Norwood

Norwood - 30 Old Church Lane

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Norwood – 30 Old Church Lane (OCL) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Norwood – 30 OCL accommodates eight people in one adapted building, the home has currently one vacancy. There is also a self-contained flat available which can accommodate up to two people. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any person. Norwood – 30 OCL promoted the Jewish way of life, which meant people who used the service were able to follow their religious beliefs, maintain a kosher diet and celebrate Jewish festivals.

At the last inspection on 19 November 2015, the service was rated Outstanding.

At this inspection we found the service remained Outstanding.

Norwood – 30 OCL had a manager registered with the Care Quality Commission (CQC), however the registered manager had been promoted to Head of Care Services and an acting manager had been appointed to undertake day to day management of Norwood – 30 OCL. The registered manager was still present for about two days per week at Norwood – 30 OCL and the acting manager will register with the CQC in April 2018. 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 were safe. Staff demonstrated thorough understanding and knowledge of how to protect people who used the service from harm. The service ensured that sufficient levels of staff were deployed to make sure people's needs were met at any time. People who used the service were listened to and consulted as to what made them anxious and supported them to take a full part in their home and in the community. Norwood – 30 OCL introduced creative ways of retaining and developing staff, which ensured consistency and meant people who used the service were supported by staff which knew them well. Risk assessments formed part of the care planning process and encouraged people to stay as independent as possible without compromising their safety. Risk assessments were reviewed regularly by involving people who used the service, their relatives and staff who supported them. Medicines were continued to be managed safely with the emphasis of reducing rather than increasing the medicines people who used the service were prescribed. This was in particular paramount in relation to medicines prescribed to manage behaviours that challenge the service.

People who used the service, relatives and befrienders spoke highly about the care provided and received at Norwood – 30 OCL. The service consistently supported people who used the service to maintain and build

relationships internally and externally. Norwood – 30 OCL looked at creative ways to help people who used the service to gain new skills, become more independent and become a valued member within the community, by following their aspiration of gaining payed employment. Staff and people maintained excellent professional relationships and staff demonstrated an exceptional understanding of people's needs, abilities and likes and dislikes. People who used the service continued to take part in national and international fundraising events with the help of staff.

Each person had a clear and detailed care plan tailored to their individual needs. The care plans highlighted specific support needs, particularly involving anxiety and how to support the person to manage these. All people had a specific autism care plan which gave detailed information about the person's condition and information where the person required additional support to maintain their independence. All people made a wish list annually, which looked at aspirations and goals individuals and the service wanted to achieve. People had developed an individual timetable of activities, which was communicated with people through pictures to help them to understand better of what they were doing each day. Some people were doing voluntary work, while others had a leaflet distribution job which they were paid for. People developed their social skills by interacting with peers regularly and were also supported to plan trips to visit relative's that did not live locally.

The registered manager, acting manager and staff were continuously praised for their support and people, staff and relative's felt they were extremely open and approachable. Staff felt as part of an open and empowering culture where they were respected as individuals and as part of a team. Relative's had the utmost confidence in management and always felt welcomed and kept up to date with how people were.

The staff team at Norwood – 30 OCL had a sound understanding of the Mental Capacity Act (MCA) 2005.The service promoted choice and decision making in particular regarding decisions about people's care and safety. Nevertheless the manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS).These provide legal safeguards for people who may be deprived of their liberty for their own safety. Staff had sought support from health professionals to enable people to make decisions about their own health and wellbeing.

Staff told us that they felt supported and listened to, they praised the regular supervisions and appraisals which helped them to develop their understanding of people and also was a contributing factor to staff working at Norwood – 30 OCL for a number of years. This in return benefitted people who used the service who were supported by a staff team who knew them well and understood their routines. Staff received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

People were supported to maintain their health. Over the past year Norwood – 30 OCL had supported people who used the service with serious health concerns, via visits and being treated by specialist consultants. Relatives spoke highly of the healthcare support people who used the service received. Annual health action plans and hospital passports were designed together with people to ensure healthcare was consistent when moving between different healthcare disciplines. There were clear guidelines in how to support people when accessing different health professionals such as the GP, Dentist or Chiropodist.

