

Norwood

Norwood - 159 Station Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 18 February 2016 and was unannounced.

During our last inspection on 2 September 2013 we found no breaches and the provider was compliant with all regulations assessed against.

Norwood – 159 Station Road provides accommodation and support with personal care for up to five adults with learning disabilities. Some of the people have autism and behaviour which can challenge the service. All people who use the service are from the Jewish faith. The service is spacious and provides accommodation on the ground and first floor. During the day of our inspection there were three people living at 159 Station Road. The service has a registered manager appointed. 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.

We found that Norwood – 159 Station Road provided a person-centred service in which people were in control of the support they received and participated in decision-making for themselves and the service. People were encouraged and enabled to be more independent and there was a clear ethos and culture to promote well-being.

Staff had a good understanding of safeguarding adults' procedures and keeping people safe. They knew how to recognise and report concerns appropriately.

Medicines were stored and administered correctly and staff had completed the appropriate training to ensure they were competent and safe at this.

Risk assessments and care plans were effective; they were individualised and recorded all the required information. People and their relatives were involved in the care planning and assessment process. People consented to their care and treatment and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Care workers were well trained and staff had all undertaken an induction programme before starting at the service. There was a system in place to formally supervise care workers.

People had access to healthcare services and received on-going healthcare support from a local GP. Reviews of people's mental health and healthcare were also undertaken by the multi-disciplinary team.

People's dignity and privacy was maintained. They were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence.

People were given information on how to make a complaint. No complaints had been received since our last inspection.

The registered manager conducted regular audits at the service including random spot checks by senior managers from the head office to ensure the service was delivering high quality care. Actions were carried through and discussed with the staff team for learning and improvements.

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. Risks to people who use the service were identified and managed appropriately.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

There were sufficient numbers of staff available to meet people's needs.

Systems were in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff supported people's nutritional needs. People's health care needs were monitored and they were referred to their GP and other health care professionals as needed.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Staff showed empathy and were knowledgeable about the people they supported. People's privacy and dignity was protected.

People were supported to make informed decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs, and people were able to participate in stimulating activities.

Staff were knowledgeable about people's support needs, their interests and preferences, and so a personalised service was provided.

People using the service had opportunities to give feedback on the service and there was a complaints system in place.

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of the service people received.

The management promoted an open and transparent culture in which people were encouraged to provide feedback.

Good ●

Norwood - 159 Station Road

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 18 February 2016 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We spoke with three people who used the service, two care workers, the assistant manager and the registered manager.

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We also looked at other records held by the provider including staff meeting minutes, health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

We observed staff interacting with people in a kind and supportive way. We observed on one occasion where a care worker reminded a person to be careful when walking down the stairs so that the person did not fall and hurt themselves. We also saw care staff supporting people to iron their clothes, whilst reminding them to be careful with the hot iron.

Care plans we looked at included relevant risk assessments including any mobility issues and risks identified to the individual or others as a result of possible behaviours that challenged the service.

Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where people had been at risk of falls due to their mobility. We saw that the home supported the person to access relevant clinical support and walking aids to reduce the risk of falls.

We saw that people's risk assessments had been discussed with people and their relatives where possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required. It was also evident that risk assessments had been modified to respond to people's changing needs. For example, we saw a risk assessment had been changed to ensure a person was supported more safely when out in the community.

Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

Recruitment files were kept at the providers head office; this had been agreed with the Care Quality Commission. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

Staff we spoke with didn't have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities.

We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

Risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home. The provider had made plans for foreseeable emergencies including fire evacuation plans.

The registered manager told us that medicine records were checked each morning and error reporting

forms were available if any mistakes had been made. All medicines in use were kept in a lockable medicines cabinet in the person's room, which was safely attached to the wall.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. People who used the service were encouraged to sign for their medicines once administered by a care worker. People told us that they knew what their medicines were for and that they were happy for staff to support them in taking their medicines. The registered provider had recently introduced a new medicines administration system, which had been in operation since the beginning of February 2016. The registered manager told us that there had been initial problems, which had now been resolved and care workers had received the appropriate training in using the new administration system.

