

Norwood

# Woodcock Dell Avenue

## Inspection report

1 Woodcock Dell Avenue  
Kenton  
London  
HA3 0PW

Tel: 02084573270

Website: [www.norwood.org.uk](http://www.norwood.org.uk)

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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

The inspection of Woodcock Dell took place on 19 December 2018 and was unannounced.

Woodcock Dell is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Woodcock Dell provides care and support for up to eight people who have learning disabilities or autistic spectrum disorder. At the time of the inspection eight people were using the service.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service had not changed since our last inspection.

Staff were knowledgeable about each person's needs and engaged with them in a respectful, sensitive and caring manner. Staff respected people's privacy and treated people with dignity. They understood the importance of respecting people's differences and human rights.

Staff communicated effectively with people using the service because they understood each person's communication needs.

People's care plans were up to date and personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received the care and support that they needed and wanted.

People had the opportunity to take part in a range of activities that met their interests and needs.

Staff recruitment procedures supported the employment by the service of suitable staff with appropriate abilities to provide people with the care and support that they needed. Staffing levels were flexible so that people always received the care that they required.

Staff received the training and support that they required to carry out their responsibilities in meeting people's individual needs and supporting their independence.

We received positive feedback from people's relatives about the service. They told us that they felt people using the service were safe and received the care that they needed from competent staff.

People's medicines were managed safely. Staff liaised with healthcare and social care professionals to ensure that people's health and care needs were met by the service.

People using the service were provided with the support that they needed to choose what they wanted to eat and drink. Staff understood people's varied dietary needs and ensured that these were accommodated by the service.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's relatives knew how to raise a complaint and were confident that any concerns would be addressed.

Arrangements to monitor and improve the quality of the service were in place.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Woodcock Dell Avenue

## 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 comprehensive inspection took place on 19 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which the registered manager had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the PIR with the registered manager during the inspection.

Most people using the service were unable to tell us about their experience of the service. To gain further understanding of people's experience of the service we observed engagement between people using the service and staff.

During the inspection we spoke with the registered manager, interim acting manager, three care workers, a member of staff who carried out cleaning duties and a person's relative. Following the inspection, we received feedback from five people's relatives and from one healthcare professional.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, four staff records, audits and some policies and procedures.

## Is the service safe?

### Our findings

People's relatives told us that they felt that people using the service were safe living in the home. We observed that staff supported people's mobility needs in a safe and effective way.

The service had a safeguarding adults' policy to protect people and keep them safe. Staff had knowledge and understanding of different types of abuse. They told us that they would always report any concerns to management staff and they knew that they needed to tell the host local safeguarding team, CQC and police if no action was taken by management. The provider carried out a quarterly check and review of safeguarding issues in its services and action was taken to ensure lessons were learnt when needed. There had been no safeguarding alerts raised at Woodcock Dell within the last 12 months.

Arrangements were in place to ensure that people's finances were managed and handled appropriately so that there was minimal risk of financial abuse. Records of people's income and expenditure were maintained. A range of checks of the management of people's monies were regularly carried out by management staff and external auditors. Action had been taken by the service to make improvements in response to recommendations from a recent comprehensive audit of people's finances.

The service had a whistleblowing policy. Staff knew that they needed to report to the registered manager and/or other senior staff any poor practice from staff or any other concerns to do with the service that people received.

Accidents and incidents were recorded and managed appropriately. All accidents and incidents were reported to the provider. Records showed that accidents and incidents were discussed with staff and action was taken to learn from them and to minimise the risk of reoccurrence.

Risks to people's safety were assessed and managed. Staff were knowledgeable about risks to people's safety and how to minimise the risk of them being harmed.

Records showed appropriate recruitment checks including criminal record checks had been carried out before staff were employed by the service.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty to provide people with the care and support that they needed and to keep them safe. During the inspection the atmosphere in the home was calm, staff had time to engage with people and support them with activities within the home and in the community. The registered manager told us that staffing was flexible to accommodate people's needs. Care staff confirmed that extra staff were provided when people needed support to attend health appointments and participate in some community activities. A person using the service was also supported by staff to attend a healthcare appointment during the inspection.

Arrangements were in place to manage, store and administer medicines safely. Each person had a comprehensive personalised medicines' care plan. People's medicine administration records (MAR) showed