The registered manager and registered provider had developed robust systems to ensure that quality audits were completed monthly and included checks on the building, people and staff's welfare. People and staff had regular meetings where they were given updates on the service and the opportunity to voice any concerns. The registered manager and registered provider looked for ways to continually improve the quality of the service. For example they had continuously developed systems to monitor behaviours;

challenged poor practice and involved people used the service and relatives to contribute to the running of the service and organisation.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service remains Outstanding.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The service improved to Outstanding. The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured that this was consistently maintained.

There was a strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

The registered provider continuously looked for ways to improve the service by engaging people who used the service, staff and relatives to contribute and comment on the quality of service provided.

Norwood - 30 Old Church Lane

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 25 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for people with autism and behaviours that challenge the service and we needed to be sure that people were informed of our visit to not disturb their routines.

This inspection was carried out by one adult social care inspector and one adult social care inspection manager for the morning of this inspection. The inspection team consisted of a specialist advisor who had professional experience of learning disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who used the service, spoke to one relative and one volunteer, and received written feedback from four relatives. We spoke with three members of staff, the registered manager/head of care services and acting manager.

We looked at a range of records including training and supervision record of all staff, three people's care plans and other records relating to the management of the home. We received the most recent quality monitoring report from the host local authority.

Outstanding ☆

Is the service safe?

Our findings

Relatives informed us that people received safe care and their behaviours and medicines were managed well. One relative told us, "[Person's name] behaviour has improved so much. I can see in [name] how happy she is at 30 OCL." Another person told us, "In the past when I went out with [name] I needed always a member of staff, over the past two to three years we go out without staff and there has never been problem. This shows how much more settled [name] is." One person who used the service told us, "I like it here, they [staff] know me well and leave all the stuff in my room the way I want it. They know it would upset me if they move things around."

During our inspection in November 2015 we found that Norwood - 30 OCL demonstrated exceptionally effective processes and procedures in how the staff responded to people expressing their frustrations through being aggressive.

We found during this inspection, that Norwood – 30 OCL continued to make excellent progress in reducing behaviours that challenge the service. As a result of the positive behaviour intervention work Norwood – 30 OCL had a done, a further two people were no longer on any medicines to manage behaviours that challenge the service, which means that none of the people living at the home currently received any medicines for behaviour management.

We found during our inspection in November 2015 that staff received specific training which was designed around understanding triggers and causes with the aim to respond to behaviours that challenged the service pro-actively instead of reacting to the behaviour. We saw during this inspection that the training staff had received continued to make a positive impact on the management on behaviours that challenged the service. For example, staff had used their learned skill and training of using proactive approach to behaviours that that challenge the service. This resulted in the reduction of medicines and people who used the service no longer presenting physical aggressions as a response to anger. This was mainly due to staff being clear of the triggers and responding early as well as consistent when dealing with behaviours that challenge the service. For example, we observed one person becoming restless while waiting for the return of the minibus; we observed staff using and listening to verbal cues and gestures to understand what the person needed and used various techniques to divert the person's attention, which clearly reassured the person while waiting for his friends. Another example was a relative who wrote to us, "We can definitely see a major improvement in people's behaviours, which is a credit to all the staff." A member of staff told us, "Since people take less medication and their behaviour improved, people go out more to the local community and we also noticed that residents had less side effects from the medication."

The provider continued to look into ways to further improve and reduce behaviours that challenge the service and had launched a designated behaviour and communication team. This team assessed people who challenged the service and had communication difficulties throughout the providers 22 registered locations. The acting manager told us that the behaviour and communication team plans to visit Norwood – 30 OCL in spring 2018 to carry out a full assessment of the service and all people who use the service. However, we saw an example of a completed behaviour and communication assessment carried out by the

behaviour and communication team for a different location managed by Norwood. We judged the assessment as detailed, comprehensive, inclusive and relevant to the people who used the service. As part of this new behaviour and communication team, the provider was also planning to train a designated member of staff at Norwood – 30 OCL. The acting manager told us that this will have a further positive impact on people who used the service in minimising the behaviours that challenge the service even further and improved therefore the quality of life to people. The registered manager/ head of care had been fully involved in setting up a new behaviour and communication team and his expertise benefitted people at Norwood – 30 OCL as he used his knowledge and skill in supporting staff to work and support staff to understand and deal with behaviours that challenge the service, which resulted in people becoming less challenging and ultimately having a better quality of life.

