

## New Forest Quaker Care Home Limited

# Quaker House

### Inspection report

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

Tel: 01425617656

Website: [www.newforestquakercarehome.org.uk](http://www.newforestquakercarehome.org.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Quaker House provides accommodation and personal care for up to 40 older people. The home is set in its own grounds close to local amenities and the town centre. At the time of our inspection there were 28 people using the service.

### People's experience of using this service and what we found

People and their relatives told us the home was very well managed. A person commented, "The quality of care is paramount in their minds." There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed to make sure only suitable staff were employed to care for people in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager were promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 January 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quaker House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Quaker House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

Quaker House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Quaker House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We used information gathered as part of monitoring activity that took place on 27 January 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make.

We used all of this information to plan our inspection.

### During the inspection

We spoke with 4 people living at the home and 3 relatives, the registered manager, 2 senior members of care staff, 2 care staff, 2 housekeeping staff and a maintenance staff member. We also spoke with the chairperson of the board of trustees and with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including care plans and medicines records for 2 people, recruitment records for 5 staff, training records, and quality assurance records. Following the inspection visit we received feedback from 1 external health and social care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect or harassment and the service had policies and procedures in place concerning safeguarding and whistleblowing.
- Staff received safeguarding training and were confident about reporting any safeguarding concerns.
- People told us they felt safe. For example, a person said, "Safe? Absolutely. They (staff) are all really pleasant. Very efficient and caring." Another person said, "No one forces you to do anything. If I was worried or concerned someone would come and see me." A relative commented, "She feels safe here. Staff always keep me informed. They're so helpful."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, such as falling, choking, or developing pressure areas on their skin. Actions taken to minimise the risks were recorded and monitored.
- Systems were in place to monitor the safety of the environment and equipment.
- Regular maintenance and servicing of equipment, such as hoists, gas and electrical installations, fire alarms and fire-fighting equipment was undertaken by external contractors. Frequent internal fire alarm tests and evacuation drills were carried out.
- Systems were in place to monitor the safety of the water in the home and remedial actions taken if, and when, any issues were identified.
- Most people had individual personal emergency evacuation plans (PEEPs) in place to guide staff in how to support them in the event of an emergency. We identified 4 people who required a PEEP however, the registered manager already had this in hand.
- Day to day repairs and maintenance was well managed. Staff reported any faults which were actioned promptly by the maintenance staff.
- The registered manager followed the recommendations from the local authority in relation to risks from heat waves, including monitoring people's health and wellbeing. However, they did not have a system in place to record when checks had been carried out for people who were cared for in their rooms. We spoke to the registered manager and the Chairperson of the Board of Trustees about this who told us they would review their heatwave procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager was aware of their responsibilities in relation to the MCA. The nominated individual told us staff training in the MCA and DoLS was being prioritised, in line with people's changing needs. This was later confirmed to be scheduled or completed.

#### Staffing and recruitment

- There were sufficient staff deployed to meet people's needs.
- Staff rotas for the week showed target levels of staff were being consistently met across all shifts, including the weekend. The staff team included care staff, domestic, housekeeping and kitchen staff. Staffing levels were monitored and adjusted in accordance with occupancy levels and people's needs.
- People confirmed staff were able to respond to their needs promptly. A relative said, "If we press the button (call bell) someone comes to help with grace and affection." A person told us, "Staff are very helpful. I never have to wait. I feel safe and it's reassuring for my daughter as she lives 50 miles away."
- Systems were in place to ensure recruitment practices were safe.
- Application forms had been completed with full employment histories, proof of identity had been checked and employment references taken up from previous employers.
- Disclosure and Barring Service (DBS) checks were carried out for new staff. This helps employers make safer recruitment decisions and ensures only staff who are suitable to work in social care are employed.

