

Norwood

Tikvah Woodpeckers

Inspection report

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Date of inspection visit: 11 August 2015
Date of publication: 15/10/2015

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** 

Overall summary

This inspection took place on 11 August 2015 and was unannounced. Tikvah Woodpeckers is a residential care home for people with learning disabilities and associated physical disabilities. It can provide accommodation and personal care for up to eight people at any one time. On the day of the inspection eight people were using the service.

At the time of the inspection there was a registered manager in post. 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.

The provider completed recruitment checks on potential members of staff. Maintenance of the property was

Summary of findings

carried out promptly. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

There was a system to ensure people received their medicines safely and appropriately. The quality of the service was monitored by the registered manager through gaining regular feedback from people and their representatives and the auditing of the service. The provider had plans in place to deal with emergencies that may arise.

People who use the service were unable to give specific views but relatives and commissioners told us they were happy with the service they received from Tikvah Woodpeckers and felt that people were safe using the service. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care as far as they were able and relatives/representatives told us they had been asked for their views on the service. People's care and support needs were reviewed regularly. The registered manager ensured that up to date information was communicated promptly to staff.

Staff felt well supported by the registered manager and said they were listened to if they raised concerns and action was taken straight away if necessary. We found an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance.

Staff understood their responsibilities in relation to gaining consent before providing support and care, therefore people's right to make decisions was protected. New staff received an induction and training in core topics.

Summary of findings

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. Recruitment procedures were followed thoroughly, testing of fire equipment was carried out in accordance with policy and maintenance of the property was completed promptly.

There was sufficient suitably skilled and experienced staff to meet people's needs. Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Good



Is the service effective?

The service was effective. People were supported by staff who received relevant training to enable them to meet their needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

Good



Is the service caring?

The service was caring. We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People's privacy and dignity were maintained and people were involved in their care. Staff knew people's individual needs and preferences well.

Good



Is the service responsive?

The service was responsive. People had their needs assessed. They and their relatives were involved in planning their care.

People were offered choice and their decision was respected. People were supported in a personalised way.

Information on how to make a complaint or raise a concern was readily available.

Good



Is the service well-led?

The service was well-led. We found an open culture in the service. People responded well to the registered manager. Staff and relatives told us they found the registered manager approachable and said he listened to them.

The quality of the service was monitored. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had many opportunities to maintain links with the community.

Good



Tikvah Woodpeckers

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.

The inspection was carried out by one inspector on 11 August 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the eight health and social care professionals including local authority care commissioners to obtain feedback from them about the

service. We received three responses. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with five members of staff, including the registered manager, assistant manager and three care workers. We were unable to obtain specific feedback from people who use the service but spoke with one relative. We observed staff supporting people during the course of the day.

We reviewed the care plans and associated records for three people. We examined a sample of other records relating to the management of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for two of the most recently employed care staff.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available to all staff. Staff were aware of the company's whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations.

People who use the service were unable to tell us if they felt safe however, one relative told us they felt very confident their family member was safe when using the service. They said: "[name] is kept extremely safe, I have no worries at all". One commissioner told us that: "Our customer can explore his strengths and skills in a supportive and non-threatening, safe environment".

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. For example, one person's records showed a specific risk related to being in the community. The guidance for staff indicated how to manage and reduce the risks associated with situations the person found difficult or distressing, whilst ensuring they participated in activities of their choice. Detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place. A full health and safety review of the service was undertaken by the provider in March 2015. Recommendations from this report were in the process of being completed.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. A food safety inspection was undertaken by the environmental health department in March 2015. A maximum five stars was awarded as a result of the

inspection. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills were conducted at least twice each year and were arranged at different times of the day to ensure that all staff and people living in the home experienced evacuation procedures in a range of circumstances. Each person had an individual support plan specifically relating to fire evacuation. An up to date fire risk assessment for the buildings was in place.

Recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment.

Staffing levels were dependent upon the needs of individuals being supported at the service and were flexible in relation to undertaking activities or if people were unwell. Some people were supported on a one to one basis throughout the day. There was a minimum of five staff on duty covering the two buildings. All permanent staff worked long days. An additional shift had been added to cover the 10am to 4pm period which was the busiest for supporting people with their activities. At night a minimum of one staff member remained awake in each of the two buildings. These staffing levels ensured people's needs were met promptly in line with their support plans.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a clear medicines policy and procedure. Each person had been assessed to ensure the support they required with their medicines was individualised. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. The registered manager conducted a quarterly audit of the medication arrangements. There was a work request in place for the medicine cabinets to be bolted to the wall.

When appropriate, incidents were recorded by staff before being reviewed and investigated by the registered manager. Analysis of incidents was discussed with the staff

Is the service safe?

team to identify actions to reduce them in the future. The incident records did not always record what action had been taken to ensure that repeat occurrences were minimised. There was also a procedure to record accidents. However, there had been no accidents since the previous

inspection. The provider had an emergency contingency plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, using pictures or gestures. We were told by one commissioner that: "Throughout my visit staff members were available to provide information needed for the reviews." Another said: "He is valued and staff support him to make appropriate choices and support him to try new things by using appropriate communication tools when he struggles to understand the information or follow simple instructions."

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, epilepsy and autism. One relative told us they felt the staff were well trained and said, "The staff are excellent, knowledgeable and they understand people extremely well." Training was refreshed for staff regularly and further training was available to help them progress and develop.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told there was an open door to the registered manager and staff spoke positively about the "constant" support they received from him. They told us they could always approach him to seek advice and guidance.