Norwood's positive behaviour support panel undertakes audits of the use of restrictive intervention and provides feedback to Norwood – 30 OCL to reduce the use of restrictive practice and look for more pro-active behaviour responses. The panel's main objective was to ensure that there was a positive approach to taking risk at Norwood – 30 OCL without compromising the persons safety, human rights, control and quality of life taking into consideration the persons capacity and the persons best interest. People living at Norwood – 30 OCL had an up to date positive behaviour support plan and were required referrals to psychology and psychiatry were made so the staff team and the person had a better understanding of behaviours that challenge the service. We saw that if required best interest meetings were held, this ensured that a positive approach to risk was taken in line with the persons capacity and preferences to ensure that the person was in full control of their actions.

Norwood – 30 OCL continued to embed the innovative system to engage people who used the service to take part in the administering of medicines. We saw that the previously introduced medicines administration system was now fully established. For example, we saw that all staff had received training in the new system and no medicines administration errors had been documented since our inspection in November 2015. During our last inspection one person was taught to administer their medicines independently, unfortunately the person, who was supported, trained and taught to administer medicines independently does no longer live at Norwood – 30 OCL and currently none of the people living at the home were assessed as suitable to be supported to administer their medicines independently. However, the acting manager told us that the service was currently in the process to assess if any other people were suitable to administer their medicines independently.

Norwood – 30 OCL continued with regular medicines audits which had been carried out by a designated member of staff as well as the dispensing pharmacist. We saw in these audits that no shortfalls had been highlighted, which was confirmed in the PIR sent to us in September 2017. In addition to this the local authority highlighted during their quality assurance visit in October 2017 that they had no concerns in relation to the administration, recording, storing and disposal of medicines. One relative told us in the feedback sent to us, "[Persons name] gets the correct medication and they always inform me if anything changes, we never had a problem."

Training records showed that staff had received regular training refreshers in relation to safeguarding adults and safeguarding people from harm and abuse. Staff we spoke with were clear how and whom they would report allegations of abuse to. One member of staff told us, "I would speak to [manager's name] and report it, but I can also go to her manager or the police if I have to." Another member of staff told us, "Record it and report it and follow it up." We saw a flow chart in the office and kitchen informing staff the correct procedure of how to report any allegations of abuse. We saw safeguarding posters around the home, for example, in the dining room and office. Safeguarding was discussed at staff meetings as seen in minutes from September 2017. There had been no safeguarding concerns since our inspection in November 2015.

The home noted in their PIR that Norwood had introduced a new independent safeguarding panel, which would meet quarterly and review any safeguarding alerts made and received. We discussed this with the registered manager/head of care services who told us that this helped to learn and reduce safeguarding concerns provider wide. For example, the provider saw that over the four quarters most safeguarding alerts were in relation to the administration of medicines. As a result of this the provider had reviewed the medicines operation procedure and individual medicines procedures for people who used the service. This meant that the provider took safeguarding seriously and was willing to make improvements by looking for innovative ways and practice to monitor, learn and reduce safeguarding related incidents.

Records showed that risks associated with the treatment or care and support had been assessed in detail. We saw that appropriate guidance and management plans had been developed together with people who use the service, their relative and staff to reduce and minimise those risks, For example records contained risk assessments in relation to using the kitchen, managing people's monies, accessing the community and receiving personal care. In addition to the individual risk assessments Norwood – 30 OCL had also assessed environmental risks such as gas safety, location of stopcocks and personal emergency evacuation procedures (PEEP). To ensure all people who used the service evacuating the property in case of an emergency Norwood – 30 OCL included in the individual PEEP to switch on the music as this encourages the persons to evacuate the building. Risk assessments had been reviewed periodically or more frequently if people's needs had changed. We saw in records that people who used the service were involved in undertaking weekly health and safety checks, which included checking the water temperature and monitoring the fire safety of the building.

