CareQuality Commission

Dorking Residential Care Homes Ltd

Nower House

Inspection report

Nower House
Coldharbour Lane
Dorking
Surrey
RH4 3BL

Tel: 01306740076

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook an unannounced inspection on 21 June 2016. At our previous inspection on 21 August 2014 the service was meeting the regulations inspected.

Nower house is a non for profit charitable service. They provide accommodation and support for up to 50 adults, some of whom have dementia. At the time of our inspection 44 people were using the service. Nower house is split into two units – Woodcote and Newra. Generally people stayed on their own units, but they were able to mix if they wished to and to participate in activities.

The service had a registered manager. However, they were on annual leave during our inspection. The rest of the management team ensured the service was adequately managed whilst they were on leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines as prescribed. However, some of the medicines management processes were not robust and we recommend that the provider reviews their practice in line with good practice guidance for managing medicines in care homes.

People were happy staying at the service and enjoyed the interactions they had with each other and the staff. Staff were knowledgeable about the support people required and provided them with this. However, we identified that one person's care records did not accurately reflect the support people required or what was delivered.

People were supported to have their health needs met and staff liaised with healthcare professionals as required. Staff accompanied people to hospital appointments if people wanted them to.

Staff supported and encouraged people to manage their nutritional needs. Staff were aware of people's dietary requirements and supported them appropriately, this included supporting people to put on weight when required and helping those who required a diabetic diet.

Staff treated people with kindness and respect. Staff were patient and polite when supporting people, and respected their decisions. People were given choice about how they spent their time and how they were supported. Staff adhered to the Mental Capacity Act 2005 and best interests decisions were made for people who were unable to make decisions for themselves.

Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by senior staff members and received regular supervision. Knowledge and competency checks were undertaken to ensure staff retained the information they received on training courses.

Staff, people and their relatives were able to feedback their views on the quality of the service. This was achieved through regular meetings, the use of suggestion boxes and completion of satisfaction surveys. A process was in place to acknowledge, investigate and respond to complaints.

Checks were undertaken on the quality of the service. This included regular visits by a board member. Where improvements were required, actions were taken to address these. Systems were in place to record and respond to incidents that occurred, and a member of the management team ensured that notifications of all serious incidents were made to the Care Quality Commission, as required by their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some areas of the service were not safe. People received their medicines as prescribed. However, some practices in relation to medicines management were not in line with recognised good practice.

There were sufficient staff on duty to meet people's needs. Staff were aware of the risks to people's safety and supported them to minimise those risks, using equipment where appropriate. Staff were knowledgeable about what to do if they had concerns a person was being harmed or abused and the associated reporting procedures to ensure the person was protected.

Staff followed good practice to protect people from the spread of infection.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff were appropriately supported by senior members of staff in their roles and received regular training and supervision.

Staff were aware of and adhered to the Mental Capacity Act 2005. Staff ensured they obtained people's consent before providing care, and if people were unable to do this, care was delivered in the person's best interests.

People received support with their dietary requirements and were able to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring. Staff had built positive caring relationships with people. Staff were kind and considerate, and treated people with respect.

People were involved in decisions about their care and how they spent their time. Staff supported and encouraged people to build friendships at the service, but respected their decision if they wanted to spend time in the privacy of their room. Staff supported people to maintain their dignity.

Is the service responsive?

Good

The service was responsive. People enjoyed staying at the service and felt it met their needs. Staff were knowledgeable about the support people required, however, we found for one person this was not reflected in detail in their care records.

There were a range of activities on offer which provided opportunities for group and one to one stimulation. Activities were held at the service and there were opportunities for people to participate in activities in the local community.

People were aware of how to make a complaint and suggestions about service delivery. Any complaints made were investigated and promptly responded to.

Is the service well-led?

Good

The service was well-led. There was clear management and leadership at the service. Staff were aware of their responsibilities and received support from their seniors as and when needed.

Staff, people and relatives were able to feedback about the service. This was obtained through meetings, and completion of satisfaction surveys.

Processes were in place to review the quality of service delivery, and where required action was taken to make improvements.

Care Quality Commission

Nower House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2016 by one inspector and was unannounced.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider 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 eight people and 11 staff including the general manager. We reviewed 10 people's medicines and four people's care records. We reviewed three staff records. We undertook general observations and used the short observational framework for inspection (SOFI) at lunchtime on one of the units. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback from the GP surgery supporting people that stayed at Nower House, one district nurse, the local authority safeguarding team, and a representative from a local authority who funded placements at the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person said in regards to whether they felt safe, "Oh, yes" and another person answered "completely." We heard from three people that staff often reminded them to use their call bell if they needed any assistance. One person who did use their call bell told us, "If you ring the bell, [the staff] come."

