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: 05 December 2013

Date of Publication: January 2014

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

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✖ Action needed
Assessing and monitoring the quality of service provision	✓ 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

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

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 carried out a visit on 5 December 2013, observed how people were being cared for, 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, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During our visit we spoke with ten people who used the service and two relatives of people who used the service. We also spoke with four staff members two deputy managers the registered manager and the provider.

Some of the people using the service had dementia care needs, which meant they were not always able to describe their experiences of the service. To help us gather evidence of their experiences we used a Short Observational Framework for (SOFI). The tool is used to capture the experiences of people who may have cognitive or communication impairments and cannot verbally give their opinions on the service they have received.

We spent time observing how people spent their time, the support they received from staff and whether or not they had positive experiences.

Our observations of staff practice showed that people were receiving effective, safe and appropriate care, which was designed to meet their specific needs.

We saw people felt comfortable in approaching staff and asking for assistance. People were relaxed and content in their surroundings. Staff engaged positively with people using the service to encourage them to communicate their consent, wishes and choices.

One person who used the service said "The service here is excellent and I have no reason to complain." Another person told us that "The food is nice and staff nice too."

Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements.

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

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with 10 people who used the service during our visit who all told us that staff always gained verbal consent before they started personal care. One person told us, "Staff will ask to see if I am happy for them to help me with going to the toilet."

We spoke with two members of staff about their understanding of consent. Both demonstrated an understanding of this. For example, one staff member said, "I ask residents what they would like to eat before serving them with the food." Another staff member said, "I always check with residents what their wishes are before I proceed with my task."

During our inspection we observed that staff asked people if they wanted assistance and waited for their response before taking any action. This meant that staff ensured that consent was sought before proceeding with any task.

One of the care plans that we looked included a form which told staff the person should not be resuscitated in the event of death. The 'Do not attempt resuscitation' (DNAR) order was completed by the person's GP. We saw evidence that these decisions had been discussed with people who had capacity to understand the decision. Where people did not have capacity, we saw evidence that the decision had been discussed with people's relatives.

We looked at four care records for people with dementia care needs and found that mental capacity assessments had not been done. This meant the service would not know if people were able to make decisions themselves about their care. The registered manager told us that the home did not use any formal documented assessment but gained consent by verbally asking people.

In the care records we looked at there was no information about the types of decisions people were able to make. No information was recorded about the behaviours people might exhibit which would indicate whether they were happy to receive care or treatment, which staff could interpret as consent.

Two duty managers told us that some people who used the service did not have any capacity to consent to care or treatment. The provider was not able to show us evidence of capacity assessments or records of any 'best interest' decisions made for these people. This meant the service could not demonstrate which staff, relatives or health and social care professionals had been involved in decisions made on behalf of people who were unable to make decisions for themselves.

The home had a comprehensive policy on the Mental Capacity Act (MCA) 2005.

Care staff we spoke with were unable to describe the principles of the MCA 2005.
We spoke to the registered manager who told us that none of the staff had received Mental Capacity Act 2005 training. We highlighted the importance of the training to the manager due to the vulnerability of people who used the service. This training would provide staff with an awareness and understanding of the legal requirements that need to be met when a person lacks the capacity to consent to their care and treatment. This meant that staff may not have been aware of their responsibilities in caring for people who lacked capacity.

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.

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

Reasons for our judgement

We spoke with the provider, registered manager, two duty managers, four care staff, two relatives of people who used the service and ten people who used the service .

People who used the service told us that staff were "Kind and caring." One person told us "I feel safe and staff treat me well." Another person said "The home is very good and I couldn't ask for any better."

Relatives of people who used the service told us "The care was excellent." One relative told us that "Staff are polite and caring." Another relative told us " The home is clean and staff are exceptional."

We observed people's experiences of living in the home and their interaction with each other and with staff. We saw that people were relaxed and well cared for. People were wearing clean clothing appropriate to the temperature. It was clear from observations of staff interactions with people living in the home that they knew people and their needs very well.

Care and treatment was planned and delivered in a way intended to ensure people's safety and welfare. We saw evidence that the provider used risk assessment tools for things such as personal care, falling, moving and handling and mobility.

Risk plans had been produced for each individual and clear instructions were given to staff on how to manage or minimise the risk identified. We also saw that the risk plans were regularly evaluated. We looked at one person's falls risk assessment and saw that the person needed to be regularly supported by a staff member and ensured that the environment was safe .The care plan contained guidelines for staff on how to support the person and ensure their safety.

People's needs were assessed and care and treatment was planned and delivered in line with their care plan. Each person who used the service had an individualised care plan. The care plan included their support needs, staff guidelines to manage their support and relevant risk assessments. We looked at four care plans and found that the care plans and

risk assessments had been reviewed regularly.