All staff received training in heath safety, manual handling and infection control. Staff told us that this training helped them to better understand their role and support people safely in and outside of their home. People who used the service regularly accessed the community together with staff or independently to ensure their safety when out in the community we saw that people had a mobile phone and identification card to contact the home in case of an emergency or if they get lost. Norwood – 30 OCL had also a contract with a specific taxi company, which was known to people who used the service and can be used in case people get lost or people felt not safe when out on their own. Norwood – 30 OCL had done one to one work with people who used the service to make them understand hate crim and 'stranger danger' when out in the community to raise people's awareness and provide people with the necessary skill and understanding when accessing the community independently.

Since our last inspection, Norwood – 30 OCL had maintained a stable and consistent staff team. The acting manager told us that no new staff had commenced employment and there were no vacancies. Any additional staffing cover due to sickness or annual leave was covered internally through bank workers or by a service in close proximity to 30 OCL. We therefore did not assess staff employment records during this inspection as they were found of good standard during our inspection in November 2015. The registered manager/head of care services explained to us that staffing levels were calculated based on people's needs and funding received by the placing authority. We were advised that if needs of people had changed this was shared with the funding authority and a business case would be forwarded to increase the funding. We found that during the day of our inspection sufficient staff were deployed to meet people's needs. People who used the service told us that there was enough staff around for them to do what they were interested in. One relative told us, "The staffing here is very good, I never found to see a problem."

A cleaner was employed for three hours per day during the week, due to Shabbat no cleaning was allowed on Saturdays and staff told us that they would do basic cleaning on Sundays. We observed staff following hand hygiene procedures and saw that they washed their hands when preparing food in particular when changing from dairy to meat products as required by the Bin Kashrut Society in respect to cook kosher food.

We saw in staff training records that all staff had or shortly will have refresher training in infection control and food hygiene. Hand disinfectants were displayed throughout the home and we observed staff using appropriate protective equipment such as gloves and colour coded mops to reduce and prevent the spread of infections.

Good

Is the service effective?

Our findings

Relatives told us that staff had the appropriate skill and knowledge to meet people's complex needs. One relative told us, "They know my relative very well and I know from talking to staff that they had a lot of training." Another relative said, "They [staff] know what they are doing and if they get stuck they always ask us."

We found during the last inspection in November 2015 that the provider had carried out a robust and detailed assessment of need, which ensured that treatment or care was carried out appropriately and to a high standard. We saw during this inspection that the service continued with on-going review of people's needs to ensure that changing needs were responded to in a timely manner. For example, the home noted that one person developed changes in their medical conditions, which resulted in the home to support the person in accessing appropriate specialist support to address this issue. The acting manager told us that the new communication and behaviour team will review all needs assessments, behaviour assessments, communication assessments and autism profiles for people by spring 2018. She said that this would then lead to an introduction of a new care planning format.

We saw that induction training was available for new staff, the training included online as well as face to face training that the provider considered mandatory. This included safeguarding, infection control, general health and safety, food safety, introduction to Norwood, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and values, equality and diversity. New staff were required to complete an induction. The aim was to introduce new staff to the tasks and responsibilities in their role and to consolidate staff knowledge. We saw that plans were in place to refresh all the mandatory training in regular intervals to ensure staff were up to date with any changing legislation and the knowledge was up to date. In addition to the mandatory training staff had access to more specialist training which included person centred approach to learning disabilities, person centred active support, autism awareness, quality of life and understanding people's behaviour, first aid, medicines administration and competency. Staff received also training in 'Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention' (PROACT – SCIPr). PROACT – SCIPr focuses on supporting staff to teach people who used the service to maintain control and to engage in proactive methods of behaviour change. We saw that training has been scheduled if it was due for renewal and staff told us that they found it easy to access training. The acting manager stated, in addition to training provided by the provider, staff could access training provided by the local authority. For example recently staff took part in diabetes training provided by the London Borough of Harrow, and this was despite of none of the people living at Norwood – 30 OCL being diagnosed with this condition. Staff told us that the training would help them to recognise symptoms relating to diabetes better, which then can be treated by appropriate health care professionals.

