

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

## Whitegates

25 Hereford Road, Bromyard, HR7 4ES

Tel: 01885482437

Date of Inspection: 29 October 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Ms K A Rogers
Registered Manager	Mrs. Susan Brown
Overview of the service	Whitegates is a large house situated in its own grounds on the outskirts of the market town of Bromyard. The house has been adapted and extended to provide accommodation for up to 37 people.
Type of services	Care home service without nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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People told us that they were happy at the home. They described staff as, "absolutely excellent" and, "first class". One person told us, "I bless the day that I found Whitegates". We saw that staff were attentive to people's needs and supported people in a caring and kind manner.

People were asked for their consent before staff provided any treatment or support. Some people were unable to make informed decisions for themselves. Staff knew how to ensure that decisions were made in people's best interests and so were responsive to people's needs.

People's individual needs were fully assessed, and each person had a personalised care plan to tell staff how to meet their needs. People told us that they received a high standard of care at the home and that they felt safe. One person said, "I don't think they could do anything better".

The home was providing people with a varied and nutritious diet. Drinks and snacks were freely available.

There were effective systems in place for monitoring the quality of the service. There was evidence that risks had been assessed and that steps had been taken to manage any identified risks. This service was well led.

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

### 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

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### 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.

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### Reasons for our judgement

We saw that staff were making sure that people consented before carrying out any tasks. For example, one person needed support from staff so that they could walk with a frame. The member of staff asked the person, "Is it all right with you if I take your arm?", and waited for the person to assent before helping them.

People told us that they felt that the staff were there to support them and that they retained control over their own lives. One person said, "It's such a help to know that they're there if you need them, but they never try to take over". Staff knew how to ensure that people gave informed consent to any treatment or support.

Records showed that staff understood how people should be supported if they could no longer make decisions for themselves. There was information and training for staff about how to ensure that decisions were made in people's best interests. People told us that they had been given the opportunity to be involved in planning and reviewing their care. Records confirmed that people and their families had been involved in care reviews.

**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 spent time talking with people and we visited some people in their bedrooms. We saw that bedrooms had been personalised with people's own furniture and ornaments. One person told us, "It means a lot to me to have my own things round me". People were wearing appropriate clothing for the weather and time of year. Their hair and nails were tidy and clean. This showed that staff understood the importance of supporting people to look their best.

Records showed that some people had been assessed as being at risk of falls. We saw that these people were wearing well-fitting footwear, which would help to reduce the risk of falls. Care plans included information about how to prevent falls. Records showed that the manager was checking all reports of falls, and that care plans were updated with any new information.

Some people at the home were living with dementia. Each person had an individualised care plan which explained how the dementia affected their lives. These care plans were written in a person-centred way, which focused on the whole person, rather than just being a list of tasks. This meant that staff had information which would help them to support each person in the way that suited their needs.

There was a varied programme of activities for people to take part in, if they wished. On the day of the inspection, a musician was visiting. People told us how much they enjoyed the activities. One person said, "There's always something to do here". Some people were attending "Singing for the brain" sessions fortnightly in the local town. The home had recently held a charity coffee morning which had been well attended by people from the town. This showed that the home was supporting people to maintain links with the community.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People told us that they enjoyed the food at the home. They said, "There's a good choice" and, "It's tasty and hot: what more could you want?". We watched as lunch was served. The food appeared appetising and people told us that they had enjoyed their meals. The provider might find it useful to note that one member of staff did not offer any alternative menu options to someone who declined to eat their lunch.

We saw that people had drinks available to them throughout the day. There was a drinks station in the lounge, where people could help themselves to hot or cold drinks, and snacks. We saw that staff were offering drinks regularly.

We spoke with the cook on duty. They had a good knowledge of people's individual likes and dislikes. They explained clearly how they provided food of the correct texture for people with swallowing difficulties. A board on the kitchen wall showed information about people's dietary needs, such as diabetes.

Care plans included detailed information about people's nutritional needs. Records showed that people were weighed regularly. Any concerns about weight loss had been referred to people's GPs for advice.

## 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. 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.

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### Reasons for our judgement

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Whitegates is part of a small local group of care homes. The owner, Karen Rogers, was visiting the home regularly to monitor the quality of the service. The manager told us about ways in which senior staff kept in touch with each other, to share good practice with colleagues in other homes.

Records showed that there was an effective system for monitoring risks within the service. For example, there was an audit of falls each month. This would help to identify any patterns or trends, to indicate where the service could take action to ensure avoidable accidents did not re-occur.

We saw the results of the most recent survey of people's views of the home. This showed that one hundred per cent of people would recommend the home to others. We saw many letters and cards of appreciation and thanks. There had been no complaints against the home since our last inspection. People told us that they would feel confident raising any issues with the manager, and that they were sure she would take action if necessary. We saw that visitors were made very welcome, and people told us that their families and friends could visit at any time. This contributed to the friendly and caring culture of the home.

## 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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