Inspection Report

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

Nower House

Nower House, Coldharbour Lane, Dorking, RH4 3BL

Tel: 01306740076

Date of Inspection: 21 August 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ 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	Dorking Residential Care Homes Ltd
Registered Manager	Ms Wendy Sharples
Overview of the service	'Nower House' is a care home providing accommodation and personal care for up to 50 older people with a wide range of care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Nower House had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

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 21 August 2014, 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

An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions, is the service safe, effective, caring, responsive and well-led.

As part of this inspection we spoke with six people who used the service, the registered manager and six staff members. we also reviewed records relating to the management of the home which included four care plans, daily care records, staff duty rotas and activity arrangements.

Below is a summary of what we found. The summary describes what people using the service and staff told us, what we observed and the records we looked at.

Is the service safe?

Some people told us they felt safe living in the home. They said they could talk to the manager and the staff if they felt upset or unsure about anything. Other people were not able to communicate with us because of their poor communication skills. Safeguarding procedures were in place and staff understood their role and responsibility in safeguarding.

We saw staff observed the safety and welfare of people living in the home and saw no negative practices during our visit.
The service was clean and safe and provided people with safe access to all areas of the home.
The staff recruitment practice was thorough.

Is the service effective?

People's health care needs were assessed with them whenever possible and written in a care plan. Arrangements were in place for people to have visits from GP when appropriate to monitor their individual health care needs. People also had effective support from other health care professionals. For example the chiropodist, district nurse, dentist and the community psychiatric nurse (CPN), and the dietician.

Is the service caring?

People who used the service told us the staff were very caring and always treated them well. We saw the staff on duty were kind and caring and spoke with people who used the service in a polite and respectful manner. We saw staff explained things to people when they were having difficulty to understand. For example when people asked where they were or when to expect a visit from relatives. We saw people were supported to eat their meals by staff in a sensitive and caring way and they took the time to enable people to be as independent as possible. People who used the service told us that staff always kind and that was why it was a good place to live.

Is the service responsive?

The service was responsive to the needs of people who used the service. For example when a risk had been identified the provider responded with an action plan to minimise the risk but allowed the individual to be as independent as possible. This included the management of people's changing needs for example the provider allocated an additional staff member to night duty to manage an identified need. The service also referred a person for psychiatric support appropriately.

Is the service well led?

The home is well managed by the registered manager who had been in post for several. They had the support of a compliance manage and a general manager who had designated responsibilities for overseeing the effective management of the home. The registered manage also had the support of a well established staff team who had a good understanding of the needs of the people who used the service.

There was a good auditing system in place for the monitoring of service provision and to recognise improvement when required. There were regular health and safety audits undertaken to ensure the health and welfare of people who used the service and to promote a safe working environment. Complaints and accidents were monitored and lessons learnt from the outcome of these were documented and discussed with staff to further improve quality.

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

At our last inspection on 5 December 2013 we found the registered person was not meeting this outcome.

Before people received any care or treatment they were not asked for their consent and where people did not have capacity the provider did not always act in accordance within the law.
There were no consent forms in people's files to show that people had agreed to receive care and treatment, medication and information sharing.
When a person is thought not to have capacity in an area, the Mental Capacity Act 2005 requires a specific assessment in each separate case arising to determine capacity in that area, before any decision or best interest meeting takes place. These had not been undertaken for service's intervention for example care and treatment, medication and information.

The registered person sent us an action plan telling us what actions they would take to become compliant with the outcome and they confirmed a completion date 21/01/2014.

At this inspection we saw evidence to confirm that the provider had taken appropriate steps to ensure that the people who used the service could be confident that their consent would be established before undertaking any care or treatment. The manager showed us the assessment tool they now use for assessment of capabilities and best interest decision making. There was as assessment on all files we looked at.

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

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Since our last inspection on 05 December 2013 we received concerns that people were receiving inadequate care. In response those concerns we carried out this inspection on the 21 August 2014 to specifically review the care people received and whether this met people's needs.

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

We saw people who used the service had a full pre admission needs assessment undertaken by the manager or an experienced member of staff. This ensued that the home was able to meet the specific needs of the person being admitted. The needs assessments also included information from other health care professionals and information from the family when appropriate. This meant that people's care needs were assessed to ensure they experienced safe and appropriate care.

We received concerns regarding the care plans being "doctored" and did not reflect people's individual needs.
We looked at four care plans for people who used the service, and saw these were in the process of being upgraded to a new electronic system. However we did see that the current system in use was effective and were written with people's input whenever possible. We saw the care plans were detailed and outlined individual needs. They also included guidance for staff to follow in order to meet these needs. Staff recorded daily diary notes regarding the level of interaction they had with people and the specific care undertaken, which were transferred to the electronic system by team leaders. We saw care plans were reviewed monthly or more frequently when needs changed. For example one person was referred to be reassessed by the commissioning team as they required nursing care which the home were unable to provide. Another person who used the service was requiring the support of the mental health team and an alternative placement was being looked at by respective relatives for both people. The manager told us that when people's needs changed she made appropriate referrals but systems and processes meant that people did not get moved immediately, and the home did all in their power to manage changing needs and dependencies in the interim based on risk.