As during our previous inspection, all staff we spoke with said they had received regular supervision. The supervision matrix confirmed that all staff employed received a minimum of six supervisions and one appraisal during 2017. Staff also told us that they felt supervisions were beneficial to their professional development and helped them to continue to provide a high standard of care.

Relatives told us that the food was "excellent". One relative also told us, "My relative has a weight problem and would always choose the unhealthy option, but I know staff always teaches my relative about healthy eating." We also saw that the home would access specialist support and advice from dieticians and nutritionists to teach staff and people who use the service about healthy eating and menu planning. Menus were planned a week in advance together with people who used the service and reflected people's cultural and religious needs. The home was regularly monitored by the Kashrut Division of the London Beth Din (KLBD) the leading UK authority on Jewish Dietary Laws. This was to ensure that only kosher food was used and prepared and that the home followed meal preparation according to Jewish law.

People were supported to see healthcare professionals when needed and to maintain good health and wellbeing. Each person had a detailed health action plan, which included details of individual health needs and how these were being monitored and met. There was evidence of regular consultation with specialist healthcare professionals. For example, as appointments with a cardiologist and a neurologist were arranged to support people to maintain good health. Relatives told us that they were confident that any healthcare needs would be dealt with and staff had taken appropriate action when people had become unwell.

Norwood – 30 OCL is a spacious home, which provided suitable space for people who lived there to socialise, but also remained on their own if they choose to do so. The building included a self-contained flat, which was occupied by two people who used the service. Staff told us while people living in the flat interacted regularly with all other people who used the service, separate meal preparation and menus were carried out with people living there. We saw people who used the service accessing all areas of their home freely and without restrictions. The home was well adapted to meet people's needs. These included grab rails and special toilet seats to make it easier for people to use them independently. The home had a maintenance contract with an external contractor and we saw that outstanding maintenance issues had been reported and were in the process of being responded to appropriately. Since our last inspection, the home had built a new greenhouse in the garden, which had been funded by donations. The acting manager told us that the greenhouse will be used for people to grow their own fruit and vegetable.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found that the appropriate DoLS authorisations had been sought and where the timescales of these authorisations had or were due to expire appropriate actions had been taken to renew. This ensured were people were only lawfully deprived of their liberty. Care staff demonstrated good understanding of the principles of the MCA and relatives told us that they were involved in making best interest decisions for people who used the service. For example, we saw a detailed record of capacity assessment and best interest decision made about recent dental treatment and previous dental treatments for one of the people who used the service. There had been good evidence how a relative of a person had been consulted in the best interest decision of visiting the dentist. One relative told us, "I am the relative and I will always be asked

by staff and the manager if any important decisions are made."

Outstanding ☆

Is the service caring?

Our findings

Relatives spoke highly about the staff and the care people who used the service received at Norwood – 30 OCL. One relative told us. "They treat [name] with kindness and respect. All people have lived together since they were very young and it is like a big family, which includes all the staff." Another relative told us, "I am always informed, consulted and asked if anything changes or what would be the best thing for my child. The manager and all the staff are brilliant. "One person who used the service told us, "I like the staff, they are nice and respect my room the way I like it."

Norwood – 30 OCL established a number of forums and opportunities for relatives and people who used the service to contribute and comment on the care provided. This included a quarterly family surgery and a provider-wide forum which had a representative from Norwood – 30 OCL in regular attendance. A relative told us, "I am part of the provider forum and will always speak on behalf of the people living at 30 OCL; if we want something changed I would go to the chief executive of Norwood. The leadership of Norwood would always listen and would make changes if it would help people at 30 OCL."

The family surgeries were another pioneering opportunity for people who used the service and relatives to meet with the operations manager and registered manager to get an update on organisational developments and discuss the care people received at Norwood – 30 OCL. We saw that the following topics form part of the discussion during family surgeries, activities, behaviours and general feedback. The family surgery also gave people and their relatives an added opportunity to discuss any concerns they may have. This meant Norwood – 30 OCL continued to look for and introduce novel ways and opportunities for people to be involved and consulted. One relative told us "Meeting with [manager's name] is a great way to discuss any changes and activities, I meet regular and know exactly what is going on, and I am never in the dark."

