

Norwood

The Green

Inspection report

Ravenswood Village
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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 inspection took place on 31 May 2016 and was unannounced. The Green is a residential care home for people with learning disabilities and associated physical disabilities. It can provide accommodation and personal care for up to fifteen people at any one time. On the day of the inspection twelve people were using the service.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider completed recruitment checks on potential members of staff. Maintenance of the property was carried out promptly according to risk. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

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

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

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

Staff felt very well supported by the registered manager and said they were listened to if they raised concerns and action was taken without delay wherever possible and necessary. We found an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance. Staff understood their responsibilities in relation to gaining consent before providing support and care. People's right to make decisions was protected. New staff received an induction and training in core topics.

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.

Recruitment procedures were robust. Testing of fire equipment was carried out in accordance with policy and essential maintenance of the property was completed promptly.

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

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

Is the service effective?

Good ●

The service was effective.

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

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

People were supported to be healthy and have enough to eat and drink in order to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain their independence as far as possible.

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

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly. They and their relatives, where appropriate were involved in planning their care.

People were offered choices and their decision was respected. People were supported in ways which took account of their wishes and preferences.

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

Is the service well-led?

Good ●

The service was well-led.

There was an open and inclusive culture in the service. People responded well to the registered manager and management team. Staff and relatives told us they found the registered manager approachable and said she listened to them.

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

People had many opportunities to maintain links with the community.

The Green

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector on 31 May 2016. The inspection was unannounced and was a routine comprehensive inspection.

Before the inspection we contacted ten health and social care professionals including local authority care commissioners to obtain feedback from them about the service. We received two responses. We checked notifications we had received. Notifications are sent to the Care Quality Commission by the service to inform us of important events that relate to the service.

During the inspection we spoke with eight members of staff, including the registered manager, assistant manager and six care workers. We also spoke with two visiting therapists. We were able to obtain feedback from people who used the service and spoke with three people in private. We received feedback about the quality of the service from one relative. We observed staff supporting people throughout the course of the day.

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

Is the service safe?

Our findings

People who use the service told us they felt safe. One relative told us they felt confident their family member was safe when using the service. They said, "Staff were well led and ensured both a safe and stimulating environment for his complex needs." People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns was readily available to all staff. Staff were aware of the company's whistle blowing procedure and knew how to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. Incidents were reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff indicated how to manage and reduce the risks associated with situations people found difficult or distressing, whilst ensuring they participated in activities of their choice. Detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical equipment. A food safety inspection was undertaken by the environmental health department in March 2015. A maximum five stars was awarded as a result of the inspection. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills were conducted at least twice each year and were arranged at different times of the day to ensure that all staff and people living in the home experienced evacuation procedures in a range of circumstances. However, there was a recommendation in place that suggested fire drills should be conducted four times per year due to the nature of the home because each person was living in their own flat. An up to date fire risk assessment for the buildings was in place.

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

Staffing levels were dependent upon the needs of individuals being supported at any given time and were flexible. The current ratio was for at least one member of staff to four people during the daytime shifts. One person was supported on a one to one basis throughout each day. There was a minimum of four staff on duty which took account of the need to cover the courtyard layout of the home. Some permanent staff worked long day shifts however, this was not compulsory. The manager was able to use additional staff if

the needs of people changed through illness or when outings had been arranged. There was a minimum of one staff member awake at night. Currently the night times were covered by male staff. There was an arrangement in place whereby female staff could be called upon if required from adjacent homes. Any gaps in the rota were covered by staff working additional hours or by agency staff who were familiar to the home. We saw from documentation that not all the agency staff used had an individual profile in place detailing their training and confirming satisfactory employment checks. This was an action required as part of the latest provider audit and was in the process of being addressed. The staffing levels ensured people's needs were met promptly in line with their support plans. At the time of the visit the home had two members of staff on long term sick leave.

People's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a clear medicines policy and procedure. Medicines were stored in a locked cabinet in each person's flat. Each person had been assessed to ensure the support they required with their medicines was individual to them. Medication records were detailed and provided information on how each person liked or needed their medicine to be administered. The registered manager conducted a monthly audit of the medication arrangements. There had been a pharmacist visit from the supplying chemist conducted in September 2015 which had not raised any significant issues. The Quality and Compliance manager for the organisation had conducted a review of the safe practices in the home in May 2016 which included a positive report on the medication arrangements.

