Norwood

Kadimah

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Tel: 01344755574
Website: www.norwood.org.uk

Date of inspection visit:
19 April 2016

Date of publication:
07 June 2016

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

This was an unannounced inspection which took place on 19 April 2016.

Kadimah is a residential care home situated in Ravenswood Village. The village is a community for adults with learning disabilities run by the charitable organisation, Norwood. People have access to the facilities and services provided in the village. These include a café, swimming pool and horse riding.

The home provides a service for people with learning and other disabilities. The service is registered to provide care for up to eleven people and there were nine people living there on the day of the visit. People were provided with ground or first floor accommodation, according to their physical abilities. There was an annexe where people were supported to live more independently.

There is a registered manager running the service. 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.

Everyone who lived in, worked in or visited the service were kept as safe from harm as possible. Staff were properly trained so they knew how to keep people safe from any form of abuse. The service had robust health and safety policies and procedures which staff understood and followed to keep people as safe as possible. Any risks were identified and action was taken to reduce them, as far as possible. There were high staff ratios to ensure people were looked after safely. The recruitment procedure made sure, that as far as possible, staff were safe and suitable to work with the people who live in the home. Medicines were given safely by properly trained staff.

People were helped to maintain their health and well-being. Staff responded quickly to people's needs. They sought advice from and worked closely with health and other professionals to meet people's needs in the best way. People's physical and emotional needs were met to ensure people were able to enjoy their lives as much as they could.

People's rights were understood and promoted by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so. People were helped to make decisions and choices so they could control their daily lives as much as possible.

A stable, caring staff team provided care to people they knew well and whose needs they fully understood. Staff were well trained, understanding and responsive to changes in people's needs and wishes. People

were treated with respect and dignity at all times. Staff understood what person centred (individualised) care meant and why it was important. They were non-discriminatory and met people's equality and diversity needs. People were provided with a variety of activities, according to their needs, abilities and preferences.

The service was well-led by a highly thought of registered manager and supportive management team. The service had an open and positive management style which encouraged people, staff and others to express their views and opinions. The quality of the care provided was regularly monitored by the registered and other managers. Improvements had been made as a result of the quality assurance processes and listening to people, staff and others.

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.

Staff understood how to protect people in their care, themselves and others.

Risks to people's safety were identified and any necessary action was taken to make sure they were reduced, to keep people and others as safe as possible.

Staff were trained to look after and give people their medicine safely.

There were enough staff, who had been recruited safely, to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

Staff helped and encouraged people make as many choices and decisions about their daily lives, as they could.

If people were not able to make certain decisions, staff made sure their rights were upheld and they did what was best for them.

People were helped to keep themselves as healthy and happy as possible.

Staff were provided with good training so that they could meet the needs of the people in their care.

Is the service caring?

Good

The service was caring.

People were cared for by kind and patient staff who knew them well.

People's privacy was respected and they were helped to maintain their dignity, at all times.

Care was person-centred so that people were treated as individuals and their preferences and lifestyle choices were recognised and respected.

Staff recognised how important it was to build strong relationships with people. They helped people to keep their relationships with families and others who were important to them.

Is the service responsive?

Good

The service was responsive

People's care needs were regularly looked at, to make sure staff were giving care which was up-to-date and met people's current needs.

Staff helped people choose from a variety of activities they liked so that they enjoyed their lives, as much as possible.

People, their families and others knew how to and could make complaints about the service, if they wanted to.

Is the service well-led?

Good

The service was well-led.

The service was well-managed. The registered manager knew all about the needs of the people who live there and helped the staff team to give people good care.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, if possible.

The quality of care the service was providing was monitored by the registered manager and the service was developed and improved, when possible.

Kadimah

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 was unannounced and took place on 19 April 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at seven care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at other records related to the running of the service. These included a sample of staff, quality assurance and training records. The registered manager sent us further information we requested after the inspection visit.

We spoke with four people who live in the home. We spoke with four staff members and the registered manager. We asked for comments from seven local authority and other professionals and received two responses. Five family members sent us their comments after the inspection.

