that had been trained and assessed as competent to do so.

There were enough staff on duty to meet the needs of the people living at the home and a member of the management team was available on call in case of emergencies.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no applications had needed to be submitted, there were clear procedures in place. In addition, staff confirmed that they were familiar with the procedure should an application need to be submitted.

Is the service effective?

People told us that they were happy with the care they received and felt their needs had been met. We saw that when people needed specialist advice and support, arrangements were made for this to happen. People told us that there were opportunities to maintain links with their local community by attending a, 'Hub and pub' event held locally each week. They said there were enough activities arranged in the home and they could join in if they wanted to.

Is the service caring?

Staff were seen to treat people with respect. They explained to people what they were doing at each stage and gave people reassurance. For example, when assisting people with moving they explained where they were going and what they were going to do. One person told us, "They're a good group of people (the staff), they look after us well."

Is the service responsive?

People's needs had been assessed before they moved into the home and they were kept under regular review. Records confirmed that people's preferences, interests and diverse needs had been identified. People had access to a wide variety of activities and they received a monthly newsletter that kept them up to date with matters important to them.

Is the service well led?

We saw that the organisation had a range of measures in place to monitor the quality of the service provided at Whitegates Retirement Home. Records seen by us showed that where shortfalls were identified they had been addressed promptly. People told us that they had regular meetings and that they were given an opportunity to share their views about the home. They had also been asked to complete customer satisfaction questionnaires and the home was due to provide feedback on this process.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We looked at three care plans including one for a person who had recently been admitted to the home. They provided detailed information about each person's needs and the support they required. We saw that where people had capacity they had signed their care plans. Where this was not possible, people's relatives had signed the care plans instead.

Staff were seen to treat people with respect. They explained to people what they were doing at each stage and gave people reassurance. For example, when assisting people with moving they explained where they were going and what they were going to do.

We noted that a personal preference list was included in each person's care plan. This included information about how the person wanted to be supported. The provider may find it useful to note that whilst the tick system was used for one person there were no comments attached. This meant that the person responded, 'yes' to several questions but it was not clear how their decisions were to be addressed. For example, there was a question, 'Do you have a preference for keyworker.' The person had responded, 'yes' but there was no information about who they wanted to be their keyworker and if this had been arranged. In another care plan we noted that there were comments provided. However, the person had asked a question about the survey and it was not clear if this had been addressed.

Staff spoken with were able to give us examples of how they ensured people's privacy and dignity was maintained. Examples included always knocking on doors before entering and by ensuring that people were dressed appropriate to the weather. We observed that a staff member suggested to a person, who was going out, that they wear a coat as it was cold out that day. A staff member told us that they received training about privacy and dignity as part of induction to the home.

A person who was new to the home told us that staff had been very supportive and were helping them to settle in. They said that they had been introduced to several people and that staff had explained the routines and told them about activities in the home.

One person said, "They're a good group of people (the staff), they look after us well." Another person said, "I came, I saw and liked it, it didn't smell, I ask for what I want and it's given. The food is good and the care is good." Two people told us that they liked to take a walk around the garden regularly. We saw that there was a competition to grow the tallest sunflower. Staff told us that this was, "Quite competitive." People who enjoyed gardening were also supported to take part in growing flowers in raised beds.

We noted a conflict in relation to the advice in one person's care plan regarding their spiritual needs. We discussed this with the acting manager who said that they would discuss the issue with the person and clarify the information in the care plan.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We saw that the information provided in the three care plans we viewed related to people's ability to communicate, their nutrition needs, mobility and medication needs. Individual risk assessments included assessment of risks from falls, bedrails and moving and handling. We noted that all records were reviewed and updated at regular intervals.

We looked at one pre-admission assessment and found that a detailed assessment had been carried out of the person's abilities and needs. The provider may find it useful to note that whilst a number of care plans had been put in place to meet identified needs, additional areas had yet to be assessed.

People's weight was monitored regularly and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. We saw that specialist advice and support had been sought in relation to meeting people's needs. For example, when staff had concerns about one person's weight, a referral had been sent to the community nutrition and dietetic department. The home was awaiting a visit.