Staff meetings were held monthly and provided opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using

the service, policies and procedures and maintenance of the property. In addition there were opportunities for staff to contribute and express their views. Staff confirmed they attended staff meetings regularly. They told us they felt listened to at the meetings and found them helpful.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. People's health needs were identified and effectively assessed. Each person had a health and well-being file. This included the history of people's health and current health needs. Additionally people had hospital passports so that hospital staff would know how to offer care, if necessary. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation. One commissioner told us: "Tikvah supports him to access appropriate health care facilities. He has regular health check-ups and staff have access to a multi-disciplinary team." Another said: "As identified during the review, the clients health needs are adequately met. They are well monitored and supported with health investigations where needed with the involvement of family members."

Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. There was a rolling four weekly menu plan which people were supported to be involved with. Activities often included eating out where individuals were free to make their own choices. Staff recorded and monitored people's diet, guiding them when appropriate on healthy choices.

Is the service caring?

Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the registered manager and supporting staff.

We observed people going and returning from various activities and we saw that people were treated with respect and dignity. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. One relative confirmed that privacy and dignity was respected, one said, “oh, very much so,” and, “they are definitely respectful.” A commissioner told us: “As identified / reported clients were treated with dignity and respect.”

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them and what would help to calm them down if they became anxious or distressed. They told us they were kept fully informed and up to date with any changes in people’s support requirements. This was achieved through handover meetings and reading the communication book at the start of every shift. One commissioner told us: “Staff are approachable and there is always a member of staff around to talk to.” Another told us: “I am kept informed of any changes to his circumstances/health or general wellbeing. Family are equally involved and kept informed.”

Feedback about the service overall was very positive. We were told that staff knew the needs of people very well. One relative told us, “They know [name] so well, they pick up on likes and dislikes and know how to manage [name]’s moods.” He went on to say “they are a life saver. I can sleep easy knowing my relative is looked after and cared for by very dedicated and caring staff. Staff go out of their way to provide an excellent service for people.”

Although people using the service had a range of communication difficulties, staff ensured they were involved in making decisions about their care. Staff were able to give examples of how people communicated their needs and feelings and we saw information was displayed in picture format to help people understand such things as choice of activities. Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them well. Training for this role was provided and more than half of the team had received classroom based instruction.

People’s diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave very detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included people’s life choices, aspirations and goals. End of life care plans were in place, if appropriate. It was noted that reference was made to a Do Not Resuscitate certificate in a medical chronology for one person. There was no other evidence of such a directive being in place and the registered manager undertook to investigate the status and impact for the service from the relevant GP practice.

People were supported to maintain their independence. Staff encouraged people to make choices and take part in everyday activities such as shopping and cooking. Individual support plans gave staff guidance on how to promote people’s independence.

Is the service responsive?

Our findings

People's support plans were individualised and focussed on them. Where people were unable to express their own views family and professionals had been involved in helping to develop the support plans. One commissioner told us: "The service appears to focus on a holistic approach which is fundamental in the ethos and philosophy of the service."

Information in people's support plans included people's daily routines, their preferences and how to support their emotional needs. It was clear if a person could do things independently or if they required support. The roles and responsibilities of the person and the staff members were recorded on care plans. The skills and training staff needed to offer the required support was noted and provided, as necessary.

Support plans were reviewed annually or more frequently if a change in a person's support was required. The service prepared detailed information prior to formal review meetings. However, it was noted that a record of the meeting was not routinely recorded by the service. It was accepted that a record of discussions would be undertaken and supplied by the commissioning authority. However,

this was not always made available to the service. The manager undertook to consider whether the service should make a record of the meeting for their own use for planning and development purposes.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. We saw activities included going cycling, cooking, shopping and swimming. One relative said: "they have plenty of activities; [name] has a very fulfilled life". The registered manager told us activities were an essential part of people's support and helped to avoid people becoming distressed or anxious. The registered manager told us people were supported to attend religious services if they wished to.

The provider had a complaints policy and a complaints log to record any complaints made. A box was also available for any complaints to be raised anonymously. At the time of the inspection no complaints had been recorded in the log since the last inspection. The relative told us they were aware of the complaints procedure and knew how to raise concerns if necessary. They described a few minor issues over the years which had been addressed in an appropriate and timely manner.

Is the service well-led?

Our findings

There was an honest and open culture in the service. Staff were aware of their responsibilities and understood how they related to the wider team. Staff informed us the registered manager was always available to provide expert advice when required, and “the manager is like a colleague, is approachable and always sorts things out”. Throughout the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. They told us, “he is very supportive and leads the service for the benefit of the people that live here,” Staff told us they were listened to by the manager and felt they could approach him with issues and concerns. They praised him for giving constant support and told us he acted quickly to solve any kind of problems that arose. They confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The registered manager told us links to the community were maintained by ensuring people engaged in activities outside the service. This was regarded as crucial to ensure that people’s well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People used mini buses available on the site and individual cars to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice.

A robust programme of audits was completed by the compliance manager on behalf of the provider. A monthly audit report identified actions needed to manage any issues found. Monitoring of significant events such as accidents and incidents was undertaken by the compliance manager. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay. It was noted that there were some discrepancies with accident and incident recording. It appeared that some records had been completed retrospectively. The registered manager undertook to ensure that this was followed up with those relevant staff. In addition to the audits carried out by the registered manager, the provider completed additional checks on the service including health and safety and reviews of financial records. Records of all audits were sent to head office in order that action could be monitored.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health team and relatives. One commissioner said of the service: “They work in partnership with professionals.” People’s needs were accurately reflected in detailed plans of care and risk assessments. People’s records were of good quality and fully completed as appropriate. The commissioner said: “Information is good and accurate and recorded appropriately.” Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were generally accurate and up-to-date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.