#### Using medicines safely

- The provider had systems in place to manage people's medicines safely.
- Senior staff administered medicines and had received relevant training. Annual good practice assessments were completed to ensure staff remained competent to administer medicines.
- Medicines were stored safely in locked cabinets and stock cupboards. Daily audits of medicines ensured any discrepancies were found quickly and any remedial actions could be taken promptly. People's medicine administration charts were complete and up to date.
- Where people required support to take their medicines, they told us staff were helpful. One person said, "They [staff] take care of all that. I don't need to worry."
- Where people were able to manage their own medicines, we saw risk assessments were in place to identify and mitigate any risks.
- Most people had a PRN (as and when required medicines) protocol in place to guide staff in how and when these medicines should be administered. We noted one person did not have a PRN protocol in place for 2 of their medicines and raised this with the registered manager who addressed this.

#### Preventing and controlling infection

- The home was clean and tidy. A member of the housekeeping staff told us they had received infection prevention and control (IPC) training. They had a daily schedule to complete which included high touch contact points; For example, door handles, light switches, and tabletops, which were cleaned regularly throughout the day.
- An external professional told us, "They are good in their infection control policies with face masks, disinfection gel, and temperature checks (during Covid)."
- A relative commented, "The housekeeping staff are fabulous with what they do." A person told us, "Staff

are very helpful and positive. They keep the place very clean."

- We noted some personal hygiene products had been left in the communal bathrooms which increased a risk of cross contamination. The registered manager said she would ensure bathroom checks were added to staff duties.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People's friends and family were able to visit the home with no restrictions.

#### Learning lessons when things go wrong

- Records were kept relating to any accidents and incidents, as well as complaints, and the provider had a system to monitor these. This enabled the provider to identify the potential cause of any incidents and any patterns in these, with a view to reduction or prevention.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the home was very well managed. Comments included, "[The provider] was exceptionally smart to appoint [the registered manager and deputy manager]. If I have an issue, I know I can always raise it with them face to face or on the phone. I always get something back from them."
- Staff told us they were very happy working at Quaker House. Comments from staff included, "I feel very much supported. They are open to my ideas and suggestions," and "[the management team] are lovely. Their doors are always open. Everyone is so approachable."
- People's care plans were person centred and showed they and their relatives and representatives were involved in planning and reviewing their care. A person told us they had been able to bring some of their possessions when they moved into the home and continue with their hobbies and interests. They spoke positively about the management and staff, saying, "The quality of care is paramount in their minds."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a system of audits in place and an ongoing plan to develop and improve the service.
- Staff were clear about their roles and there was a schedule of planned supervisions. Staff team meetings took place regularly to discuss areas of responsibilities and clarify expectations. An all-staff meeting was held in May 2023 to discuss changes happening in the home and to the structure of the service. The meeting had included a team exercise to facilitate reflection about teamwork, challenges and what was working well. Following previous feedback from staff, an organisational chart was developed and shared, clarifying responsibilities at various levels so staff knew who to go to if they had questions or concerns.
- An external professional told us, "We know and have met with the care home team (registered manager, senior carers) and they know their responsibilities and duty of care. They have safeguarding policies and staff are regularly trained to meet the standards."
- The registered manager understood their legal requirements. Notifications were made in line with regulations where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were involved and had opportunities to provide feedback about their care. One relative told us, "I have had a couple of surveys and get invites to the quarterly meetings. I know they

welcome the input."

- A staff member told us, "[the registered manager] is really good. They [the management team] are all really supportive and want my opinions. They really do take things on board. We can talk openly if something is bothering us." Improvements to shift allocations had been made following staff feedback, which was working well.
- The provider had recently sent out questionnaires to staff, people and their relatives, inviting them to participate in an annual quality assurance survey. Records showed that following the previous survey in August 2022, actions had been taken to follow up on the feedback received. This had included, for example, putting in additional staff at busier times of day, and reviewing the quality of food provided.

Continuous learning and improving care; Working in partnership with others

- We saw evidence of ongoing improvements to the home environment, including redecoration and new flooring.
- A new electronic care planning system was being introduced, which will support the management and staff in the planning, delivery and recording of care.
- An external professional told us, "They are a good care home with good communication with us." They said, "I understand they have a few learning programmes, for example heart failure, osteoporosis, which indicates continuous learning and development to ensure the best care."