

Norwood

The Firs

Inspection report

Ravenswood Village
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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Firs is a care home which is registered to provide care and support (without nursing) for up to ten people with a learning disability. It specialises in supporting people who are on the autistic spectrum. Autism is a lifelong condition that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection there were nine people living in the home. The bedrooms are arranged over two floors. There are communal lounges with dining areas on the ground floor with a central kitchen and laundry.

At the last inspection, the service was rated Good overall and Requires Improvement in the 'Well led' domain with a breach of Regulation 17.

This inspection took place on the 2 February 2017 and was unannounced. The visit was a focussed inspection to follow up a breach of regulations from the last inspection which took place on 13 February 2016. It was found at the last inspection that the provider and registered manager did not have effective systems in place to monitor the quality of service being delivered. Some internal audits had not been completed to identify any shortfalls within the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17; good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

We found that improvements had been made with the provider oversight of the service and that there was no longer a breach of the regulations. However, we found that there were still improvements required with the day to day management of the service.

The service had an interim manager in post and recruitment for a permanent registered manager was being undertaken at the time of the inspection with a closing date for applications the day after the visit. 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 and staff felt that the interim manager was approachable and were confident action would be taken to address any concerns should they have raised them. The provider carried out regular quality checks on the manager. The service had a range of audit systems in place to measure the quality and care delivered so that sustained improvements could be made. At this inspection we found the provider had made some of the required improvements. Whilst the provider had made provision for greater oversight of the service including the appointment of a mentor for the manager there were still areas identified by external audits which remained outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that the provider had increased the monitoring of the quality of care provided.

A mentor had been provided to support the interim manager.

There were still outstanding matters which had been identified by a range of audits and monitoring visits which had not been addressed within agreed timescales.

Requires Improvement 

The Firs

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.

We undertook an unannounced focused inspection of The Firs on 2 February 2017. This inspection was conducted to check that improvements to meet legal requirements planned by the provider after our 13 February 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting a legal requirement.

The inspection was carried out by one inspector. Before the inspection visit we reviewed information we held about the service and information we had received about the service from people who had contacted us. We contacted the relevant local authority with responsibility for the quality of services in their geographical area.

During the visit we spoke briefly with three people who used the service. We also spoke with a support worker, an assistant manager and the interim manager. A meeting with the service manager for the home was conducted away from the service. This enabled us to obtain a full update on the quality monitoring of the home and the providers plans for a systematic process for quality monitoring across the organisation. We looked a range of audit records and other documentation about how the service was managed.

Is the service well-led?

Our findings

We saw that the provider had taken some action to address the concerns that were raised at our last inspection. There were regular health and safety checks which covered equipment, the building and the environment. Medicines audits were conducted on a monthly basis by the manager and assistant managers only. We saw some evidence that issues arising from these checks and audits were addressed. Support staff told us that the manager was approachable and supportive. Based upon the information the local authority had received about the service they had no concerns about the quality of care provided.

The manager told us about some of the improvements made as a result of surveys conducted with people living in the home and staff which were conducted in May 2016. These included replacement of a duvet and the investigation of the height of the bed for one individual. This was where it had been thought their comfort and overall satisfaction with their sleeping arrangements might be improved. In addition, as a result of relative feedback a number of carpets were shampooed and deep cleaned.

The interim manager had been closely supervised by the adult service manager who had conducted and co-ordinated a number of audits on various aspects of the service. An experienced manager had also been appointed as a mentor to the manager for the latter period of 2016. There had been a bi-annual quality assurance audit undertaken in January 2017 by the adult service manager. This report indicated that there were still some areas where improvements were required. Identified shortfalls included staff meetings as there should have been at least two further team meetings since the last meeting which was held in September 2016. Not all new staff had completed appropriate training units within required timescales. Some internal audit reports could not be located and there was no evidence that actions required from a focussed audit on care files conducted in September and November 2016 had been completed.

We were provided with a quarterly audit report which was conducted the day following our inspection visit. This identified a significant number of areas which required further work and were considered to be only partly met. The range of areas included, internal care related record keeping and monitoring, staff training requirements and staff annual appraisals which were significantly overdue. There was also a discrepancy in medicines recording and access to medicine cabinet keys was compromised by arrangements for their safekeeping in the home office.

There had been some reorganisation of senior management roles on the village site which accommodated thirteen separately registered services. The previous quality manager role had been replaced by two adult service managers. This had effectively split the responsibility for supporting managers of the services in half. It was planned that the two adult service managers would have greater oversight of those services they were responsible for. This would facilitate greater scrutiny and more robust monitoring of the quality of care services provided.