The care plans were person centred and offered information about people's needs, preferred routines, likes and dislikes. The care plans clearly documented people's personal preferences about the way in which they wanted their care to be provided. For example, one care plan that we looked at identified that the person needed support with bathing but was able to independently maintain a high level of personal hygiene through prompting. Knowing this information helped staff to support people the way they wanted to be supported and meant that staff would understand their needs.

People had health action plans in place which showed people had access to health care professionals such as GP, dentist, opticians and Chiropodist.

There were arrangements in place to deal with foreseeable emergencies. We found that the provider had a policy in place to deal with emergencies such as fire, flood, heating failure, leak and water supply .

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We found the provider had a policy in place in relation to the protection of vulnerable adults called 'safeguarding'. However, we noted that the policy had not been updated to account for any changes in protocols for reporting suspected abuse to the local authority safeguarding team. We brought this to the attention of the provider at the time of the visit. They told us that they would address this immediately. The provider may find it useful to note that the local multi-agency safeguarding protocol was dated 2001. This meant that staff did not have access to up to date government and local guidance about safeguarding people from abuse.

We spoke with staff about the arrangements for reporting allegations or incidents of abuse. Staff members that we spoke with were clear about their responsibilities and demonstrated a good understanding of how to report concerns. They were able to describe different types of abuse that could affect the people who used the service and what action they would take.

We looked at five staff files and found that most of the staff had undertaken updated safeguarding training. Staff that we spoke with confirmed this.

We saw that the provider had systems in place to support people with raising concerns.

There was information available to both staff and people who used the service about how to report abuse or suspicions of abuse. We saw that there was a whistleblowing policy in place to assist staff should the need arise to report a concern related to the care and welfare of people using the service or staff behaviour.

People we spoke with told us they felt safe and could talk to the registered manager or a staff member if they had any concerns.

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

There were effective recruitment and selection processes in place. The provider kept satisfactory documentation for all staff to evidence relevant qualifications a a full employment history with satisfactory written explanations of any gaps in employment.

The registered manager told us about the organisation's recruitment and selection process.

Candidates completed an application form which included an employment history and were interviewed by the agency's management team.

Appropriate checks were undertaken before staff began work. We looked at the personnel files of five employed staff. Each file contained evidence that satisfactory pre-employment checks had been obtained before staff started working with people who used the service. The checks included references, forms of identification, information about criminal convictions, if any, and evidence of any qualifications.

When we spoke with staff they confirmed that they did not start working for the provider until all checks had been completed and their criminal records check certificate had been received. They confirmed they had a formal interview and when they started work they were able to work alongside a more experienced staff member to develop an understanding of their role. These checks ensured that only staff who were suitable to work with vulnerable people were employed by the service.

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

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 Qualifications (NVQ) in Health and Social Care at Levels 2, 3.

Certificated evidence was seen on the five staffing files, we looked at for the following training courses, Safeguarding of vulnerable adults, Medication, Health and Safety, Fire awareness, infection, food and hygiene, first aid and effective communication.

Staff we spoke with told us about their training and confirmed that they had received the training referred to above. They said they felt well supported by the registered manager.

The staff we spoke with were very knowledgeable about the people they cared for and told us that they enjoyed their job. They told us they were familiar with people's care plans and were given time to read these and ask any questions. They were also involved in any reviews of peoples' care plans.

We saw from the five staff files we examined that staff supervisions had not been undertaken to ensure staff remained competent to carry out their duties Staff that we spoke confirmed this. We brought this to the attention of the provider who told us they only did supervision for the manager but reassured us that they will introduce supervision for all staff who worked at the service. .

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 who use the service and others.

Reasons for our judgement

People who used the service and staff were asked for their views about their care and treatment. We saw documentation to show the provider carried out annual surveys with people who used the service. However, the provider might find it helpful to note that we saw no evidence that the result of the surveys were analysed and used to inform and improve the quality of the service provided as necessary.

Staff we spoke with told us that they were informed of any comments raised at handovers and that they were also encouraged to give their own feedback at these meetings.

The provider had a system in place to regularly monitor the quality of the service. We saw documentation that showed regular monthly audits were conducted across all areas of the service, such health and safety, fire and premises.

We saw evidence that complaints and incidents were recorded and analysed to show any lessons learned and that these lessons were disseminated to staff through staff meetings. We saw that there was a detailed complaints policy and procedure in place for people who used the service and their relatives in the service user's guide.

We looked at some of the comments written on thank you cards from relatives, "Thank you so much for your fabulous care and company." And "thank you for the care and dedication we receive from staff."

These monitoring processes meant that people who used the service benefitted from the delivery of care and support in an environment that continually monitors the quality of service and responds where improvement is required. People who used the service and relatives requested to have a post box so that comment about the service could be posted.We saw one post box next to the dining area.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The registered person did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: The registered person did not have suitable arrangements in place in order to ensure that staff received appropriate training, professional development, supervision and appraisal. Regulation 23 (a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 January 2014.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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