

Nouvita Limited

# Howe Dell Manor

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Howe Dell Manor is a converted manor house in Hatfield, Hertfordshire that accommodates up to 19 people living with mental health conditions. At the time of this inspection there were 17 people living at the service.

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

There had been improvements since the last inspection. Care plans were now in place to minimise risks and governance systems were widely used more robustly. Some further detail was required in the care records, but this did not detract from the care people received. Overall, we found whilst risk management was more effective, there were still some areas of staff practice that needed to be embedded. The provider had plans in place to address these.

People told us they were happy with the care provided and felt safe living at the service. Risks to people health and welfare were identified and assessed. People's support needs were met by sufficient numbers of staff who were recruited safely. Infection control was promoted, and medicines were managed well.

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.

People told us staff had the necessary skills to support them. Staff said they felt supported by the management team, enjoyed the training provided and were supported to develop. The provider had recently reviewed their training. A revised and improved training plan was due to be delivered.

People were supported to eat and drink and were able to choose how they spent their time. The provider continually assessed the premises and had an ongoing refurbishment plan in place.

People had access to ample communal areas and extensive grounds which were in use on the day of our visit.

Staff worked with a vast number of health professionals to support people.

People said staff were caring, treated them as an individual and listened to their views and opinions. People's end of life wishes and preferences were discussed, and staff were trained to support people if this need arose. Complaints were investigated promptly and people told us they could speak up.

The management team were well thought of among staff and people. The provider monitored the quality of care in the service and continued to develop their governance systems to embed this practise. There were

meetings and frequent contact with people, relatives and staff to get their views. Feedback was collated and shared and used to improve the service.

#### Rating at last inspection

The last rating for the service was requires improvement published on 27 July 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.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well Led.

Details are in our well led findings below.

# Howe Dell Manor

## 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

The inspection was carried out by 1 inspector.

#### Service and service type

Howe Dell Manor 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. Howe Dell Manor is a care home with 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.

Inspection activity started on 11 October 2023 and ended on 20 October 2023. We visited the service on 11 October 2023 and 17 October 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 4 people and also spoke with 7 staff including the registered manager, deputy manager, quality assurance manager and managing director. We received feedback from health and social care professionals. We reviewed a range of records. This included 5 people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

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

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living in Howe Dell Manor. One person said, "I feel safe here, things happen of course, but I am safe. If I am worried about anything at all, then I talk to the staff who always make things better."
- Systems and processes were in place and effectively operated to safeguard people from the risk of abuse.
- Staff were trained on safeguarding people from abuse and were able to tell us what they thought safeguarding meant to them and what they would do if they suspected abuse. Staff explained how incidents would be dealt with and processed and gave examples. One staff member said, "If it is an injury, I have to report it to the manager, complete the incident report then the body map then we monitor closely, they see the nurse and maybe the GP and it is investigated."
- The registered manager reported safeguarding internally to the provider and also to the local safeguarding authority to further investigate concerns. Staff were aware they could report concerns confidentially if needed through the 'Whistleblowing' helpline and were confident those concerns would be acted upon.
- Incidents and accidents were documented on the online portal and shared with the provider. These were monitored and reviewed by the management team and staff used reflective practice to learn from incidents and mitigate the risk of reoccurring.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. Care plans were then developed and reviewed regularly to help mitigate risks to people. These included areas such as mental health, skin integrity, risk of pressure wounds developing, falls and mobility.
- People were supported by staff who knew them well and understood those risks. At times when staff intervention was needed, for example as people became agitated or distressed, staff were able to identify triggers and knew how to support those people positively.
- Regular checks were in place for equipment at the service such as hoists. Checks were also in place to ensure the premises were safe, for example around gas and fire safety and building condition and repairs. Regular fire drills were carried out and staff were trained how to evacuate in an emergency. This meant the provider had systems in place to keep people safe.

Using medicines safely

- People said they received their medicines on time. One person said, "No problems with medication, on time every time, absolutely fine." When people refused their medicine, this was logged, monitored and reported to the appropriate health professional as required.

- People were administered their medicines following the prescriber's' instructions.
- People prescribed mood altering medicines had regular planned medicine reviews with a health professional or when their needs changed.
- Medicines were stored safely, and records were completed accurately. We counted a random sample of medicines and found that they tallied with records held. Staff carried out standard daily room checks which included counts of controlled medicines.

#### Staffing and recruitment

- People told us they were enough staff to safely meet people's needs. One person said, "Theres always staff around when you want them."
- Staff said there were enough working to support people safely and provide additional support such as shopping trips. One staff member said, "Staffing is good, we have a mix of permanent staff and agency but the agency have been here a while so know the clients."
- The registered manager had an arrangement to use agency staff to cover shifts, but ensured these staff were adequately skilled to support people.
- A robust recruitment process was in place to help ensure that staff employed were suitable for the role. This included references, criminal record checks, interview questions and right to work verification.