Is the service effective?

Our findings

People who used the service told us that they received effective support from staff. Comments included, "I think it's very good", "They helped me to improve" and "The food is very good."

People told us, "All the staff is very nice and know what they are doing" and "They are very kind, I like them a lot." Training records showed that staff had received induction training prior to commencing work and also attended mandatory training and training on other relevant topics including autism, learning disability, mental health, mental capacity, sex and sexuality, epilepsy, and diabetes. Staff were very positive about the standard of training provided by the organisation and confirmed that they received annual refresher training. They displayed a good understanding of how to support people in line with best practice, particularly in promoting independence.

Staff meetings were held each month, covering a range of topics relevant to the service to ensure that staff worked consistently with people. Staff members received individual monthly supervision sessions with management. Regular appraisals were carried out to reflect on annual performance and discuss further training and learning needs, to enable care staff to have a better understanding of people's needs and develop into more senior roles.

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. The registered manager had obtained standard authorisations of Deprivation of Liberty Safeguards (DoLS) for one person who used the service. Another person was recently assessed by designated people from the local authority, and the home was currently waiting for the outcome of this assessment.

People met every weekend to discuss the menu. Staff told us that pictures were available for people to choose what they wanted to eat. Likes and dislikes were documented in people's care plans and staff we spoke with were able to tell us what people enjoyed eating. We observed lunchtime and found that people were provided with sufficient time to eat their meal, which was home cooked and well balanced. Where people required support to eat, this was provided by staff. Any dietary requirements were discussed with the person's GP and dietician input was sought where required. We saw that people's weight had been monitored and staff were able to tell us of actions to be taken if weight increased or decreased.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. We saw that staff sought support from health professionals quickly when they were concerned about a person's health. People said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

Is the service caring?

Our findings

People who used the service told us, "Staff here are really nice and good to talk to" and "I like the staff here, they are always friendly and fun to be around." We asked people if staff respected their privacy. Comments included, "Yes staff always knock before they enter my room and they ask me if it is ok to go in my room when I am not around", "Yes, the staff respect my privacy" and "I have not had any problems with anything here."

People told us they were happy with the care they received and were involved in decisions about their care. They told us, "I am happy here. The staff is very caring and I am able to talk to them if I want to."

During the inspection we found staff took time to listen to people and involved them in making decisions, which included deciding what they wanted to eat and what they wanted to do. Staff knocked on people's bedroom doors and waited for the person to respond before entering. People's choice to spend time during the day in their bedroom was respected by staff. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. We saw people's records were stored securely.

Staff had a good knowledge and understanding of people's individual needs. They told us they got to know people by speaking with them about their lives, interests and needs. Staff confirmed they read people's care plans and received detailed information about each person's progress during each shift they worked. Staff told us they supported people to be involved in decisions about their care and treatment by providing the information and explanations they needed, for example about the importance of attending health appointments. People had regular meetings with their keyworker where aspects of their care plan were discussed. Records of these meetings showed activities, holidays and finances had been discussed with people using the service.

Care plans included information about people's life history, cultural and spiritual needs, and showed that people had been consulted about the care they wanted to receive. People who used the service were from the Jewish faith, which was very important to them. People told us that they celebrated Sabbath and all Jewish festivals. People also told us that they went regularly to the synagogue to pray.

People's independence was encouraged and supported. Staff had received training about prompting people's independence. People made snacks and drinks, went out into the local community and were involved in household tasks such as tidying their bedroom and laundering of their clothes. People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted. Staff told us, "We help people to be as independent as possible." The registered manager told us that people were registered on the electoral register so had the opportunity to vote in elections.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "They [staff] always tell me what is going on and ask what I would like to do." Another person said, "I meet regularly with [staff member's name] and we plan together what happens in the future." A third person told us, "We have a meeting once a week and talk about what we want to do."

Care plans were based on people's choices and preferences. Each person had a person centred plan. It detailed people's personal history and their spiritual and cultural needs, their likes and dislikes, activities, and information about people who were important to them. This helped to ensure that staff knew the preferences of the people they were caring for and enabled them to be responsive to their needs. We saw that staff knew people very well and understood their needs, including behavioural strategies. In one example, we observed how staff resolved an altercation between two people appropriately, which demonstrated their knowledge of the care needs of the people.