We saw that care plans were stored within the main office. Daily records were kept which detailed the care that was provided each day. The provider may find it useful to note that whilst we saw that records mainly detailed the practical support that had been provided, there was very limited reference to people's emotional well-being. We noted in one person's daily records that they were described as, 'chesty' and that they were taking prescribed medicines for this. However, for the next six days there was no reference to the person's health.

Within each person's care plan we noted that an assessment had been carried out in relation to mental capacity and the person's ability to make decisions.

The manager confirmed that all staff completed training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff spoken with confirmed this. The provider told us that there was no one in the home subject to a DoLS.

We were told that there were two activity co-ordinators, at least one of which was on duty



each day. A recent change to hours meant that there was an activity co-ordinator on duty for one weekend in four. We saw that people decided recently that they wanted to view a classical concert on Saturday afternoons. One person told us, "This is a wonderful addition, I thoroughly enjoyed last week's opera and I'm looking forward to the next one."

People told us that they received a copy of the programme of activities each month along with a newsletter. We saw the most recent addition and noted that in addition to information about up and coming activities it also included a crossword, a word search, a poem written by a number of people in the home, birthday celebrations and lots of general information that people might have an interest in. This meant people were kept very well informed about the activities on offer and about the home generally.

One person told us that they went to the 'Hub and pub' weekly. This was a community organised event where people from the village got together once a week for a chat and get together. We were told that anyone who wanted to go from the home was taken, but generally three or four people went weekly.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Our inspection of 13 November 2013 found that the provider did not have appropriate arrangements in place to manage all medicines. Following our inspection we received an action plan from the provider that told us that processes were in place that ensured compliance with this standard.

We carried out this inspection to check that the home was compliant with this standard. We found that the provider had achieved compliance.

We saw that in addition to the main policy and procedure on the safe administration of medicines the home also had a local policy. The main policy had been updated in December 2013 and this included generic advice and support for staff. The local policy was a step by step guide to the administration of medicines. This meant that staff were familiar with medicine procedures which ensured best practice was followed.

There were systems in place to ensure that all medicines were signed into the home. Medicines were found to be stored securely. We saw that the home monitored the temperature readings of the fridge used to store medicines and of all medicine storage areas. There was one exception to this and this was in relation to the area where controlled drugs were stored. The acting manager said that they would start to monitor the temperature in this area straight away.

We saw that since the last inspection a new cupboard had been purchased for the safe storage of controlled drugs. Record keeping in relation to these medicines was found to be in order.

There were protocols in place for the specific use of all medicines prescribed on an 'as required' basis. There was a contract in place to collect all unused medicines and a record was kept of all medicines collected from the home.

We looked at the medicine administration records (MAR). There was a photograph of each person on their MAR chart. Records demonstrated that people received their medicines as prescribed. If someone was given pain relief or any medicine prescribed on an 'as

required' basis there was an explanation recorded to the rear of the chart. This meant that staff followed a robust procedure to ensure that people received their medicines appropriately.

We saw that the home kept records for the application of prescribed creams separate to the main MAR chart. The provider may find it useful to note that we found several occasions when staff had only signed that they had applied creams once a day when the chart indicated that it should have been applied three times a day. We looked at the MAR for one person and noted that it stated it should have been applied twice a day. The acting manager confirmed in writing that they would seek clarification from each person's GP about the frequency of application for prescribed creams. This would then be clarified on the MAR charts.

We were told that only staff that had been trained were permitted to handle medicines. Staff told us that they initially shadowed more experienced staff and only started administering medicines when they were assessed as competent. We were told that in addition to staff training on the subject, each staff member had been assessed in-house in terms of competency prior to undertaking this task alone. We looked at a small number of competency assessments and noted that when issues were identified as part of this process additional training had been provided to ensure that the person was fully competent. This meant that there were systems in place that ensured people received medicines from staff that had been trained to do so.