The home generally experienced a low number of accidents and incidents. When appropriate, incidents were recorded by staff before being reviewed and investigated, if necessary, by the registered manager. These audits were conducted on a quarterly basis. Analysis of incidents was discussed with the staff team to identify actions to reduce them in the future and these were recorded as part of risk assessment reviews. The provider had an emergency contingency plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, using pictures and sign language.

Staff received an induction when they began work at the service. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. We spoke with one member of staff who was nearing the end of the induction period. They told us that they had been very well supported by the management team and staff colleagues and felt confident in supporting people. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, epilepsy and autism. Training was refreshed for staff regularly and further training was available to help them progress and develop. A recent audit undertaken by the provider identified that not all staff had refreshed their training through the e-learning system. However, all staff had been reminded of this requirement through recent one to one supervisions and appraisals.

Individual meetings were held between staff and their line manager on a six weekly basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Staff told us that these meetings were useful and supportive. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were told and observed that there was an open door to the registered manager. Staff spoke highly of the manager and the ethos in the home. They described a supportive atmosphere where members of the management team and more experienced colleagues could always be approached to seek advice and guidance.

Staff meetings were held approximately six times per year. These were designed to provide opportunities for staff to express their views and discuss ways to improve practice. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property. In addition, there were opportunities for staff to contribute and express their views. Staff confirmed they attended staff meetings regularly. They told us they felt listened to at the meetings and found them helpful.

People's rights under the Mental Capacity Act 2005 (MCA) were fully understood by the management and staff team. 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 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 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 considered at length whether referrals were relevant for each of the people living in the home. Due to the relative independence of individuals and that they all held keys to their individual flats discussions had been detailed and included relevant stakeholders. It had been decided that three DoLS referrals were appropriate and the applications were at various stages of the process of submission to the local authority (the supervisory body).

All staff had received Mental Capacity Act 2005 and DoLS training. They were able to explain what a deprivation of liberty was and the action they would take if they were concerned that they had to deprive someone of their liberty. The registered manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected.

Appropriate referrals were made to other health and well-being professionals such as dieticians, speech and language therapists, healthcare consultants and nurses from the community learning disability teams. People were supported to attend specialist appointments and regular check-ups such as annual health reviews, dentists and opticians appointments. Each person had a health and well-being section within their care plan. This included the history of people's health and current health needs. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation.

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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. The support of the dietician and speech and language therapy services was sought, as required. People ate in their own flats or within the communal dining area, as they chose. Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. There was a rolling eight weekly menu plan which people were supported to be involved with. Activities often included eating out where individuals were free to make their own choices. Staff recorded and monitored people's diet, guiding them when appropriate on healthy choices. We saw that the kitchen had recently undergone a complete refurbishment and now provided modern and efficient food preparation and storage areas.

We were shown some documentary evidence that confirmed the manager had identified areas of the home, including people's individual flats, which required maintenance or refurbishment. This had been formally requested through recognised procedures and details of when the work was to be undertaken was awaited.

Is the service caring?

Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the registered manager and supporting staff. People told us that they liked living in the service. People were supported by care staff who were committed to their well-being and were kind and patient. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. They praised them for small achievements and used 'banter' and 'humour' as appropriate persuasion techniques. People responded to staff's gentle approach and joined in with the 'humour' to communicate their feelings. We received feedback from a health care professional who described a recent outpatient visit, "My initial impression is that staff had a good rapport with the residents they support and demonstrated a good awareness of their needs and preferences."

Staff had detailed knowledge of the people using the service. They knew what people liked to do, the type of thing that may upset them and what would help to calm them down if they became anxious or distressed. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through handover meetings and reading the communication book at the start of every shift. Feedback from staff about the service overall was very positive. We were told and observed that staff knew the needs of people very well.

People were supported to maintain their independence. Staff encouraged people to make choices and take part in everyday activities such as shopping and cooking. Individual support plans gave staff guidance on how to promote people's independence. We observed people going and returning from various activities and we saw that people were treated with respect and dignity. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. People were as involved in the care planning and review process as they chose to be and their involvement was recorded. With people's consent their families or others who could represent them were kept informed of how they were progressing or otherwise. Families and representatives were invited to reviews of care if people wanted them to be there and if it was appropriate.

Staff maintained and promoted people's privacy and dignity at all times. Staff received training covering privacy and dignity issues and were able to describe what action they took to make sure that people were respected. They also told us how they encouraged people to maintain their own privacy and dignity. One commissioner told us, "Staff treat him with dignity and respect and are clear in what information they share on behalf of (name) to others."