We saw that care plans had information about the care and support people needed and how this should be provided. For example, we saw that there was a comprehensive care plan for the management of one person's mobility which was based on input from assessments carried out by community healthcare professionals, the person and care workers.

People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Care plan documentation encouraged people to express what was important to them in relation to their care. The care planning format ensured that people were comprehensively reviewed and every aspect of their care and support, including their dietary preferences, their environment and social activity, were assessed.

People were offered a range of social activities in-house or in the community. People attended day centres regularly and told us that this was important to them. One person told us that going to the day centre was very good. The person told us that the activities offered were very enjoyable. Another person told us that they enjoyed watching TV and showed the new television purchased for their bedroom.

People knew how to make a complaint and information about the complaints procedure was included in the service user guide, including how to raise concerns with the Care Quality Commission. People were confident that any complaints would be taken seriously and action taken by the registered manager. One person told us, "I've no complaints, everything is fine here, but I would go to the [registered manager] if anything is wrong." We looked at the complaints records and found that the home had not received any complaints since our last inspection.

The registered manager told us that regular residents' meetings were held. People told us that their concerns were noted and acted upon. One person said, "I always go to the 'residents meeting' and have my say." This helped to ensure that feedback could be acted on informally before it developed into a complaint.

Is the service well-led?

Our findings

Care workers told us that they found it easy to talk with the registered manager or the assistant manager if they required support. People who used the service spoke positively about the registered manager. One person said, when asked what she thought about the registered manager, "I like her a lot, she is lovely." Another person told us, "The manager is great; she looks always out for me."

There was a general feeling from care workers that the registered manager had made real attempts to promote a family type environment, where people felt safe and they could be themselves. They also told us that 159 Station Road was a nice place to work at. One care worker said "Station Road feels like a nice and warm home to live and work in."

Staff told us they felt well supported by the registered manager and felt able to contact them about any issue that arose. One staff member said, "We're never on our own, we can always call and someone will come straight way". We saw this in the interaction between the care workers and the registered manager, which although professional, displayed openness and transparency. Staff described an 'open door policy' from management, and were very positive about the working environment. None of the staff raised concerns, they said that they had received formal one to one supervisions and told us that the monthly team meetings together with regular supervisions and appraisals met their needs and helped to improve the service provided to people. During the inspection we observed the registered manager engaging with people, and supporting people during lunchtime, demonstrating leadership by example.

We saw that a business continuity plan was updated and in place in case of an emergency. A well-stocked emergency bag was located near the front door and care workers spoken with were aware what the bag was for. The bag was checked regularly to ensure all necessary equipment was in place in case of an emergency.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

Staff told us and records confirmed that there were regular fire drills, fire alarm checks, and servicing of alarms and fire fighting equipment. A recently reviewed fire risk assessment and evacuation plan was in place. Certificates were available to demonstrate current and appropriate gas and electrical installation safety checks, and portable appliances testing.

We asked the management how they reviewed the quality of the service. They showed us records of audits undertaken including those relating to medicines records. Quality assurance checks were also carried out by head office staff including some placement reviews, and reviews of staffing, financial audits, cleaning, fire safety and accidents and incidents. The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. We saw that several audits had been undertaken recently, including, infection control, care plan audits, and medicines audits. The audits and regular monitoring systems were updated electronically.

Staff explained the procedure for reporting items which needed to be repaired. Management were informed and items were documented in a maintenance book. Management then arranged for a maintenance person to undertake the work. Records indicated that maintenance issues were addressed swiftly.

The service promoted clear visions of promoting people's independence and the registered manager spoke to us about their aspirations for people to move safely on to independent living if appropriate. They spoke of empowering people in every aspect of the care and support provided by the service to enhance and improve people's quality of life.

People who used the service, relatives and care staff had regular opportunities to make their voices heard. We saw evidence of this during the inspection. As well as formal meetings recorded, there were several one to one discussions taking place between care staff and people who used the service and this seemed to work well.