

# Review of compliance

## New Milton Quaker Housing Association Limited Quaker House

<b>Region:</b>	South East
<b>Location address:</b>	40-44 Barton Court Road New Milton Hampshire BH25 6NR
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	<p>The provider is registered to provide the following regulated activity at this location:</p> <p>Accommodation for those who require nursing or personal care.</p> <p>The home provides a residential service for up to 40 older people and is located close to New Milton town centre.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Quaker House was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People told us they received a good service from staff. They liked living at the home and were encouraged to remain independent. They said there were lots of activities to provide mental stimulation and support was available when they needed it.

### What we found about the standards we reviewed and how well Quaker House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People were involved in decisions about the care and support they received through care planning, day to day discussions and residents meetings. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider had ensured that people using the service received effective, safe and appropriate care that met their needs. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

#### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider had arrangements in place to protect people from the risk of abuse. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider had not ensured that staff received the training and support to enable them to effectively meet the needs of people using the service. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Although people had been consulted about the service, the provider's system for monitoring the quality of care provided not ensured that all aspects of the service had been effectively assessed and improvements made. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us they received the care that they needed. They confirmed they were encouraged to retain as much independence as possible. They referred to examples such as making health appointments and using the local community facilities independently including using their own transport. Most people were aware of their care plans or told us they had received the care they wanted. They said that staff were respectful who understood their needs and respected dignity and privacy.

From observations and discussion with people living in the home, we found examples of how their choices had been promoted. This included use of facilities to obtain cold and make hot drinks at any time of the day. A board was available for people to record daily food choices and people told us there was always a choice available. Information about a range of events and activities were posted on the notice board. People gave us many examples of their involvement in events such as, listening to a pianist, playing giant scrabble, attending craft workshops, sessions in yoga and physiotherapy sessions. Quaker meetings and services for various religious denominations had also been held.

During the afternoon of our visit a craft session was organised by one of the people living in the home.

People and staff also told us about residents' meetings where people living in the home had expressed their opinions and obtained feedback from the home.

### **Other evidence**

Staff told us that initial assessments of people's needs had been made by the manager and the assessments informed their care plans. We were shown examples of the care plans held that contained aspects of people's care needs but these were not comprehensive. Further support needed by people was included in the day to day recording where sampled but detailed information about choices and wishes were not documented. The manager told us that he would address this and we refer to this further in section 16. We looked at care plans to see if they contained peoples signatures and found evidence of people's involvement in decisions about their care.

Staff told us that they had regular handovers between each shift so they could share information about the needs and wishes of people. They thought this system was effective in updating them about ongoing needs of all the people accommodated.

### **Our judgement**

People were involved in decisions about the care and support they received through care planning, day to day discussions and residents meetings. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We received positive comments about the service from the people we spoke with during our visit. Examples were: "staff are very good," "you are able to be as independent as possible, "staff couldn't be better, and"you get help when you need it." One person told us their mobility had improved since being at Quaker House. Another person told us that the level of mental stimulation in the home was good and there were plenty of activities to choose from if they wanted to be involved.

People told us they were confident they would receive the support they needed including obtaining help from health professionals. They told us that staff responded promptly if they used the call bell or asked or asked for help. They described assistance received from staff for a range of issues including mobility and use of equipment around the home, health needs, medicines, personal care and food choices. Some people told us they had been involved in their assessment and care plan and they had received the required care as expected.

##### Other evidence

During our visit we met three visitors to the home. All were positive about the care provided to their relative. One visitor described details of the support that had been provided to their relative who was unwell and felt that they had been kept informed of the support being provided by health professionals and other matters.

We looked at four personal files held in the home for individuals. Information in these files included care plans and day to recording. The documents had not all been updated

and, did not always reflect the needs and wishes of the individual people using the service.

Risk assessments for specific people had not been completed. However staff provided some examples of support provided to minimise risks to people, such as use of equipment for assisting people with mobility and monitoring food and fluid intake. The manager agreed that individual risk assessments had not been recorded and that it would be addressed. Records are referred to further in section 16.