People received their medicines as prescribed. The people we spoke with confirmed that staff kept their medicines safe and ensured they took them. Staff were aware of what medicines people required and administered these in line with instructions on the medicine administration record (MAR). The majority of medicines administered were recorded on the MAR. We identified a couple of gaps on the MARs we viewed, but through stock checks we were able to identify that people had received these medicines. We also identified for the majority of people stock checks were taken at the beginning of each cycle so staff could account for the medicines on site. However, for one person's medicines this was not undertaken and we were unable to ensure accurate stock checks were maintained for these medicines.

Some people at the service were prescribed medicines to be taken "when required". These were mainly in relation to pain relief and people were able to ask staff for them when they experienced pain. However, there were no protocols in place to instruct staff when to give these. Some people also had topical creams prescribed. Staff confirmed that these were given and it was recorded on the MAR. However, instructions were not in place about where to apply these medicines. For two people it was in their best interests to receive their medicines covertly. We saw for one person there were clear instructions from the GP about how to do this, however, these instructions were not available for the second person. When we spoke with staff about this they contacted the GP for confirmation that this arrangement was safe and appropriate, and they confirmed they had asked the GP to reissue this confirmation in writing.

There were sufficient staff on duty to meet people's needs. People we spoke with felt there were enough staff at the service and one person said in regards to staffing, "you can always find somebody." We observed staff being visible and accessible during our inspection. They were responsive to people's requests for support and proactive in approaching people and asking them if there was anything they required help with.

The registered manager calculated how many staff were required on each shift. Unfortunately they were unavailable during the inspection so we were not able to discuss this with them. However, staff told us that staffing numbers were developed according to the needs of the people using the service. Staff felt there were sufficient staff on duty to enable them to undertake their duties. We also observed that staff were available to support people on planned and ad hoc activities, for example, accompanying people to hospital appointments and going for walks in the local community. The general manager informed us that many of the housekeeping staff had previously worked as care assistants and therefore had the skills and knowledge to help the care assistants to meet people's needs and keep them safe in the event of an incident, for example if the care assistants needed to provide someone with additional time due to sudden ill health or if someone had a fall. One staff member told us, "We all work as a team…everyone gets

involved."

Staff supported people if they were involved in incidents. They took appropriate action as required to ensure any further risks were minimised and people received the support they required with any injury they might have sustained. We saw that incidents were reported and reviewed by the registered manager to ensure appropriate action was taken at the time of the incidents and learning took place to reduce the risk of similar incidents recurring.

The registered manager used information from incidents, as well as, additional information such as weights and changes in people's mobility to assess the risks to people's safety. This included identifying those at risk of falls, malnutrition and developing pressure ulcers. Staff liaised with healthcare professionals, such as the district nurse and tissue viability nurse to discuss the risks to people's safety and what processes should be put in place to manage and minimise those risks. Information about risks to people's safety were discussed with the care staff so they could inform care planning and ensure people received the support they required. For example, one person was known to be at higher risk of falls at night due to medicines they took to help them sleep. A sensory mat was put next to this person's bed so staff were made aware of when the person got up at night so they could support them appropriately. Another person put themselves and others at risk due to their disorientation to time and place and their behaviour to enter other people's bedrooms at night. A sensor alarm was installed by their bedroom door so staff were alerted as to when the person exited their room so they could support them as needed. Staff regularly weighed people to identify any changes in people's weight and subsequently any risk of malnutrition. Staff liaised with the appropriate professional to manage these risks. Through liaison with healthcare professionals staff ensured people had the equipment they required to mitigate risks to their health and welfare, including pressure relieving equipment and use of belts to help with transferring.

Staff had received training on safeguarding adults. The staff we spoke with were aware of the signs and symptoms that may indicate a person was being abused, and the associated reporting procedures. Staff were aware of the importance of sharing concerns that a person was being harmed, and felt able to escalate their concerns to any member of the management team to ensure appropriate support was provided to the person involved. Any incidents of possible abuse were shared with the local safeguarding team so they could be appropriately investigated and if necessary, protection plans were developed.

