

Abbeyfield Wey Valley Society Limited

Nower House

Inspection report

Coldharbour Lane
Dorking
RH4 3BL

Tel: 01306740076

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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

Nower House is a care home providing personal care to people with a variety of health needs including people living with dementia. Nower House supports up to 50 people in one adapted building. At the time of our inspection there were 24 people living in the home.

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

People were supported by kind and caring staff and were treated with dignity. Staff encouraged people to be as independent as possible.

People received support with medicines and there were enough staff to meet their needs. Staff followed safe infection control practises and all relevant personal protective equipment (PPE) was seen to be used. Risks to people's safety were managed well and frequently reviewed.

People received support with maintaining a balanced diet and the registered manager and the management team completed thorough assessments prior to people moving into the home. This ensured they could meet the needs of all people living in the home.

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 had access to activities they enjoyed. Staff followed care plans that were personalised to people's needs and choices.

The registered manager and the provider completed thorough audits. These ensured the safety and effectiveness of the care. People and staff felt supported by the management team and there was an inclusive culture at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was inadequate, published on 19 February 2022. This service was registered with us on 03 November 2022 and this is the first inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Nower House

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

This inspection was completed by three inspectors.

Service and service type

Nower House 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. Nower House is a care home without 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.

What we did before the inspection

We reviewed information we had received about the service since the new registered provider. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and one relative about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 13 members of staff including the manager, deputy manager, senior care workers, care workers, chef, maintenance staff and housekeeping staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health professional that works with the home.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Nower House. One person said, "Yes, it is safe here." Another person said, "I am as safe as one can be. I've never felt unsafe."
- Staff were knowledgeable in how they would report any safeguarding concerns. One staff member said, "I would go to [registered manager] or [area manager] and express my concerns. If it wasn't dealt with, I would take it further. I would contact (local authority) safeguarding."
- All staff received regular safeguarding training and there was a safeguarding policy in place for staff to refer to at any time.
- Where safeguarding concerns had been identified, this had been reported appropriately and an open conversation was happening with the safeguarding team at the local authority.

Assessing risk, safety monitoring and management

- Staff were aware of people's individual risks. For example, one member of staff told us how they managed a person's risk of falls. They said, "We have a crash mat on the floor. We have a bed that is lowered to the floor."
- Care plans had detailed risk assessments in line with people's individual risks. For example, a person was at risk of choking. The person had a risk assessment with advice and guidance for staff detailing what texture their food must be and how to prepare this, and what snacks were suitable to avoid the risk of choking.
- Risks were monitored through regular care plan reviews. This meant that any changes to people's risks were addressed and added to care plans in a timely way.

Staffing and recruitment

- There were enough staff to support people safely. People told us staff were always available when they needed them. One person said, "My call bell is on my bedside table, staff will respond quickly and check on me during the day too."
- Staff told us there were enough staff to meet people's needs and this meant they could enjoy their role. One staff member said, "At the moment, there's enough staff. The duty managers normally help out as well. I love it here."
- The registered manager followed safe recruitment processes. This included full interviews, investigation into gaps of employment and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. People told us staff supported them with their medicines and they had no concerns relating to this.
- Staff responsible for administering medicines were subject to regular competency checks. This ensured staff continued to safely administer medicines, and if any concerns were found with practice this could be addressed with additional training.
- Medicine audits were regularly completed. We saw that when audits had identified issues, for example, gaps in medicine administration records (MAR) charts these had been investigated to make sure people were safe.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Current arrangements for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. One relative commented, "We had to complete tests when it was in line with the rules. They are always very vigilant and have been all through the pandemic, but they have always made sure we keep as much contact as possible. We have been able to visit whenever it has been possible."

Learning lessons when things go wrong

- People told us how the new management team had learnt from previous failings. One person said, "There are changes for good."
- Accidents and incidents were recorded and action taken as a result of analysis. For example, action had been taken in response to someone having repeated falls.
- The registered manager and wider management team were keen to learn from the previous inspections and put in place improvements immediately. For example, they reviewed one previous concern linked to health and safety and fire safety. Action had been taken to improve the fire safety precautions and subsequently making the home safer for all people living there.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Before people moved into the home, the management team and senior staff completed a full assessment. This was to ensure the staff and environment of the home could meet the person's needs.
- This assessment process then built the care plan for all people living in the home. This meant people's needs and choices were clearly documented in their care plans for staff to follow.
- A health professional shared that staff knew people's needs and choices well. They said, "They (staff) know people well. They know people's needs."