Staff told us that people's individual needs and independence had been taken into account and the support people received varied according to their needs. They said that they had been kept informed and up to date about people's changing needs through full discussion at handovers between shifts and by reading records regularly. They told us they had been encouraged to record changes in people's needs and felt that care plans reflected people's needs. They felt able to discuss care issues with the manager and said that people had been made aware of their care plans. They were positive about the caring culture of the home.

### **Our judgement**

The provider had ensured that people using the service received effective, safe and appropriate care that met their needs. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us they liked living in the home and they could talk with staff who listened to them. They said that if they had any concerns the staff responded to them.

##### Other evidence

Staff were aware of their role in safeguarding the interests of people living in the service. They were able to describe the types of abuse that could occur and their responsibility should they receive concerns from people or if they had their own concerns. They told us they would report matters to the manager and they were confident that they would be addressed. The manager confirmed that the home has safeguarding procedures in place.

Staff told us they had received training in safeguarding. Training records showed that staff had received training and plans indicated an intention to provide further training. Staff were not familiar with Mental Capacity Act or how it may impact on their work, although they showed an awareness of their responsibility to ensure that people are involved in decisions about their lives. Training is referred to in outcome 14.

##### Our judgement

The provider had arrangements in place to protect people from the risk of abuse. On the basis of the evidence provided and the views of people using the service, we found this service to be compliant with this outcome.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are moderate concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People using the service said they thought that staff had the skills to assist them in meeting their needs. They were complimentary about the support provided by staff.

##### Other evidence

Care staff told us they had received training in a range of areas including safeguarding, moving and handling, first aid, health and safety and fire safety. This had either been provided at a local college or at the home. Some had completed National Vocational Qualifications at level two or above and this was supported by the training record we looked at. Staff told us about training received last year. One person spoke of training in first aid received this year.

The manager provided us with updated training records after our visit to the service. These indicated that staff had received training in a range of topics including, health and safety, first aid, fire safety, safeguarding, medication awareness, infection control, food hygiene, death dying and bereavement. However, the training records showed that staff had not received any training or updates since September 2010. Only two of the care staff had received some training in February 2011.

The records did not demonstrate that staff had been trained on aspects of the Mental Capacity Act and Deprivation of Liberty, or on risk assessments. Specific plans for training were not in place and areas identified for future staff training did not include these topics.

We found that members of staff have detailed conversations between shifts to enable

them to discuss how to meet people's needs. However, they told us they had not received supervision on a regular basis. One person said their last supervision meeting was two years before our visit. Staff also told us that staff meetings were infrequent.

**Our judgement**

The provider had not ensured that staff received the training and support to enable them to effectively meet the needs of people using the service. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People using the service said that they had opportunities to comment about the service at the regular residents meetings with board members. In these meetings they were able to discuss their views or raise issues.

##### Other evidence

Staff, in the absence of the manager when we visited, were not able to gain access to records of the monitoring of the quality and safety of the service. They were also not aware of the processes in place.

Following our visit the manager told us that there was a system within the organisation for monitoring the quality of the service and that it was under review. Internal audits were completed on a regular basis. The manager also told us that the general household risk assessments were in the process of being updated. Individual risk assessments for people living in the home had not been completed and the manager agreed that they were needed. The manager also agreed that there was a system for monitoring people's care plans, but that he would review it in light of our findings that some were not sufficiently detailed or up to date.

The manager and members of staff confirmed that people were consulted about the service in regular residents' meetings. Staff said that people were informed of any action taken from issues raised.

We also found that the quality assurance system had not been effective in ensuring that

all staff were receiving regular training and supervision as referred to in outcome 14.

**Our judgement**

Although people had been consulted about the service, the provider's system for monitoring the quality of care provided not ensured that all aspects of the service had been effectively assessed and improvements made. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>How the regulation is not being met:</b> The provider had not ensured that staff received the training and support to enable them to effectively meet the needs of people using the service. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b> Although people had been consulted about the service, the provider's system for monitoring the quality of care provided not ensured that all aspects of the service had been effectively assessed and improvements made. On the basis of the evidence provided and the views of people using the service, we found this service to be non-compliant with this outcome.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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