Although people using the service had a range of communication difficulties, staff ensured they were involved in making decisions about their care. The provider promoted greater interaction (a programme promoting individual communication) initiatives which were led and supported by a dedicated team. Staff were able to give examples of how people communicated their needs and feelings and we saw information was displayed in picture format to help people understand such things as choice of activities and which staff were on duty. Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and

support in order to get to know them well.

People's diversity was respected as part of the strong culture of individualised care. Support plans and behaviour support programmes gave very detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were provided with activities, food and a lifestyle that respected their choices and preferences. Care plans included people's life choices, aspirations and goals.

Is the service responsive?

Our findings

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

A formal multi-disciplinary review of the care package was held once a year and if people's care needs changed. The service prepared detailed information prior to formal review meetings. Care plans were reviewed regularly by the key worker with the person and took account of the daily notes written during the month. Additional reviews took place if people's needs changed whether in the short or long term.

People were offered a variety of activities and supported to participate in those they enjoyed. People's activity programmes were flexible according to their needs and preferences. A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. We saw activities included outings to local attractions, cooking, shopping and swimming. Despite having no specific budget for holidays the service adopted an imaginative approach by securing discounted breaks offered in national publications. Staff told us that their daily spending allowances were very limited for these trips but they did provide a break from the home for those people who benefitted and enjoyed them. Several people told us about an imminent disco which was being held in the village and a party which was being held in the home on the day of the inspection for someone moving out. The registered manager told us activities were an essential part of people's support and helped to avoid people becoming bored or distressed. The registered manager told us people were supported to attend religious services if they wished to.

We were told about an imminent move for one person to a different home within the village complex. It was apparent that considerable creative and hard work had been undertaken to ensure that the move was as smooth and stress free for the person as possible. This was important because the person was experiencing the effects of early onset dementia which had already led to confusion and some distress from disorientation. Initiatives had been implemented such as replicating the décor in the new bedroom to provide an environment for the person that closely resembled their current flat. There was confidence that this would reduce any negative impact of the move for the individual. No detailed recording of the discussions, plans or the work that had been undertaken had been made other than some brief references within the daily diary. Therefore it was difficult to substantiate the excellent person centred and creative efforts that had been carried out by the staff.

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 so that people had the best chance to understand it. 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 received any complaints about the service during the previous six months.

Is the service well-led?

Our findings

Staff described the registered manager and the management team as, "Very approachable and very supportive." They told us that the registered manager makes them feel valued and an important part of the staff team. They described the team as, "Excellent and supportive." They said they and the registered manager were committed to giving people the best possible care and life experiences. Staff described the culture of the service as open and positive. One member of staff told us that in their view the manager was the best manager in the village.

Staff were aware of their responsibilities and understood how they related to the wider team. Staff informed us the registered manager was always available to provide expert advice when required. Throughout the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

The registered manager told us links to the community were maintained by ensuring people engaged in activities outside the service. This was regarded as crucial to ensure that people's well-being was maintained and that their quality of life, choices and preferences were central to the approach of the service. People used mini buses available on the site, individual cars and public transport to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice. A relative described the very hard work staff had undertaken to ensure that they were able to have regular visits and face to face contact with their family member. This was much appreciated and the manager and staff were praised for their efforts.

A programme of audits was completed by other home managers on the village site together with the quality and compliance manager on behalf of the provider. The registered manager conducted a range of monthly audits including medication and care records. Monitoring of significant events such as accidents and incidents was undertaken by the registered manager. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay. It was noted that it was not always easy to track when identified actions had been addressed or what interim measures had been put in place when actions remained outstanding. This had been noted in the latest quality audit which had concentrated on safe practices and the quarterly audit undertaken by another home manager in March 2016. The registered manager was aware that this was an area for improvement and undertook to ensure that a clear audit trail for actions taken were recorded and accessible.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health team and relatives. The commissioner told us, "My view is that the service is well managed and generally I am kept informed of any developments."

People, staff and stakeholder views were collected and listened to. A formal system for capturing people's feedback and views was in place. We saw some of the comments from the most recent exercise which

overall were very positive. One relative provided feedback which stated, "It is a great comfort to me that [name] is so well cared for and that his needs are so well met. I have nothing but praise for his care, the staff and the management of The Green."

People's needs were accurately reflected in detailed and up-to-date records. They informed staff how to meet people's needs according to people's preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were generally accurate and up-to-date.