Staff support: induction, training, skills and experience

- Staff received appropriate training and had the skills and experience to support people safely. People told us staff were knowledgeable in their roles. One person said, "They have to help me with my catheter and the [district] nurse checks it. They know what to do – the carers and the nurse know what to do."
- Staff spoke positively about training. One staff member said, "Training-wise, they are making sure everybody is doing the training." Another member of staff said, "We've had some in-house training face to face in the last couple of months. We had first aid and dementia. That was the last one we had."
- Any new staff had an induction period. This included a period of shadowing experienced members of staff. This meant experienced staff could share their knowledge and skills with the new members of staff.
- The registered manager had a good level of oversight of all staff member's training schedule. This was documented on a training matrix which showed when staff required prompts to complete upcoming refresher training.

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

- People told us they had a choice of food and drink which encouraged a healthy appetite. One person said, "I get a choice of lunch and at supper time." Another person said, "Food is very good, there is choice of two options and if someone needs a special diet that would be catered for."
- Food was seen to be of a good standard during the inspection. People told us they enjoyed their food and we saw staff giving people choice as to what they wanted to eat at mealtimes.
- The chef and staffing team were knowledgeable about people's dietary needs. For example, which people required softened and texture modified diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We were told by health professionals that staff communicate well with them. They said, "They let me know if there is an issue."

- Staff spoke positively about working with other health professionals. For example, one staff member detailed how a person's skin condition had improved from working together with another health professional. They said, "We turn [person] all the time. They had a bad sore but it's better now. The district nurse gave us honey cream."
- We saw in care plans detailed advice and guidance from health professionals. It was clear that there was an open means of communication between staff and health and social care professionals.

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

- People had personal belongings in their bedrooms and effort had been made to encourage a homely feel.
- People told us how they had access to items they enjoyed in communal areas. For example, there was a large collection of books for people to read.
- There were future plans to improve the home environment further and utilise the lower floor of the home with additional communal space.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff told us how they had involved people and relatives, where appropriate, to ensure restrictions were only made in the best interests for people and with consent where possible. For example, a staff member detailed a person who was at risk of falls and said, "In [person's] bedroom, they have a sensor beam. We got permission from [person] and their next of kin who had power of attorney."
- Staff received MCA training. One staff member said, "We did MCA training online. We give everybody choices and treat them as individuals and always act in their best interests."
- We saw where people had restrictions, this was done in the least restrictive way. Assessments, best interest decisions and all relevant applications had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us staff were kind and caring. One person said, "They (staff) are very lovely." Another person said, "They (staff) are all lovely, very good."
- We saw staff interact with people in a kind manner. We saw staff reassure people that may have been upset and this was done in a respectful way. For example, a person appeared quite upset and a staff member immediately approached them and the person smiled and told the staff member, "Thank you."
- Staff were trained to respect equality and diversity. One staff member said, "Every single person that lives here is different. Whether it be the way they like their breakfast, or how they like to be washed and we must respect each and every individual decision."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they had choice in their day to day decisions. One person said, "Yes, I generally feel respected (by staff). I choose when I go to bed and when I get up and things like that."
- Staff told us that they always encourage people to make decisions and promote independence. One staff member said, "I like to always give people choice so they feel in control of their care, that's so important."
- We saw staff respecting people's privacy and ensure people were treated with dignity. We saw staff knock on people's bedroom doors and ask permission to enter before they walked into people's rooms.
- Staff were seen to compliment people's appearance after people had chosen what to wear. One staff member said, "Oh good choice of jumper, that looks lovely on you." To which the person responded with a laugh and a smile.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff looked after them in line with their preferences. One person said, "The care is marvellous, what they have done for me is pretty amazing, they give me attention."
- Care plans were person-centred and people confirmed that staff knew their preferences well. People told us they had a wide range of choice in many areas of their lives.
- Care plans detailed people's choices and gave advice for staff on how to cater for each person's individual choices. For example, some care plans detailed people's food preferences, others detailed people's routines.

