

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

Quaker House

40-44 Barton Court Road, New Milton, BH25
6NR

Tel: 01425617656

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	New Milton Quaker Housing Association Limited
Registered Manager	Mr. Paul Abbott
Overview of the service	Quaker House provides personal care and accommodation for up to 40 older people. The home does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2012, 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 and talked with staff.

What people told us and what we found

At this inspection we spoke with ten people who lived at the home, two members of staff, the registered manager and briefly with a member of the Board of New Milton Quaker Housing Association. Everyone we spoke with had positive things to say about the home, from the standards of care, the way the home was managed to the approach and support of staff.

People told us that they were consulted about their care and the way the home was run.

They told us their care needs were met by the staff team and that the home was well managed.

Staff we spoke with told us that they were felt supported by the management and that training was provided to make sure they were competent and knowledgeable.

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

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

Our judgement

The provider was meeting this standard.

Before people received any care, they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

All the people living at the home we spoke with told us that they were consulted about their care and support. They said that their needs had been assessed and that they were involved in decisions about their care.

We chose a sample of three people's records to look in detail at how care was planned and managed. We saw that people had signed a form stating that they had been consulted and involved in developing their care plan.

Since the last inspection in December 2011, all the staff have had training in the Mental Capacity Act 2005 and consequently made aware of their responsibilities in the event of people not having capacity to make decisions.

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

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan.

At the time of our inspection there were 34 people living at Quaker House. About a third of people were independent and did not need assistance from staff with personal care. When people were admitted to the home, their needs were assessed and a plan of care developed for those people who required help and support from the staff with personal care.

Records clearly identified categories of people; those who required no personal care, people who required minimal assistance and those who needed personal care support. There were only two people who required 'extra' care at the time of our inspection and we looked at their records and spoke with them.

Everyone we spoke with told us that the staff were kind, respectful and that things agreed in care plans were attended to. One person liked to get up late in the morning with assistance from staff and told us that this was respected.

Another person required assistance with catheter care. They told us that the staff supported them appropriately and were a great help to them.

We looked at a sample of three people's care plans. These set out people's assessed needs and the support required to meet these. Generally, the care plans for people who required minimal support, reflected their needs and what interventions were required by staff. However, for one person who required extra care, the level of detail in their care plan did not adequately describe the help staff needed to provide. We spoke with two members of staff during the inspection and both were able to tell us in detail the assistance this person required. We also spoke with the individual concerned. They told us that all the staff were knowledgeable and knew how to support them appropriately.

Following the inspection the registered manager informed us that the care plan had been amended to include all the actions required of staff and a monitoring sheet added for staff to complete. The manager also said that care plans for people requiring extra care would be reviewed. The manager's actions ensured compliance with this standard but we have not been able to test whether compliance has been sustained.

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

Our judgement

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.

Reasons for our judgement

We looked at the medication administration records concerning the people whose care and welfare we focused on. We saw that these records were being completed fully with no gaps in recordings. There were examples of good practice such as; a photograph of the person concerned at the front of their medication administration records and reference to any allergies. The provider may find it useful to note that hand entries to medication administration records had not been checked and signed by a second member of staff. This meant that any error in transcribing the information would not be picked up.

Whilst looking at medication administration records we saw that the home had a controlled drugs cabinet that did not meet current legislative requirements. Following the inspection the registered manager informed us that a cabinet had been ordered and that this would be fitted as soon as it was delivered. We were sent a copy of the invoice for the cabinet. We have not been able to test that compliance has been achieved.

We audited the medicines kept in the controlled drugs cabinet and found that these balanced with the recording in the controlled drugs register. The register was found to be completed to the required standard.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

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

We carried out a tour of the premises and also visited some people within their bedrooms. People we spoke with told us that the building was well looked after and that any maintenance issue were dealt with appropriately. We did not identify any hazards or issues concerning the building, which was purpose built in 1977.

We saw that work was in progress to replace fire doors to people's rooms. The manager told us that this had been identified as necessary by Hampshire Fire and Rescue Service.

We saw that work was also in progress to repair damage through weathering of the roof.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

At the last inspection of Quaker House in December 2011 we made a compliance action. This was because staff needed refresher training in core mandatory subjects and staff had not had adequate supervision. Following the inspection the Board of New Milton Quaker Housing Association sent us an action plan.

At this inspection we found that staff had received appropriate professional development. All staff had been trained in the Mental Capacity Act 2005 and this included training in the Deprivation of Liberty Safeguards.

We spoke with two members of staff who both felt well-supported and supervised. One member of staff said that managers were approachable and advice and support was always available if this was needed. The manager told us that since the last inspection all staff had received an annual appraisal and supervision.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the last inspection in December 2011 we made a compliance action. This was because risk assessments concerning people's safety were not always carried out, care planning not always reviewed and staff core training was not always updated. Following the inspection, the Board of New Milton Housing Association sent us an action plan stating how these issues would be addressed.

At this inspection we found that risk assessments associated with providing safe care to people living at the home had been completed.

Care plans had been reviewed. The manager agreed at this inspection that care plans for people receiving personal care would be checked each month to make sure that they were up to date and reflected people's needs.

Arrangements had been put in place to make sure staff training needs were identified and refresher training provided.

The manager informed that a survey was soon to be conducted to seek people's views on the quality of service provided.

Residents' meetings are held quarterly and two members of the Board of New Milton Housing Association attend to make sure views of people living at the home are heard and responded to.

There were systems in place to make sure the premises were maintained to a good standard.

People we spoke with during the inspection were very satisfied that their views about their care and the service in general were listened to and acted on.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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