The service was clean and free from malodours. The housekeeping staff were aware of their duties and followed good cleaning practice to prevent and protect people from the spread of infection. Cleaning chemicals were stored securely and staff were aware of what equipment to use in which areas of the service. For example, keeping dedicated equipment for the cleaning of bathrooms. Care staff wore personal protective equipment including aprons and gloves. We observed staff changing these items in-between tasks. For example, fresh aprons and gloves were worn when serving meals. The maintenance of the service supported good infection control. Carpets were cleaned and replaced as and when necessary to prevent and control the spread of infection. Bedrooms were updated and redecorated to ensure they were clean and refreshed when new people came to use them.

We recommend that the provider follow national good practice in regards to the safe management of medicines in care homes.

Good

Is the service effective?

Our findings

People received support from staff that were skilled and had up to date knowledge. One person said the staff "work very hard." A healthcare professional told us, "We have always been impressed by the caring nature of the staff and their level of training." New staff were supported through their induction to ensure they had the knowledge and skills to meet people's needs. This included a member of staff dedicated to support staff to familiarise themselves with the service and people's needs. Staff completed the Care Certificate. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting.

Systems were in place to enable the provider's compliance manager to track staff's adherence with mandatory training and supervision requirements. The compliance manager booked refresher training courses and communicated this with the duty managers so that staff could be given the time to attend the course and complete the associated knowledge tests. Training included moving and handling, fire safety, health and safety, safeguarding adults, the Mental Capacity Act 2005, medicines, falls safety, diet and nutrition, first aid and caring for people with dementia. Each course was accompanied by a knowledge test to ensure staff retained the knowledge they had learnt from their training courses.

The compliance manager identified who was due supervision and when. They communicated this with the duty manager leading on staff supervision so they could complete this. We saw that supervision records gave staff the opportunity to reflect on their performance, identify any training requirements and to identify if they had any concerns regarding the people using the service or their colleagues. We saw from the tracking system in place that all care staff were up to date and had received quarterly supervision in line with the provider's policy.

There were a number of staff who had progressed in their career at Nower House and had successfully been promoted to management positions. Staff told us they had been supported to progress and obtain the new skills required for their role. On the day of our inspection, one newly promoted staff member was being supported by a duty manager who was available when they were undertaking new tasks to ensure these were completed accurately.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are 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 were being met. Staff were aware of their duty to adhere to the Mental Capacity Act 2005. Staff ensured people consented before providing support. One person said, "[The staff] don't make you do it if you don't want to… they don't push you." Where staff had concerns that a person was unable to consent to a decision about their care, mental capacity assessments were undertaken, and best interests decisions were made on people's behalf. Staff aware of the Deprivation of Liberty Safeguards (DoLS) and had previously applied for authorisation to deprive people of their liberty when required to maintain a person's safety. However, at the time of our inspection the service had not needed to use the DoLS process to safeguard people.

People told us they liked the food. They said it tasted nice and there was plenty of choice. One person said, "If you're thirsty you can go and see the staff and they get you a cup of tea." We observed staff reminding all people, including those with dementia to eat and drink. One person could not remember what a cup of tea and biscuit were and what they should do with them. Staff were patient in reassuring the person and orientating them to what these items were for. We also observed during lunchtime that people were orientated to time and reminded that they should eat their lunch. Staff respected a person's decision if they did not want to eat their lunch and offered them alternatives until they found something the person wanted to eat to ensure they ate something during lunchtime. Food was made available throughout the day if people who had not eaten much at lunchtime became hungry later in the day. Meals were cooked fresh on site and we observed the chef making fresh cakes for people to have with their afternoon tea.

Staff supported people with any dietary requirements. This included ensuring people with diabetes received appropriate balanced meals. The chef confirmed that where possible diabetic versions of puddings and cakes were made so people with diabetes could join in and have the same choice as other people. Staff were aware of those at risk of choking and provided them with soft and pureed meals. Staff told us when they had concerns that people were losing weight they supported the person to have a high calorie diet and nutritional supplements to help them put weight back on. We saw that one person who had previously lost weight, had successfully put weight back on and was maintaining this.