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.

- Staff were seen to communicate well with people. We also saw staff adapt their communication approach depending on who they were supporting. We saw staff speak loudly and clearly to one person who was hard of hearing and then speak quietly and close to another person who sometimes could become anxious.
- Each person's care plan had their individual communication plans to advise staff on how to communicate most effectively with them. Staff were observed to communicate with people in line with their care plans.

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 told us they enjoyed the activities planned in the home. One person said, "It is a happy place, they (staff) really try to keep us occupied and entertained, I appreciate that."
- There was an activities schedule to ensure a variety of things to do for people in the home. This included listening to music, crafts and movie nights amongst other activities.
- Staff encouraged contact with family members and friends of people living in the home. This was either through phone calls or arranging as many face to face visits as possible.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising any concerns with staff and the registered manager. One person said, "I've had no complaints but could go to manager, no problem."
- There was a complaints policy in place and advice for staff of how to record and report any concerns or

complaints appropriately.

- There had been no recent complaints. However, the new management team had addressed some historic complaints and ensured appropriate action had been taken to prevent any reoccurrence.

End of life care and support

- The staff knew how to support people at the end of their life. People receiving end of life care had clear plans to show how staff needed to support them in line with their wishes.
- The registered manager and staff were knowledgeable about what health and social care professionals needed to be involved with the end of life process, when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they had noticed a positive change to the culture in the home. One relative said, "I would go to [registered manager], they are very approachable and very open. I have no complaints. The managers changed the culture (of the home) for staff, staff were very demoralised before This relative told us they could see this had improved.
- Another person told us that they felt a positive change relating to the management of the home. They said, "It's much better now. I can see the improvement and it's nice here now."
- Staff also told us that the culture of the home had improved. One member of staff said, "We're all a lot happier now."
- Staff told us they felt valued and listened to by the management team. One staff member said, "They (registered manager) are so supportive. I definitely feel valued."
- Staff told us that they worked well as team since the change of provider. They said, "The atmosphere is much better. It feels like a team again, working together." Another staff member said, "Oh yes, it's a lovely home to work in and lovely staff to work with."
- Staff told us that they felt the new provider had a caring, positive attitude to improving the home. They said, "Abbeyfield do listen. They really do listen. They care."
- People told us new home meetings had started. One person said, "We have one meeting a month, anything we want we can raise, it is fairly new and we have notes from it."
- Staff felt supported by the registered manager and the new provider. One staff member said, "The atmosphere is better, 100 percent. It definitely is. You can go to them (management team) and they're very open to changes. They explain the changes to you. They show us and they take their time. They're far more approachable. If you do make an error, they're really nice about it." Another member of staff said, "The manager is very nice. They do all listen and we do all get on."
- There were documented resident and staff meeting minutes with actions to address by the next meeting. This had improved since the last time CQC visited the home.

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; Working in partnership with others; Continuous learning and improving care

- Since the new provider had began the process of registering the home there had been an open, transparent conversation with CQC and other professionals.

- All notifications that the provider was required to submit to CQC by law, had been submitted. The new provider had also continued to submit audits included in conditions added to the previous registration. This was not legally required, however, the provider and registered manager wanted to continue to share with professionals the improvements they had been making.
- Both CQC and the local authority had a lot of communication with the new provider when the registration was changed and this has always been a positive experience with information openly shared about the home.
- There was a duty of candour policy for the registered manager and staff to follow. CQC had seen that this had been followed with various notifications and improvements identified through this process.
- The provider and registered manager were keen to learn from inspections under the previous provider registration. They used this to formulate an action and improvement plan and drive improvement in the home to ensure a good standard of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear audits in place completed by the registered manager and the provider. These included analysis of accidents and incidents and care plan reviews as well as safeguarding audits and medicine audits. This meant that if any improvements needed were identified they could be addressed in a timely way.
- There was a clear staffing structure from the registered manager and management team, to also include senior members of staff, care staff and maintenance staff amongst others. Each department knew their responsibilities and staffing teams were also reminded in daily handover meetings. This ensured all staff were aware of what needed to be completed in the home.