#### Visiting in care homes

- Relatives and visitors were able to visit people freely and there were no restrictions.
- Infection prevention controls were in place that followed government guidance to help reduce the risk of infection.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the home. These were carried out by senior staff and a multi-disciplinary team of health professionals, including consultant psychiatrists and social workers to help ensure they could be supported in their preferred way.
- Admissions were refused if a person's needs could not be met or would be delayed until their needs could be met. At times, people were supported to gradually transition to the service, visiting over several weeks or even months. This helped people be comfortable with their decision to move, and for staff to understand their needs before admission.

Staff support, training, skills and experience

- People said staff carried out their personal care tasks safely. One person said, "I feel safe in the hoist when we move, they know what they are doing so have been trained well. With my mental health when we talk, I can see and hear they understand me."
- Staff received an induction when they started working at the service. This included reading policies and procedures, shadowing experienced staff, training, and getting to know the people at the service.
- Staff received training around key areas such as mental health awareness, nutrition and hydration, diabetes awareness, fire safety & fire marshal training and safeguarding adults. One staff member said, "Training is very effective and intensive. I feel supported with this and our supervisions I find them very insightful as it all reminds me of what I am doing. We have seen others climb the ladder here, like the manager, so it gives me a confidence."
- Supervision for staff consisted of regular reviews of their performance, which also included the outcome of observations and feedback from people about their approach.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services. Staff monitored different aspects of people's health to help keep them safe, worked with health care professionals, and followed their advice to support people
- Referrals were made to specialist health care teams as needed. Multidisciplinary meetings where each client was discussed we frequently held with the GP and mental health teams. These meetings were a chance for staff to highlight any risk that needed reviewed and responded to.
- Staff followed the conditions within people's community treatment orders (CTO) imposed on people under the Mental Health Act 1983. These orders are used when people are well enough to leave hospital but may not continue treatment. They enable people to then be treated and supervised in the community with support rather than in hospital. We saw staff and management worked well with partners and attended

tribunals to provide updates on people's progress.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans supported healthy eating and detailed allergies, likes and dislikes. Staff knew each person's preferences and supported them appropriately with these.
- People were encouraged to eat a healthy diet, but staff also respected people's choice and would encourage healthy snacks when possible. Meals were freshly cooked and offered a choice of food and could cater for specialist diets. People were at times supported to be involved in meal preparation and shopping for the service.
- People were supported to eat well. However, the experience could be improved by ensuring people were offered a drink with their meals.

Adapting service, design, decoration to meet people's needs

- The service was an old manor house, adapted to meet people's needs. However, some of the premise's decoration was aged and required decoration. We saw marks scuffs and or stains on the walls, gaps in tile grouting round sinks and baths and noted some flooring required replacement. The provider was aware of these issues and planned to address these after our inspection.
- People had their own bedrooms which were comfortable and personalised and shared use of communal living rooms, dining rooms, bathrooms, and extensive grounds.
- People told us they used these facilities and were comfortable living at the service. There was signage to help people orientate themselves around the building.

Ensuring consent to care and treatment in line with law and guidance

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 2005 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- 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.
- Decision making assessments were completed and processes followed which demonstrated how people had been supported to make a decision or understand the decision.
- Where people had not been able to make decisions due to their inability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved. Where these decisions restricted people's liberty, the appropriate application to the supervising authority had been made. However, we were aware that people able to leave the service needed to ask for the code to the door, which impeded their free access. We discussed this with the registered manager who was in the process of taking action. They had ordered electronic key fobs which those people free to leave the building could use for unrestricted access.

- Staff were clear about ensuring people were involved in the decision-making process and respecting their choices. We observed staff offering choices and explaining all support tasks to people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care and support they received. One person said, "I would be quite happy to live out my days, I am very pleased with what I have done with my life and very pleased that I have ended up living here and that is because of the way they treat me so well."
- Staff knew people well and had formed positive relationships.
- Staff showed a passion and enthusiasm when talking about the care they provided. One staff member said, "It is a privilege to work here and be able to make a difference to people. We care about what we do and we just want the best for them every day."
- People were supported to celebrate events that were important to them. Staff had an understanding around the importance of respecting people's diversity, culture, ethnicity, gender identity and sexual orientation. One staff member said, "[Person] just wants to discuss politics or religion, so we do. We will discuss the different churches we attend, the differences in religion and culture. We are sensitive to different backgrounds, so we embrace their beliefs."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about their care. Staff listened to what was important to people, explained the choices and developed their care plans with them.
- Care plans showed people had been central to the decisions made about their care, support, and treatment. Plans recorded the persons and staff's views from which an agreed plan was developed.
- Care plans were amended as needed and staff were made aware of these as they occurred. One person said, "My care plan is exactly what I think about and how I think they should give me my care. They talk to me, ask me what I think and scribble away on the computer, so I am sure it is what I think I need."

