

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:

Respecting and involving people who use services ✓ Met this standard

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

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ 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 31 July 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 carers and / or family members and talked with staff.

What people told us and what we found

We were assisted throughout the inspection by the registered manager and members of staff. We spoke with eight people who lived at the home, three members of staff and with one person, who was about to move into the home and their relative.

People's privacy dignity and independence was respected and promoted. People living at the home told us that they were fully involved in their care, that they were listened to and their choices and preferences respected.

People's care and welfare needs were being met. Assessments had been carried out and care plans put in place so that staff knew how to support people.

The home had robust recruitment procedures in place that were being followed to ensure that suitable members of staff were employed to work at the home.

The home had effective systems in place to monitor the quality of service provided to people living at Quaker house.

Records were maintained on behalf of people. These were up to date, accurate and stored confidentially.

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

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

Everyone we spoke with told us that there was a friendly and supportive staff team working at the home. People said that the staff always involved them in the way they were supported. They told us that the staff listened and allowed people to make their own choices. They said that they were encouraged to maintain their independence but staff support was available if they needed assistance.

People living at the home also told us that their privacy and dignity was respected. People had their own individual rooms and they told us that staff knocked before entering, respecting their private space. They also told us that staff addressed them by their preferred form of address.

At this inspection we chose a sample of three people to pathway tracked how their care was planned and delivered. This involved speaking to the person concerned, looking at the records kept about them and reviewing how their care was managed. One person was receiving end of life care and the other two people received 'extra care', which meant that staff assisted them with personal care needs.

Within people's records we saw that individuals had completed a self-assessment document about the care and support they required. This was a key assessment document used in developing people's personal care plans. People had therefore been fully involved in how they wished to be supported.

The relative and person about to move into the home told us that they had been given full information to assist them in choosing the home. They told us that they had been made very welcome and were impressed by how friendly and supportive of the staff were throughout this process.

One person told us, "I love it here, everyone is so supportive". Another person told us, "The staff are always so patient with everybody, they always listen to people".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

At the time of our inspection there were 34 people living at the home. Many of the people living at Quaker House were able to live independently and did not need assistance from staff with personal care needs. Other people required some support with personal care, whilst others required full assistance from staff with personal care needs. We saw that records clearly identified those people who required assistance from staff and those that did not.

From people's records we pathway tracked, there was evidence that people's needs had been assessed prior to them being offered a place at the home. This process ensured that the home only admitted people whose needs they could meet.

One person had just returned to the home had from a period in hospital. The deputy manager had visited the person in hospital prior to their discharge to assess whether their needs could still be met at Quaker House, and also to make sure that things were in place to support them on their return to the home. We found that equipment and services to meet this person's needs had been put in place for their return to the home. The person was receiving end of life care and an air mattress had been put in place to reduce the risk of pressure sores developing. District nursing services had also been put in place to meet any nursing needs. We spoke with this person and they told us that they were happy to be back at the home and said they were being well looked after.

Within people's records we also saw that a comprehensive assessment tool had been completed when a person first moved to the home that looked at a person's overall care needs and support that they required. We found that from this assessment and the assessment completed by the person, a care plan had been developed to inform staff how to support that person. The care plans we saw were up to date and accurately reflected the needs of people we pathway tracked. Care plans were supported by risk assessments to make sure that care was delivered as safely as possible.

The staff we spoke with were knowledgeable about the needs of the people they care for.

Within people's care plans we found that their health needs were addressed with appointments for opticians, dentists and chiropodists being made. We saw that when people were unwell appointments were made for them to see a doctor or district nurse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

We looked at the recruitment records for the last three members of staff employed to work at the home. We saw that all the requirements of the Health and Social Care Act 2008 Regulated Activities Regulations 2010, Schedule Three had been complied with. The following checks and records were in place.

- Proof of the person's identity including a recent photograph.
- A criminal record bureau check.
- Two written references concerning people's last places of work where the person worked with children or vulnerable adults.
- A full employment history that also gave the reasons why the person left previous positions where they worked with children or vulnerable adults.
- Explanation of any gaps within a person's employment history.
- A check against the register of people unsuitable to work with children or vulnerable adults.

We saw that people who applied to work at the home had completed an application form and been subject to interview. Records of the interviews had been kept.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The home had systems in place to monitor the quality of service provided.

There was a system for both assessing and planning care and support for people. Care plans were up to date and regularly audited to make sure that they reflected people's needs and how staff should support people.

The staff we spoke with told us that levels of staffing were appropriate to meet needs of people accommodated. They told us that management were very approachable and that staff meetings were held where they could raise pertinent issues with managers. The staff we spoke with also told us that training courses were provided and the manager ensured that mandatory training was kept up to date. The staff also told us that other training was available to them so that they could develop further skills.

A survey had been carried out this year that had involved families and people living at the home. 18 responses to the survey had been returned but the results had not yet been collated. We saw that responses had been positive about the home.

The management of the home is overseen by a management committee and we saw that they were pro-active in monitoring the quality of service. Representatives of the committee had carried out an audit of compliance with regulations in January 2013. An action plan had been put in place to address areas for improvements. The manager told us that the home was negotiating and considering employing the services of a company that provided audit tools for ensuring compliance with regulations and good practice.

We saw that the systems in place made sure that accidents were monitored to make sure that future risks to people could be minimised and that complaints were responded to. We also saw that the systems in place made sure that the environment was safe and well-maintained.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose.

At this inspection we looked at a range of records. These included care records maintained about people's care and assessment, quality assurance records and records about the management of the home. All the records we saw were orderly, easily accessible and up to date.

We also saw that care plans were kept locked in the office to maintain confidentiality and only accessible to staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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