We looked at all the information held about seven people who live in the service and observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People were kept as safe as possible from abuse or harm, arising from poor care or staff attitude. People told us, or communicated in the way described on their plans of care, that they felt safe. A professional when asked if they thought people were safe commented, "Very much so." Another said, "It is of my opinion that the individuals residing in Kadimah are safe and well treated." Staff had total confidence in the registered manager and told us that the management team took any matters of possible abuse very seriously.

Staff received regular training in safeguarding adults and were able to fully describe how they would deal with a safeguarding concern or incident. The service had reported six safeguarding concerns (over an 18 month period) to the relevant authorities and appropriate action had been taken to deal with them. Staff were fully aware of the provider's whistle blowing policy and told us they would not hesitate to use it. They were aware of external organisations, such as the police or local authority and in what circumstances they could or should approach them.

People, staff and visitors to the service were kept as safe as possible because staff followed the service's robust health and safety policies and procedures. The service had a health and safety representative who met with those from other services, every three months, to discuss any health and safety issues identified. These were passed on to the health and safety team located at the head office of the provider, as necessary. Checks were undertaken at the required intervals to make sure equipment and the environment were safely maintained. They included lifts on 11 March 2016 and mains electrical testing in 2013. An audit was completed annually by the provider's health and safety team.

Health and safety risk assessments included infection control, use of the hydrotherapy pool and managing challenging behaviours. The service had an emergency plan in place. This covered areas such as a full service evacuation. People had emergency evacuation plans, developed according to their individual needs.

Care plans included assessments which identified specific risks to people. The risk management plans were incorporated into the care plan. They detailed how to support the person in a way which minimised the risks to them, the staff and others. Risks identified included use of the hydrotherapy pool, choking and infection.

Accidents and incidents were recorded and senior staff audited the records on a monthly basis. The records included the action taken to reduce the risk of recurrence. Accidents and incidents were cross referenced to risk assessments, care plans and behaviour support plans. An example included a choking incident. A formal investigation followed and actions taken included a referral to the speech and language therapy team and changes to risk assessments within the person's care plans.

People were given medicines by staff who were properly trained and whose competency to administer medicines was tested before they were allowed to carry out this duty. Senior staff further tested their competency at a minimum of yearly intervals. Three medication administration errors had been reported in the previous 18 months. The service had taken action to minimise the risk of errors by a variety of means including the provision of a specific medication room. The medicines were kept and administered from the

room and staff were not disturbed during this process.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times. People had detailed guidelines for the use of any PRN (to be taken as necessary) medicines. Those taken to help support people with their behaviour were signed by a mental health professional.

People's finances were looked after safely, each person had a financial file and financial care plan. The provider had 'corporate appointeeship' for most people (appointees take responsibility for people's finances). Some people took responsibility for their own personal allowances, with staff support. The service had a robust system of recording the money they held on behalf of people. Two senior staff had access to people's bank accounts which they operated with the person. The registered manager conducted formal audits every month and an annual audit was completed by the provider's financial team.

People were well cared for and kept safe by the number of staff on duty, who were effectively deployed. The minimum numbers of staff on duty were five per shift during the day (7am until 9.30pm) and two waking night staff. The number of staff was calculated by assessing the care needs of each person, the amount of care hours individuals needed and providing those staff hours. Additional hours were sought from commissioners of the service if people's needs changed in the long term. The registered manager could increase the number of staff in the event of special activities or short term illness.

The service had a robust recruitment system to ensure staff were suitable and safe to work with people. The provider completed the necessary safety checks on prospective applicants. These included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post.

Good

Is the service effective?

Our findings

People, professionals and relatives told us they thought people were well looked after. People's health and well-being needs were identified and met by a knowledgeable and well trained staff team. People had a detailed health care plan which included paperwork to be taken to hospital. This contained information the hospital staff would need to provide appropriate care for the individual. The health plan clearly described people's medical and well-being histories and current needs. Each person had a health report which recorded all contacts with health and well-being professionals follow up appointments and further actions to be taken. An area of the care plan noted, "in order to keep me healthy and safe you need to know [this] and do [this]." Topics included wheelchair use, medicines and health conditions.

