

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: 26 March 2013

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2013

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

Safety and suitability of premises ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Dorking Residential Care Homes Limited
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

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 26 March 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We met and spoke with five people resident in the home who told us that they were happy and liked living in 'Nower House'.

One person we spoke with commented, "If I want to relax in my own room, I do. I have the choice, but there is always plenty to do if I want to join in with what is going on. That suits me." Another person said that the staff were "always helpful, cheerful, and very kind."

Everyone we spoke with confirmed that they enjoyed their meals and had plenty to eat and drink. They all said they received the care and support they needed and felt safe at 'Nower House' because they could rely on the staff.

We saw that the communal areas of the home, such as the lounges and access corridors, were well maintained, appropriately lit and heated, and were free from odour. The people we spoke with all said 'Nower House' they were comfortable and liked their surroundings.

We saw that furnishings were in good condition and people said they liked the décor. The bedrooms we saw were clean, and each person had personalised their room with their belongings and had arranged their private space the way that suited them.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People's preferred daily routines, their likes and dislikes, and the name they wanted to be known by was recorded in five care plans we looked at.

We saw that staff took time to explain what they were doing when they assisted people. We heard staff encourage people to do what they could for themselves.

We heard staff ask people if they wanted to join in an activity or if they preferred to sit and relax. We saw that some people were enjoying craft work when we inspected 'Nower House'. There were two full-time 'activity coordinators' employed to enable people to participate in enjoyable activities.

We spoke with three members of staff and they were able to tell us what people enjoyed doing. They said people's individual care plans were kept up to date with information about the activities people liked and the choices they were capable of making. They were respectful of each person's right to make choices about their care.

Where people's ability to choose had been compromised by their dementia we saw there was accurate and up to date information to guide staff so that people were still enabled to express themselves and make their feelings and wishes known.

Staff told us that visitors were encouraged. They said there were no set times for visiting. They said visitors were simply asked to avoid arriving late in the evening or if the person had expressed a wish not to have visitors that day. One relative we spoke with who was visiting said that the staff were always welcoming and helpful.

We saw that people we spoke with in their own room, or who were seated in the communal lounges, were dressed in clean clothing of their own choice.

We observed that care staff knocked and waited before being invited to enter a person's bedroom.

The people we spoke with all said the staff respected their right to privacy and that they were treated with respect. They said that staff when staff supported them with personal care, such as washing or dressing, the staff always explained what they were doing and showed sensitively when assisting with intimate care.

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

We heard staff talk with people and their tone of voice was friendly, they explained what they were doing and they used words of encouragement when, for example, they physically assisted people to move around.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at five care plans and associated risk assessment documentation for people who used the service. We saw that people's care plans provided up to date information on their health and welfare needs. We saw that their needs had been assessed prior to admission to the home and were regularly reviewed so they continued to receive the care they needed.

The staff we spoke with were knowledgeable about people's care needs. They told us that people were involved in making decisions about their care. Where people lacked capacity to make informed decisions their representatives had been involved in planning and reviewing their care. The visiting relative we spoke with confirmed this to be the case.

We saw that people were provided with appropriate aids, adaptations and equipment, to support their mobility and maintain their independence. We observed staff using appropriate moving and handling techniques when required to physically assist them.

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 found 'Nower House' to be clean and free from odours. There were cleaning schedules in place and domestic staff were employed to keep the home clean.

The communal rooms and bedrooms we saw were appropriately maintained with decor, furnishings and equipment in good order. Hoists and other equipment used by staff to assist people were regularly serviced. The fire alarm system was regularly tested and serviced, with appropriate records kept up to date.

Access corridors throughout the home were free from clutter and were well lit. Carpets were clean in communal areas, such as corridors, the lounges and in the bedrooms we saw. We saw the carpets were free from tears and stretch ridges that may have posed a trip hazard to people with impaired mobility.

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 saw from looking at weekly rotas and records of staff training that people were supported by sufficient numbers of suitably qualified, skilled and experienced staff. The five staff we spoke with had the skills and experience needed to support the people in residence. We saw from talking with staff that they had regularly participated in 'refresher' training, for example, in safe moving and handling skills and protecting vulnerable adults from abuse.

The manager was able to demonstrate that a staffing needs analysis had been carried out. This ensured that staffing levels were maintained and took into account risk assessments related to people's behaviours and support needs, staff vacancies, and absences due to sickness.

Newly recruited staff were provided with a comprehensive 'induction'. They were required to spend time 'shadowing' an experienced staff member before they took up their care duties.

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

We saw that all records were kept securely in 'Nower House' and could be located promptly when needed. We saw that there were electronically stored records as well as paper copies. The five care records we looked at were accurate and fit for purpose. Each written record was legible and provided staff with the information they needed to do their job effectively and safely. We saw that electronic records were kept up to date and accurately reflected the information contained in written records.

We saw examples of completed risk assessment records. These records identified the precautionary measures that staff needed to take to minimise the risk of harm to people they cared for in the home. We saw that the staff files we looked at contained records of training undertaken, including certificates of attendance and completion of courses.

We saw records that supported the conclusion that staff were appropriately recruited. There were records confirming that satisfactory checks had been carried out on all staff prior to them being considered fit to work at 'Nower House'.

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 dentists 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 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. 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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