The service used a variety of communication systems which enabled people who used the service to make informed decisions and choices on day to day activities by themselves. For example, people had a pictorial communication book with all their daily activities. Once one activity was completed the picture was removed indicating they had done this task. People had also a separate pictorial activity plan to take part in household chores, which included emptying the bin, setting and clearing the table. The activities were tailored towards people's skills and abilities.

The acting manager told us that new activities and tasks were always introduced to enhance people's skills, independence and abilities. We saw that staff received training on a specific intensive training programme called Training Systematic Instruction (TSI). TSI is an approach, which aims to provide organisations with the skills and knowledge required to provide one-on-one support for people with disabilities who require assistance to learn the skills, associated with work and independent living. TSI is a positive and empowering value based approach to support people who used the service in learning new skills and gain greater independence. TSI was based on splitting one task into individual steps and teaching people the individual steps to learn the whole task. For example, we saw imaginative ways to teach people new skills. Individual tasks were structured into small size learning sets which people had to learn first before they were able to complete the whole task such as filling the kettle, tying their shoe laces, choosing their clothes or making a

cup of tea. This had led to people gaining greater independence and confidence in doing things on their own.

We have been told by one befriender, "When I started going out with [name], staff had to get him dressed and had to get him ready, now he is doing it all by himself, even complicated things such as tying his shoelaces. He really moved on." During the day of our inspection we observed the befriender going out independently with the person. We saw the person getting dressed independently. We saw that on his return the person brought brochures to read and relaxed in the lounge. The befriender told us, "We normally go to the travel agent for [person's name] pick up brochures, they always leave some for him in the back."

The home recently had a death of one of the people living at Norwood – 30 OCL. The acting manager told us that this had been and is still a very difficult time for all people who used the service. To assist people and deal with the loss better people who used the service received bereavement counselling. We saw an outstanding pictorial guide, which was used by staff together with people to explain and help people to understand better what had happened and grieve for the death of somebody they had lived together for most of their lives. The home arranged a memorial service in February 2018 to celebrate the person's life. Following the visit to Norwood – 30 OCL we were sent with a copy of the planned order of service, which was done by people living and staff working at the home. Relatives of the deceased person expressed their deepest gratitude and spoke very highly of the excellent care and support the person received from the staff and management of the home. For example they said, "From the time [name] moved into OCL I cannot thank the staff enough for their dedicated care they have given [name] over the past few years, much better care then I could have ever given [name]. I have to say a big 'THANK YOU' to everyone at 30 OCL for the wonderful care and love you have given to [name]."

Every year people who used the service prepared an individual wish list for the following year. The wish list included headlines such as staff, communication, aspirations, culture, relationships and activities. In addition to this the home developed a wish list for the service as a whole with similar headlines. Previous wish lists included going to football matches, going to see movies at the cinema and visit relatives. The person told us that they regularly go to the cinema and had been to watch premier league matches of their favourite football team; they also showed us memorabilia which they purchased at the match.

Norwood – 30 OCL did exceptional work with people who used the service, relatives and external support groups to enable people to have an open and consensual relationship. We observed that people had maintained this relationship and work had continued for people to engage and improve their relationship. People told us they were looking forward to go out for romantic dinners with their partner in the near future and we observed people to be relaxed with each other. Staff were also aware that people required support on occasions. For example, one person required reassurance that their boyfriend would be coming home soon as he was held up during one of his activities.

People continued to take part in external charity events to raise funds for the home and the organisation. For example, we saw that people took part in a 5k run at a local football stadium. The home still provided tablets for people to stay in contact with relatives abroad and to facilitate communication between staff. At the inspection we were told that the tablets were currently with the IT department to be updated to ensure the most recent software and programme was used for people to use. We were advised following the inspection that the tablets had been updated and were now working again and were in use.

People continued to use an advocacy and befriending service if they chose to do so. A number of people regularly met with their befriender and went out for activities they enjoyed. This had happened for over 10 years while this had helped people to build excellent r friendships and relationships with their befriender.