The service worked with other health and well-being professionals such as dieticians, speech and language therapists and psychologists. People had regular check-ups such as annual health reviews, dentists and opticians appointments. One professional commented, "referrals and supports are requested promptly as and when they are needed". Another said, "I found the home manager [name] very receptive to the support we were providing and extremely efficient in meeting our requests, this included adaptations to the physical environment and undertaking a number of physical health examinations, all were completed in a timely fashion." A further comment was, "In the case of one of my patients residing within this service, they made the recommended adaptations to the individual's room and more, this has had a positive impact for the individual's quality of life during a difficult time for them."

People who were reluctant to be treated by health and well-being professionals were exceptionally well supported to make sure their health needs were met. Examples included working with family, other professionals and the individual to make the experience acceptable to them. For one person this involved visiting the venue several times, introducing them to the professionals involved and allowing them to take their favourite belongings with them when attending the appointment. Relatives told us people's healthcare needs were, "definitely" met.

People's individual, detailed plans of care ensured staff knew how to meet people's identified needs. The support plans included a summary of the important aspects of people's care. These described, more briefly, people's needs and drew staff's attention to vital areas (for the individual) of the more detailed plans. For example, "keeping safe and healthy" and "all about me". These gave staff quick and easy access to important information about individuals.

The staff team understood and supported people's rights under the Mental Capacity Act 2005 (MCA). The 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 the least restrictive option.

People were supported to make as many decisions and choices as they could. Staff gave examples of how they helped people to make their own decisions, as far as possible. They used pictures and items as points

of reference so that people could indicate what they wanted. Additionally technology was used such as eye pointing devices, to try to understand people's choices. People's individual communication methods were identified and understood and staff were able to interpret their wishes. Care plans included sections such as, ''things that are important to me'' and, ''things I don't like''. Plans included people's consent to or details of who and how others had been involved in making decisions with them.

People can only be deprived of their liberty so that they can 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 Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made two DoLS referrals which had been authorised by the local authority (the supervisory body).

Staff had received Mental Capacity Act 2005 and DoLS training. They had a good understanding of what constituted a deprivation of liberty and when a DoLS referral may be necessary. Best interests meetings were held, as necessary, and included areas of care such as health interventions and supporting people with their behaviour.

People were effectively supported with any behaviour that could cause distress or harm to themselves or others. Staff were trained to deal with such behaviours. Behaviour plans were developed with the help of the community team for people with learning disabilities and other appropriate professionals. The behaviour plans focussed on staff recognising the early signs of distress or agitation and taking action to distract and divert people from harmful or distressing behaviour. Physical intervention was not used in the service.

People were offered good quality food which met their identified individual needs. Nutritional needs were assessed and any specific requirements were included in their care plans. People were weighed regularly and records were kept, if necessary. The support of the dietician and speech and language therapy services was sought, as required. Food was provided in the way which was safest for people to eat. This included soft diets and pureed food. The amount and type of staff help needed by individuals was noted in care plans as were risk assessments for choking and skin integrity. People chose to eat the food they liked and were given the food they requested, whatever was on the menu. Staff gave people individual assistance and attention to eat their meal and individuals could choose where they wanted to eat.

People were supported by a staff team who were well trained to meet people's diverse and changing needs. A health professional told us that the service worked with others in the best interests of people, "including and promoting staff training and making the staff available to access such training, when offered." Training was delivered by a number of methods which included computer based and classroom learning. Staff told us training was very good and they could request any specialised training they felt they needed. Of the 18 care staff, 16 had completed a relevant health and social care qualification.

The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. One staff member told us they had received, "A good induction and get so much support from colleagues." Staff received one to one supervision approximately every month and an appraisal once a year. The appraisal resulted in the development of an annual development and learning plan. Staff told us they felt very well supported by colleagues and the management team.