People said they were supported with their health needs. One person told us, "If you feel unwell, let the staff know and they make you feel comfortable." Another person said, "If you're ill they're very good at looking after you…they know what they're doing." People told us the doctor comes in regularly and we observed the GP came to review some people during our inspection. We also observed that the chiropodist visited the service and people were able to have their foot and nail care. The duty staff told us care assistants informed them promptly if they had any concerns about a person's health so that appropriate advice and support could be sought. Staff from the visiting GP practice told us, "The staff are excellent at identifying [people's] needs/problems and alerting us." Staff liaised with healthcare professionals as and when required to ensure people received the support they needed with their health. This included liaising with the district nursing team, tissue viability nurses, nurses specialising in diabetes, hospital staff and the community mental health team. One person using the service required additional support with their mental health and they had regular input from their community psychiatric nurse (CPN).

Good

Is the service caring?

Our findings

People were very complimentary about the staff and had built good relationships with them. One person said, "All the carers are lovely." One person had recently been supported to celebrate their birthday and said in regards to the celebrations "it was perfect". Many of the people we spoke with said they did not want to live anywhere else and one person said "This one [the service] is the best I know."

On the whole, staff treated people with kindness and respect. They treated people as individuals and were aware of their individual personalities. Staff were patient and polite when speaking with people and assisting them with different activities. We observed staff supporting people to adjust their clothing to maintain their dignity and helping people to adjust their hearing aids.

However, on two occasions we observed that a person was left in the hallway in their wheelchair. Upon asking the person, they were unsure why they had been left in the hallway and what they were waiting for. Staff confirmed that on both occasions the person was waiting to see a healthcare professional, however, this had not been effectively communicated with the person. We also identified that one of these occasions was during lunchtime, meaning the person had to wait to receive their lunch and was unable to join other people for their meal. A second person required assistance from staff to have their meal. This had to be interrupted so they could visit the GP. Staff supported the person to visit the GP however, they had not noticed that the person had not finished their mouthful of food and was still chewing. We spoke with the general manager about the GP visiting at mealtimes and they said they would discuss with the GP practice as to whether there were alternatives times they could visit.

Staff supported people to engage in the service and reduce the chance of them feeling socially isolated or lonely. One person told us when they first came to the service they felt they would spend most of their time in their room as they were used to living on their own. However, they said the staff had encouraged them to sit in the lounge and to participate in the activities on offer. They told us they were glad that they had listened to the staff and were happy to be involved in the service and had made friendships with the other people living there.

Staff supported people to maintain links with the local community. Many people living at the service had previously lived in the local area, this included two people who had previously been neighbours. Most people had regular visits from friends and family who still lived in the local area. Staff arranged for people to have meals together with their visitors and have some space to have private conversations or engage in their own activities. Staff respected people's privacy and dignity. Staff did not enter people's rooms without their permission and gave people the space they wanted.

People were involved in decisions about their care and how they spent their time. One person said, "Staff always ask, "What would you like?"" We observed staff frequently offering people choice and respecting their decision. People were able to choose how they spent their day and what they participated in. The vast majority of people were able to communicate verbally and inform staff what they wanted to do and ask for help. For those that were unable to hold a conversation staff informed us the person was able to understand

what was being said and staff were familiar with their means of communication.

Good

Is the service responsive?

Our findings

People were happy living at the service. One person said, "I'm happy with everything" and another person told us, "There's nothing I don't like" and "you can try but you can't find a fault." People felt there was sufficient to do at the service. One person said, "There are always things to do in the day" and there were "lots of things going on." Another person told us in regards to activities, "If you want anything different they'll see what you can do…I have a go at most of it." People also said they received the support they required with their care. One person said, "If you need something [the staff] come and help you." Another person said, "The staff look after you." A third person told us that if they needed help with putting on their socks or washing their hair that staff would support them.

Staff were knowledgeable about the support people required. Staff told us they went through any changes to people's care plans or the support they required during handovers so they stayed up to date with people's needs. They said this enabled them to provide a responsive service that was tailored to the individual. One healthcare professional told us, "The staff at Nower Care provide an exemplary level of care to their residents. On the whole, the care is tailored to meet their needs, is personalised and holistic care is provided."

A new electronic care records system was in place. For the majority of people this provided accurate and complete information about people's needs and the level of support they required. We saw for one person whose needs were frequently changing and their dependency level increasing that care records did not accurately reflect their current support needs. We raised this with the unit duty manager and the general manager. The day after our inspection they confirmed that they had reviewed the care records for this individual and agreed that they did not sufficiently reflect the person's support needs. They assured us that this person's needs would be reassessed and care records updated as required.

Records were kept of the ongoing support provided to people. This included details of appointments with healthcare professionals and any advice provided. We saw that staff supported people in line with advice provided including in relation to nutritional support and mobility needs.