Respecting and promoting people's privacy, dignity and independence

- People said staff were kind and caring, respected their privacy when needed and supported their independence. A person said, "The staff are always trying to get me to do things. Some days I want to so get on with it, but other days I really can't be bothered so then they help me. It's a team thing."
- Care plans, although lacking detail, focused on people's abilities to be independent. Staff were aware of the need to always promote independence. One staff member said, "I think every day when I start work people are independent. I start to support people in that way. If later we find they are not at that time, we change how we provide the personal care. Then next time we start again."
- Staff respected people's privacy and dignity. They knew their routines to ensure privacy was not disturbed. Staff knocked on people's doors and asked permission before entering their space. One staff member said,

"Dignity is about us giving care in a way, so others don't know what we are doing. We are protecting that person's dignity so they can feel valued and important."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Care plans were in place for people's assessed needs. However, these required further information to give staff all the information they needed to support people safely and pro-actively. For example, they referenced people may have auditory or visual hallucinations, but did not include what these were and how they manifest themselves. The registered manager had identified this, and we saw from meeting minutes they were addressing this with staff.
- People told us they were happy with the care they received. Our observations showed people had received good care and looked comfortable. People's care plans demonstrated they were supported in their chosen way. A person told us, "14 years I have been here, and this is the best place I have been. It has good care. Staff are really nice, they are friendly, want to talk to me, care for me how I want and then listen to my stories."
- Staff knew people well and how to meet their needs in a way that promoted their preferences, lifestyles and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported through key work sessions to set long term goals and aspirations. However, the provider had identified staff needed additional training to ensure they understood the fundamentals for underpinning the key working role to support people to develop.
- We reviewed the activity schedule and found there were mixed activities available.
- People told us they had enough to do and could pursue hobbies and interests relevant to them. One person who enjoyed their art, showed us a selection of pictures they had painted. They told us staff supported them to draw some of the images they see which causes them distress which brought relief and helped bring them calmness.
- People were on a fishing trip on the day of inspection. Others walked to the local town, walked in the garden, and spent time in the courtyard chatting or playing games.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people in an easy and relaxed manor. Staff adjusted their tone or approach where people were having difficulty hearing them. People's care plans recorded any aids they

needed to support effective communication, such as glasses or hearing aids.

- Information could be made available for people in accessible formats where needed.

#### End of life care and support

- No person at the time of the inspection required end of life support, but the provider recognised at times the team may need to provide this support.
- Staff had received training for end of life care which included training from external agencies such as the local hospice.
- Information about people's end of life preferences was recorded in their care plans.

# 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 requires improvement. At this inspection the rating has changed to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following our previous inspection the management team had made good progress embedding changes. There had been a significant improvement to the culture in the home and improved use of governance systems.
- The registered manager had been in post since the beginning of the year and feedback from people, staff and professionals was that they had made a positive impact.
- The service had a positive and open culture which achieved good outcomes for people. People, relatives and staff spoke positively about the registered manager and provider. One person said, "[Registered manager] is fabulous and keeps the staff in order. They are always around for me. They are brilliant and has really helped turn this place around."
- The management team was clear about what was required of them. The provider had systems in place some of which remained under development to monitor the service and address any shortfalls. Areas we found needing further development were addressed straight away or remedial actions were already underway when we raised them.
- The registered manager, and provider, understood how to manage risks to people, regulatory requirements and why the quality of care and performance needed to be monitored. Auditing and quality checks were completed, and staff told us the management team were often around the home carrying out checks.

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; Continuous learning and improving care

- The registered manager understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made where appropriate.
- The registered manager reported relevant events to external agencies as required.
- The management team continued to work on ways to sustain improvements to the service. The provider reviewed events and shared learning with the management team who then highlighted the themes with staff. Ongoing development meant that the registered manager would take greater control, however, they were able to share learning among their team.

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



#### characteristics

- People were positive about the management of the service and told us they were kept informed. People's feedback was sought through regular meetings and surveys. Actions were developed from this feedback and acted upon. One person said, "Here, I have a voice, they listen to me and do things I need. There is a meeting every Monday, we are talking now about getting sky tv across all the rooms."
- Staff had regular meetings so they could share their views and be kept informed of changes. The registered manager was developing the meeting structure to facilitate more in depth discussions among the care and clinical teams. One staff member said, "One good thing [registered manager] does is communicate. Any changes we know about it."
- Staff were dedicated to providing person-centred care, striving to reach the best outcomes for people in line with their preferences, choices and following the provider's policies.

#### Working in partnership with others

- There was improved and effective working between the team at Howe Dell Manor and numerous agencies to support the needs of people who lived at the service. These included health care professionals, social workers and other local community organisations. This approach helped to ensure better outcomes for people.