The service provided people with any necessary equipment or building adaptations to ensure people's comfort and to keep them as mobile as possible.

Good

Is the service caring?

Our findings

People told us verbally, or indicated by smiling and nodding, that they liked living in the service. A professional commented, "From what I have observed during my visits and through discussion with various professionals with our Multi-disciplinary team I feel they have always treated individuals with respect and having observed some difficult situations feel the team do respect and preserve the dignity of their people." A relative told us that staff respected people and preserved their dignity. They said, "Every time I have visited the home I have seen nothing but this." Another relative commented, "I am most impressed by the care given at Kadimah."

During the inspection visit people were treated with great respect and understanding. Staff were patient and kind to people at all times. The continually explained to people what they were doing and why and gave people time to process the information. Staff interacted positively, praising people and using appropriate physical contact and humour to encourage and support them. Staff described the service as having a, "Very homely, welcoming and family type atmosphere."

People's privacy and dignity was promoted and maintained by the staff team. Staff had been trained in this area and used technology to assist them. The technology included thumb print door locks and movement alarms. The thumb print door locks allowed people to deny access to anyone else whilst being able to safely escape in the event of an emergency. The movement alarms could be set at different levels such as when a person had got out of bed or when a person suffered a seizure. This meant that staff no longer had to open people's doors and inadvertently wake them for regular safety checks. Care plans for each area of personal care described how staff carried out the task and preserved people's dignity. For example how to complete the catheter care task whilst maintaining the individual's dignity.

People's equality and diversity, which was noted in their care plans, was reflected in the daily routine and work of the staff team. Care plans included an area called, "my personal planning book" which was completed with staff support and contained information about them. It included what was important to people and noted any special needs they had to support their culture, religion, equality and diversity. For example, although the service was part of a Jewish community people of other religions were supported to celebrate special festivals in their religious calendar. Some people expressed a wish to receive same gender care, this was always respected.

People's involvement in the care planning and review processes was clearly recorded. They and their families were as involved as they chose to be and was appropriate. The service used a variety of methods to find out what people thought about the care they were offered. For example people were supported by staff acting as advocates and external informal advocates to express what they felt about the service and their lifestyle.

People's individual communication plans assisted staff to interpret how individuals were feeling. The plans enabled staff and others to communicate effectively and positively with people. The service used a variety of communication methods such as photographs, simple English and symbols. People and staff were

communicating continually during the inspection visit. People related paperwork, such as care plans and health action plans, were produced in formats which gave people the best chance to understand them.

The service used a communication and care system called, "great interactions". This taught staff how to interact with people, who may or may not use speech as their main communication method, in a positive way. The registered manager and staff told us this had a positive impact on people's involvement, and participation in daily life. Throughout the visit staff were communicating and interacting with people in a respectful and positive way.

Good

Is the service responsive?

Our findings

The service had staffing ratios which enabled staff to respond quickly to people's needs. Some people had 1:1 or 2:1 support at certain times in the day or for particular activities. Staff responded to people's needs and requests for support or assistance very quickly. They recognised if people needed help, even when they did not directly ask for it. They recognised body language and were alert to people's methods of non-verbal communication. A professional told us, " they have always responded in a timely manner to any of our concerns and requests, I have completed a couple of pieces of work with the manager [name]]and her staff team; they have always had the best interest of the individual as a priority." A family member said, "They have always appeared to respect individual choice and although it's not always possible to meet everybody's requests at that moment, they have made an effort to meet these requests when possible".

People's needs could be met by the service because they were assessed before they moved in. Care plans which were developed from assessments, were reviewed regularly as their needs changed. Families, other professionals and any other relevant people were included in the review process. The service made sure that care plans were altered in response to changing needs, so that staff were able to offer appropriate, up-to-date care. The staff team met people's diverse care needs with little or no delay. The registered manager could increase staffing ratios temporarily to meet any identified needs in response to issues such as illness or additional support with special activities.