We received concerns about the standard of care provided and that a person was left in bed as the home did not have the appropriate equipment to manage the situation. During our visit we observed people were well groomed and comfortable. We spoke with the person who was in bed and they told us "I get up when I feel like it and today I felt like staying in bed". This person did not require to be moved using a hoist and it was their choice when to get up. This was documented in the care plan.

We also received a concern regarding a person's mental health status. We noted from the care plan that appropriate support was in place to include visits from the community psychiatric nurse (CPN), visits to the psychiatrist, and a constant review of medication to ensure this individual's wellbeing and to safety of people who used the service. As a result of our visit we found that these concerns were not substantiated.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw that risks had been identified and risk assessments were in place. For example if people were at risk from choking this had been assessed and managed appropriately which included the use of food thickeners and pureed diet to maintain nutrition. We also saw that people who had mobility needs had a moving and handling assessment in place that enabled them to be moved safely. For example when using walking aids or assisted bathrooms and toilets. We saw that Waterlow score skin assessments were in place for people who were at risk of developing pressure ulcers. We also saw the home had the support of the district nurse to advise and support staff if this situation occurred. All risk assessments were reviewed and updated regularly. This meant that the home had identified risks and managed them effectively.

All people who used the service were registered with a local General Practitioner. Records of GP visits, dental care, and visits from the chiropodist, optician and other healthcare professionals were recorded in care plane. This ensured that people's health care needs were being monitored and maintained.

We spoke with several people who used the service during our visit who all told us they were very happy with the care and support they received. We observed care being offered to people who used the service by staff in a professional and caring manner. Staff interactions with people were respectful and courteous. This meant that staff respected the people who used the service.

There were arrangements in place to deal with foreseeable emergencies. For example in the event of a fire, utility failure, lift breakdown, dealing with a medical emergency and adverse weather conditions. All staff spoken with were aware of these procedures which meant the provider had taken steps that ensured the safety and welfare of people who used the service, staff and visitors.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We had received concerns that there were not enough staff employed to meet the needs of the people who used the service.

The manager told us there were sufficient staff on duty at all times during any twenty four hour period to care for people who used the service. This was confirmed by the staff rota we reviewed.
The concerns we received related to the night shift. We spent time looking at the staff duty rota and we saw there were now two staff on each unit during the night to care for people who used the service. We asked the manager how they arrived at the number of staff with the right skills needed to care for people in this unit. The manager told us that staffing levels were based in the assessed needs of people who used the service, listening to staff working in the home and occupancy levels at any time.

During discussion with staff throughout the home they told us they felt that generally there were sufficient staff on duty to meet the needs of people. One staff member said "There can be the occasion when sickness or leave can make us short but that did not happen too often". The manager told us recruitment was on-going and said that agency staff were used on occasions to ensure sufficient staff were provided to meet people's needs.

Staff told us they received induction at the commencement of their employment and regular training as required. We looked at staff training records which confirmed that induction training took place. We also saw some of the mandatory training undertaken which also included National Vocational Qualifications (NVQ) ranging from Level 2 to 3 for some staff. This meant there were enough qualified, skilled and experienced staff to meet people's needs.

Supporting workers ✓ Met this standard

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 and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection on 5 December 2013 we found the provider was not meeting this outcome.

At this inspection people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We spoke with staff working in the home and they confirmed that they received induction training when they commenced employment. This included an introduction to organisational policies and procedures, shadowing a senior staff member, observation work, practical training for example moving and handling, and the use of an induction work book which was based in the Skills for Care Common Induction Standards. We saw that staff were assessed as competent before they undertook a task unsupervised.

We noted that the service had a programme in place to support staff development such as the diploma in Health and Social Care and National Vocational Qualification (NVQ) in health and social Care at levels 2, and 3.
We saw that mandatory training was in place which included first aid, fire safety, infection control, health and safety, manual handling, care of substances hazardous to health and hygiene (COSSH).

The manager told us that since the last inspection on 5 December 2013 all staff have had an appraisal and we saw systems that were set up electronically to monitor and manage staff supervision. We saw team leaders had received training to undertake supervision, as previously it was only management that received formal 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 the service that people receive.

Reasons for our judgement

People who used the service, their representatives, and staff were asked for their views about their care and treatment and they were acted on.

We saw that the home had systems in place to monitor the quality of service provision and improvement. The manager told us that they were in daily contact with people who used the service which enabled them to identify any issues and to resolve any problems immediately.

On-going audits of care plans and risk assessments were undertaken that reviewed people's care and treatment. These were updated when necessary. A new electronic care planning system was in the process of being introduced to further enhance the care monitoring process. There were also monthly records of people's weight which was analysed and acted upon if required. We saw evidence that monthly audits of medication were undertaken internally, and external audits of medicines by a pharmacist also took place.

Monthly housekeeping audits, catering surveys and audits by the general manager were all undertaken for the monitoring of for quality assurance purposes.

The manager showed us the system in place which was used by the compliance manager to monitor health and safety within the home. This was a comprehensive chart that included checks on all utilities and equipment used in the home. This audit promoted people's welfare and maintained a safe working environment.

We saw minutes of resident's/relatives meetings which had taken place and suggestions and ideas discussed were beginning to happen. For example the menu had been reviewed to include summer alternatives.

Customer satisfaction quality assurance questionnaires were sent by the general manager

to relatives, stakeholders, and people who used the service whenever possible for comments. Results are shared within the home for information. The results showed people had expressed a good level of satisfaction with the service.

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

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