We saw that audits of medicines had been carried out at regular intervals. Where shortfalls were identified they had been addressed. However, we noted that the issue of the application of prescribed creams had not been identified as a problem.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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At the time of our inspection there was no registered manager in post. We were told that a manager had been appointed and was due to start in post the following week. In the interim an acting manager who was registered in another home run by the organisation was present in the home two days a week. In addition, they were available by phone and email for advice and support.

We looked at staff rotas for a four week period and discussed staffing levels with people, staff and management. At the time of our inspection there were twenty one people accommodated. The rotas showed that until 4pm there were four staff on duty. Staff numbers then reduced to three until 5pm and then two until 7pm when night staff came on duty. We were told that hospitality staff provided support to staff at suppertimes. At night there was a waking and a sleep-in staff member. With the additional hospitality staff at suppertime we assessed that overall, staffing levels in the home were sufficient to meet people's needs.

Rotas showed that care staff were supported by a cook, supper cook, hospitality staff, laundry assistant, an administrator and maintenance staff. The duty rota seen reflected the staffing numbers in place on the day of our inspection.

Staff spoken with said that the staff levels were sufficient to meet the needs of people. A staff member said, "If staff phone in sick we can always use bank staff to cover."

We were told that one person who had previously had high support needs required less support following a review of their medication. We were told that the home was reviewing how domestic hours were arranged to ensure that there was better provision over the seven day week. We saw that there were two activity co-ordinators who worked mainly Monday to Friday. People told us that this had changed recently in that one of the co-ordinators now worked one weekend in four. This meant that the home continually reviewed staffing levels and the best use of hours to ensure people's needs were met.

People told us that staff ensured that they had their call bell at hand before they left their bedroom. The majority of people said that they felt there were sufficient staff. However, one person said, "I use the lift and often have to wait until staff are ready to take me

downstairs. They tell me they are busy." They said that they had moved to a ground floor room in the past but didn't like the room so they moved back upstairs.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We saw that there was a range of measures in place to assess the quality of care provided. A member of the external management team visited the home monthly and there were reports in place of each visit which detailed the areas they had looked at and the outcome. We noted that a check was made that action points from the previous visit had been addressed.

We saw records that related to audits carried out in respect of medicines, care plans, the environment and health and safety. The environmental audit had been completed in October 2013 and we noted that a number of issues had been identified for action. There was no follow up audit to show that actions had been addressed. However, we saw within the monthly reporting system that some of the matters raised had been completed.

The acting manager said that they were reviewing the system for auditing the care plans. We saw that there was a 'resident of the day' review form. This showed that the home had checked if all documentation was in place. There was a score system in terms of compliance. However, the system was not as effective as it could have been as sometimes the home scored low for areas that were not applicable. Some of the forms seen had not been dated and there was no signature. There was no record of who had responsibility for addressing the shortfalls and in what timescale. There were also audit forms in place but again these were not always dated and this involved a tick system but no space to record the detail of any shortfalls. The documentation in place demonstrated that care plans were reviewed regularly. As a result of this process the home had identified that the systems in place were not as effective as they would have liked and they were reviewing how this could be addressed.

We discussed the fire evacuation procedure and the actions that staff would take in the event of a fire. A particular scenario was given and it was noted that each staff spoken with gave a different response as to how they would deal with the situation. The acting manager said that they would seek clarification from their fire safety trainer on this scenario and they would clarify expectations of staff should this event occur.

Records seen demonstrated that meetings had been held with people, care staff, senior care staff and kitchen staff. In addition a health and safety committee meeting had been held. Minutes showed that a range of matters had been discussed and that attendees were invited to contribute their views. People confirmed that they had regular opportunities to say how they felt about the home. This demonstrated that the home encouraged people and staff to share their views on the running of the home.

There were systems in place to seek the views of people, their relatives, visiting professionals and staff. We were told that satisfaction surveys had been distributed on 25 March 2014. Responses from people and their relatives had been received and had been analysed externally. Feedback had yet to be given to people and their relatives. We were told that there was an insufficient response from the staff and visiting professionals' survey to provide feedback to the home. The acting manager said that they would review the format for the survey and how it operated to ensure a better response. Once this had been done they would redistribute the survey. Following our inspection we received confirmation in writing that a new survey had been sent to staff and visiting professionals.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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