People's care was person centred and therefore designed around individual needs. Staff were provided with a variety of training to help them understand the principles of person centred care. Staff told us , "People are all individuals with their own special needs and preferences." Staff understood equality and diversity and reflected this in their day to day work. People were not discriminated against, whatever their culture or background. Support plans gave very detailed descriptions of people and they were provided with activities, food and a lifestyle that respected their choices and preferences.

The staff team and individual staff were very knowledgeable about the people they cared for and how to meet their identified needs. They knew why, how and when they should offer help or support. The staff team communicated with each other using a variety of communication methods. They used systems such as people's daily records, communication books and handover meetings. The staff team were committed to working together to offer the best possible outcomes for the people they supported.

The registered manager and staff team had developed strong relationships with people's families, other professionals and anyone else who were important to them. Relatives and other professionals complimented the service on how it kept 'in touch' and communicated any relevant information to them.

People were offered a variety of activities and staff supported people to pursue activities they enjoyed. People's activity programmes reflected their needs and preferences and were amended as a result of people's changing needs and choices. Activities included swimming, meals out and horse riding. People were given the opportunity to participate in outings and holidays if they chose to. People were able to access the facilities provided in the village, such as the café and hydro therapy pool.

People, their families, friends or advocates were able to complain if they wanted to. The service's complaints policy and procedure was produced in an easy read format and was called, "something to say". Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not happy. The service had not recorded any complaints about the service during the previous 12 months. People, families and other professionals did not express any concerns about the service.

Good

Is the service well-led?

Our findings

Staff told they were very happy working in the service which had a strong and supportive staff team. The staff team was stable with a low turnover of staff, 16 of the 18 staff had worked in the home for over two years. This provided continuity of care for people. Staff members told us the service had an open and positive culture and staff were confident to discuss anything with the registered manager. Staff described the management team as, "brilliant to work with" and, "very supportive". A relative commented that the registered manager is, "top notch, first class and highly efficient, dedicated and caring." A professional said, "I have always been impressed with the management team on Kadimah, they are thorough and dedicated to their clients' physical, emotional and mental wellbeing." Another told us, "The manager [name] is an individual who many could use as a role model. She is not slow in coming forward to ask for help from our team for the clients she supports. She and her team always have the client's interest in the forefront of the minds." A professional said, "During my visits to Kadimah I found the staff team very professional and welcoming."

People's views and opinions were sought, listened to and taken into account by the service when providing care. The staff team had a number of ways of seeking peoples' views. People had regular reviews which they and their families, if appropriate, were invited to attend. Keyworkers met with people, individually, to talk about their care, views and satisfaction (or otherwise). The service listened to the views of staff. Staff meetings were, generally, held every month and the registered manager provided a team brief, for staff, at regular interviews. Minutes of staff meetings were sent to all staff to keep them up-to-date with information and discussion items.

Annual questionnaires were sent to people, their families, friends and other interested parties. The last questionnaires to staff and others were sent in December 2015. Improvements made as a result of listening to people and others included an increase in staff meetings, an increase in music sessions and rota changes to meet people's changing needs.

The quality of care people received was monitored and assessed to make sure that the high standards were maintained and improved. Monitoring and auditing systems included the registered manager completing medicines, care plan and health and safety audits. Additionally a manager from another service completed a monitoring visit every three months. These were recorded and an action plan was developed to improve any shortfalls identified. The monitoring visit completed 2 February 2016 resulted in additional training for staff and additional staff meetings. The provider's compliance manager audited particular areas in response to issues such as medicine administration errors or safeguarding incidents and completed financial audits.

Staff were kept up-to-date with any new developments or practices in a variety of ways. These included staff meetings, specific training, supervision and appraisal. Additionally the provider held managers meetings and the quality and compliance manager ensured relevant information was shared across the village.

Records relating to individuals were of good quality, informative, fully completed and up-to-date. They accurately reflected people's individual needs and how they were to be met according to their preferences

and best interests. Records relating to other aspects of the running of the service were accurate and up-to-date. All records were kept confidentially, if required.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us, when necessary. Notifications are events that the registered person is required by law to inform us of. We had received four notifications during the previous 12 months.