There were a range of activities delivered at the service and in the community to ensure people were kept stimulated and engaged. The activities programme enabled group and one to one activities to be provided. We observed activities taking place on the day including a quiz, using a computer programme to undertake word games, and staff undertaking one to one pampering sessions. A full programme of activities were delivered Monday to Saturday, and in addition to the employed staff the service organised for performers to come to the service to entertain people. The service themed their activities around key events and celebrations, including celebrating the patron saints of the United Kingdom, the Queen's birthday and religious festivals. Staff organised for people to participate in trips and activities away from the unit, including walks in the community, visiting local woodlands, and going to the theatre. Staff asked people for suggestions about what activities they wanted to try and used the feedback they received to further explore activities people enjoyed. The activities coordinator told us that people enjoyed word games and this was confirmed by the people we spoke with. The activities programme was also developed looking at what was

beneficial for people using the service. For example, undertaking arts and crafts activities to help people with their fine motor skills, and undertaking more active sessions to help with muscle stimulation and strength.

Information was provided to people about how to make a complaint. Previously people had requested for suggestion boxes to be installed on both units and we saw that these were in place. Staff regularly checked these to listen and respond to any concerns people had. We saw that the complaints made had been investigated and responded to promptly. This included holding meetings between the kitchen staff and the complainant when concerns raised were in regards to the food in an attempt to resolve these.

Good

Is the service well-led?

Our findings

A healthcare professional told us, "The home is well managed and we have an excellent working relationship with both the manager and care staff. The staff appear open and honest and we have no concerns about the care offered to [people]." A second healthcare professional told us they believed the registered manager was "an excellent manager who leads her team well."

There was a clear management structure in place which ensured appropriate leadership on each shift. On each unit there was either a duty senior care assistant or a duty manager on shift to provide care assistants with additional support and ensure people received the support they required. Additional management staff were available at the service during the day if staff needed to escalate any concerns, and via telephone at night and on the weekends. Staff were clear about their roles and responsibilities. The staff we spoke with were aware of what situations they were able to manage and when they would escalate their concerns to a senior staff member.

Staff felt well supported by their manager and their colleagues. One staff member told us, "My colleagues are nice to work with and they help you if you need help." Staff felt comfortable asking their colleagues and managers questions and asking for advice if there was anything they were unsure of. They told us the management team were easy to talk to and approachable. Staff told us they had open and transparent conversations with their colleagues, and felt able to express their opinions. There were regular meetings on each unit to discuss the day to day running of the units and review the support people required and any changes in those support needs.

The provider organised meetings with people using the service to obtain feedback about their experiences. Staff informed us these were often poorly attended and therefore feedback was obtained through informal discussions with people on an ongoing basis. People and their relatives were able to complete on the spot feedback forms. We saw that generally these were used to compliment the service including the quality of food, care provided and the attitude of staff.

People and their relatives were asked for formal feedback through the completion of annual satisfaction surveys. This year's survey was in the process of being carried out at the time of our inspection. We reviewed the findings from last year's survey. The survey gave people the opportunity to comment on all aspects of service delivery including the support they received with their personal care, catering, and daily living. We saw that many compliments were received about the quality of staff and the relationships they had built with people. Some areas of development were required around mealtimes and improvements had been put in place to ensure people had more choice and control at mealtimes.

Processes were in place to monitor and review the quality of service delivery. Audits were undertaken of key processes at the service. This included auditing medicines management. We saw that the medicines audits had identified areas requiring improvement including ensuring appropriate recording of medicines administered. All medicine errors were reported and investigated to understand why the error occurred and identify what impact it had on the people involved. The general manager informed us that the medicines

auditing process would be strengthened to address and monitor the areas of improvement we identified, including use of topical medicine administration records and PRN protocols. Care record audits were undertaken. These were in the process of being reviewed in line with the establishment of the new electronic care records system.

A board of executives was in place to review service delivery and discuss improvements. A member of the board came to visit the service monthly and check on the quality of service delivery. We saw that the recent checks focussed on the implementation of the new care records system.

Key information was reviewed to establish whether people required any additional support and to promote their health and safety. This included reviewing all falls to establish why they occurred, for example, if it was due to a person having an infection.

Systems were in place to review all incidents that occurred at the service and identify if and when they required notification to the Care Quality Commission (CQC). The provider adhered to the requirements of their registration with the CQC and submitted notifications about key events as required.