The longstanding consistency had also supported people with autism to maintain a routine and had not to deal with too many changes, which they found upsetting and disrupting to their life. We saw how people looked forward to meet their friend and go out.

Good

Is the service responsive?

Our findings

We asked people who used the service and relatives if they were involved and consulted about their care plan and if they enjoyed the activities offered at Norwood – 30 OCL. One relative told us, "We continue to be informed whenever changes are required. When our relative became a resident at 30 Old Church Lane we discussed the care package with the home manager and together we agreed on the quality of care best suited to my relative's needs. We have annual reviews which we are invited to attend." One person told us, "I meet with my key worker and we talk about my plans for the future" and "I like the gym, I go there later." Relatives told us, "They have a range of activities to choose from. Our relative likes to go clothes shopping and the staff makes time to do this with [name]."

We found that care plans had been updated in 2017 and 2018. However, there was no clear documentation in how people had taken part in the review process. The acting manager told us that the provider was currently in the process of updating the current care plan format and introducing a new care plan format. We found that the home had a system in place which ensured that all staff read the care plans regularly in particular following care plan reviews. This had been done in July 2017, care staff indicated with their signature and date that they have read and understood the care plan. This meant that all staff were familiar with people's care plans and understood their needs. We found care plans were focused in stating what people were able to do as well as what they required support with. This promoted people's abilities and highlighted their strong sides. Care plans were very well structured and provided detailed information about the person and their history, the person's support needs around personal care, how to meet the person's health needs and how to support the person around the leisure, employment and educational activities.

The person's health care plan was available in a comprehensive easy read version. Preventative and wellbeing objectives set out in the health care plan included going to a fitness club, healthy menu planning, participating in food shopping and promoting healthy eating. A comprehensively completed hospital passport contained detailed information that would be very helpful for hospital staff if people needed to be admitted or visit the hospital.

People took part in various activities. They attended reflexology sessions, fitness sessions, went out with their befrienders to the cinema, evening discos or shopping. People could also relax at home to do puzzles or play table top activities. Some people were in a part time paid and voluntary employment. Norwood – 30 OCL provided staff to go with people to undertake their work and supported them in carrying out their jobs. People who used the service told us, "I like my job, staff help me with it." The home supported people in taking regular annual holidays. We found that activities were planned around people's skills, likes and dislikes and were discussed with people during monthly meetings and during annual care plan reviews.

We saw that the home put a strong focus on people gaining independent lifestyle skills. All staff had received 'Great Interactions™' training, Great Interactions™ is based on ten key facilitation skills, which when used well cumulatively result in good outcomes for the person. Great Interactions™ is a skilled way of working involving practice, feedback and reflection, which was aimed at teaching people who used the service new skills to gain greater independence. For example, certain activities were split into individual stages and

people were taught stage by stage to complete the task as a whole. This was based on being very repetitive which suited people with autistic spectrum conditions. We saw that some people learned since our last inspection how to make tea on their own, while others learned how to fill the kettle independently.

The provider advised us in the PIR that since our last inspection no complaints had been received. We saw the complaints procedure was displayed on the notice board in the office and dining area. Everybody we spoke with knew how to make a complaint and told us that they would raise any concern with the manager. One relative said, "I would go to [manager name] and I have no concern that it will not be dealt with, but we have no concerns. I am very happy with my relatives care, the staff and the manager."

Norwood – 30 OCL was providing a home for life to people who used the service. While the home was not providing nursing care it would provide end of life care as long as people's needs could be met. In people's care plan, it was clearly defined what people's wishes were, in particular around having a burial according to Jewish custom.

We saw during the home's recent bereavement that relatives had been complimentary about how staff and management of Norwood – 30 OCL supported the person to be as comfortable as possible during the last days of their life. Norwood – 30 OCL supported all people who used the service to deal with the recent bereavement, by providing bereavement counselling. We saw an easy read brochure "When someone dies", which staff told us was used to talk with people about the recent death and explain in a simplified way people with learning disabilities could understand what has happened. People who used the service spoke to us about the recent death and showed us a place in the lounge where they come to think about the person.

Outstanding ☆

Is the service well-led?

Our findings

All relatives and people who used the service we spoke with told us that the home was extremely well managed and people's needs, choices and expectations were central to the provision of care. One relative told us, "The changeover between [registered manager name] and [acting manager name] was seamless, we are extremely happy with the management of OCL, my relative had progressed so much." Another relative told us, "We are always informed and contacted if anything changes and are invited to meetings and social events."

Norwood – 30 OCL introduced a number of new innovative schemes and programs to monitor safeguarding and behaviours that challenge the service. For example, an independent safeguarding board met regularly to discuss safeguarding alerts made by services managed by Norwood. A quarterly report analysed all safeguarding alerts and highlighted any emerging trends. The registered manager told us that his had helped Norwood – 30 OCL and the provider to reduce safeguarding alerts, but also work more proactively with staff in reducing the risk to people who used the service.

Staff and management at Norwood – 30 OCL told us that they never stopped to improve the outcomes and quality of care provided to people who used the service. They told us "After the last inspection we were outstanding, but this didn't stop us to continue the work and find new ways of being even better."

The registered manager had been promoted to a more senior role within the organisation and the deputy manager was promoted to become the acting manager at Norwood – 30 OCL. This ensured that the service was managed consistently. We spoke with the registered manager and acting manager and we were told that the registered manager was still providing support and was present at Norwood – 30 OCL. 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.

Norwood – 30 OCL was following a clearly set out strategic plan and vision until 2024. The vision was to 'reshape services to ensure that they were fit for the future'. The registered manager told us that staff retention was very important to provide consistency when working with people at Norwood – 30 OCL. He told us that the recently introduced inventive staff recognition scheme. The scheme was very well received by staff and supported the provider during a challenging time of staff recruitment in health and social care to retain staff and offer development opportunities for staff to move into more senior roles. Staff we spoke with were very upbeat when speaking about of the staff recognition scheme and in particular highlighted the opportunity to meet the CEO to discuss their concerns and voice their aspirations for the future. One care staff told us, "We had a questionnaire and met the CEO last year and in autumn Norwood introduced the new holiday scheme, they really listened to what we said." Norwood – 30 OCL was an excellent example of staff moving into more senior and responsible roles.

Norwood – 30 OCL developed and introduced various imaginative schemes for people who used the service

and relatives to have a voice and to contribute to the development of the service and organisation. This included family surgery during which relatives and people who used the service had a protected time per quarter with the registered manager and operation manager to discuss any issues, concerns or make suggestions to improve the service. People who used the service and relatives also could take part at the tenant's forum. One relative told us, "The tenant's forum is a good way to tell senior management if anything needs to change. I would also go directly to the CEO if I had any concerns."

All staff we spoke with were proud to work for Norwood and told us about the achievements people who used the service had made. These included fundraising events such as bike rides in India as well as smaller charity fun runs. Staff were in particularly proud of the fact that none of the people who used the service was any longer on medication to manage behaviours that challenge the service. One member of staff told us, "[Persons name] was the last person where a PRN medicine was stopped; this was only possible due to having a consistent staff team and management team. Everybody knows what to do and we know the people we support very well."

Norwood – 30 OCL has a well-embedded and effective quality assurance monitoring system (QAMS) in place. Individual staff were tasked with certain aspects of the QAMS, for example one staff was responsible for the auditing of medicines, another was responsible for health and safety and fire audits and another member of staff was responsible for ensuring that fire protection systems were working appropriately. The staff documented their findings in regular intervals electronically and the acting manager and deputy manager forwarded the information to a designated quality assurance team at the providers head office. We saw that any shortfalls highlighted had been addressed and dealt with appropriately. For example we saw that repairs documented in one of the quality assurance returns had been dealt with.

The home had recently been visited by the organisational quality assurance team for an annual Health and Safety audit and had received excellent feedback form the auditor on their systems and Health and Safety (H&S) practices. The auditor said in an e-mail how impressed they were with the excellent H&S management systems the new acting home manager had implemented, the outstanding quality of the H&S risk assessments and the progress the service made since the last H&S audit. The auditor said that this made a Norwood – 30 OCL a safer place to live and work.