that people had received their medicines as prescribed. Staff told us they had received the medicines training that they needed and records showed that their competency to administer people's medicines had been assessed. During the inspection staff administered medicines safely to people, they did not rush people and waited until each person had swallowed their medicine before continuing to administer other medicines. We noted that a person received pain relieving medicines when they requested it and as prescribed. However, the person's MAR did not include a record from staff of details of the pain that the person experienced. So, it was not clear whether the location of the person's pain varied and if there were trends linked to the person's need for the medicine, such as a particular time of day. There was also not a protocol for administering the 'when required' (PRN) medicine. An individual (PRN) protocol supports a person-centred approach in meeting the person's specific medicine needs. The registered manager told us that they would address the issue and implement a pain monitoring record chart and PRN protocol for the person.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical, gas and fire safety systems and general checks of the safety of the environment. Records showed that health and safety matters had been discussed with staff. We noted that some temperatures of a kitchen fridge and a freezer, and two hot water outlets (located in the kitchen and a staff bathroom facility) were recorded as being just outside the safe temperature range but there was no indication from records that staff had acknowledged the shortfalls and taken action to address them. The registered manager told us that the issues would be addressed and staff would be reminded to report deficiencies found when carrying out quality checks.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Each person had a personal emergency evacuation plan (PEEP). These included information about the support people would need if the building had to be evacuated in an emergency. A contingency plan was in place to respond to emergency situations.

The environment was clean. Protective clothing including disposable gloves and aprons were used by staff when undertaking personal care and other tasks, to minimise the risk of cross infection.

# Is the service effective?

## Our findings

Relatives of people using the service told us they were happy with the care provided by the service. They told us that they felt staff knew people well. Comments from people's relatives included, "They [staff] know what they are doing," "They are willing to learn. They work with me and doctors and others" and "Staff are trained well by Norwood about how to handle and support [person using the service]."

People's care plans showed that their needs had been assessed prior to their admission to the service and regularly reviewed with people and when applicable their relatives' involvement. A person's relative told us that they regularly attended a person's care review meetings. Reviews of people's needs supported staff in understanding people's current needs so they could deliver the care and support that people needed in the way they wanted.

Care plans included information about people's preferences, health, personal care, communication and other needs. They included guidance for staff to follow to meet people's individual care needs and preferences. Staff spoke about the support they provided to people to help them make choices about their care and other areas of their lives. Staff used signs and pictures to assist people in making choices. During the inspection staff encouraged and supported people to make choices about what they wanted to eat, drink and do.

Most staff had worked in the home for several years, so people received consistency of care. Staff told us and records showed that when they had first started work they had received an induction that had prepared them for carrying out their role and responsibilities.

Staff received a range of training so that they were competent to provide people with the care and support that met their individual needs. Most staff had completed a relevant qualification in health and social care.

Staff told us that they received the support they needed from management staff. They informed us and records showed that they had regular one-to-one supervision meetings with a senior member of staff. Staff supervision records showed that aspects of the service and best practice matters were discussed during supervision meetings. Staff had also received regular appraisals of their performance and development.

People received the support that they needed so that their healthcare needs were met. People's care plans and other records included details of their medical conditions and guidance for staff to follow to meet those needs. Staff told us that they always reported any changes in people's health needs to management staff. People had health action plans and hospital passports that detailed their individual needs and preferences. They took them with them when admitted to hospital so that hospital staff had the information they needed to meet the person's needs. A person's relative told us that they were, "Invited to attend specialist appointments with [person]." People were supported to access to a range of healthcare services. A healthcare professional told us that any advice from them was "dealt with immediately."

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. Staff knew that people may not have the capacity to consent and make particular decisions about their lives. They knew that then a decision may be made in the person's best interest by those involved in their care such as family members, staff and healthcare and social care professionals. Records showed that a decision had been made with a person's family, a doctor, social worker and staff in the person's best interest to do with the person's swallowing needs.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Management and care staff understood how the MCA and DoLS were relevant to the service. Authorisation for DoLS had been obtained when required. A person's relative told us about their involvement in the DoLS of a person using the service.

People's nutritional needs and preferences and any support they needed with their dietary needs were recorded in their care plan and very detailed. Staff we spoke with were very knowledgeable about people's individual dietary needs. They told us about the guidance that they needed to follow to support people who had swallowing needs and were at risk of choking. A care worker spoke knowledgeably about the emergency action that they would need to take if a person showed signs of choking. During the inspection we saw that staff showed people using the service a choice of foods and drinks. People indicated their preference by gestures and behaviour. During the inspection staff kept each other informed about people's dietary needs including details of whether people had eaten well or not.

The premises were bright and comfortable looking. People's bedrooms were personalised with items that met their needs and preferences. Records showed that maintenance issues were reported promptly but showed that on occasions they took some time to be addressed.

## Is the service caring?

### Our findings

Staff were observed to engage with people using the service in a kind and respectful manner. People's relatives told us that staff were kind and caring. A person's relative told us that a person using the service had been "immediately happier and more at ease", since moving into the home. Other comments from people's relatives included, "They [staff] are good, they are patient and understand [person]. They notice who gets on well with [person] and adjust the personnel [staff] to suit [person]," "I can't praise [staff] enough" and [Staff] are wonderful. They are so caring. They are delightful."

Recent written feedback from people's relatives included "You all work tremendously hard looking after [Person] and do so with love in your heart" and "Words cannot express our gratitude." A healthcare professional told us that they had "noticed how caring and efficient the carers have been with the residents."

Staff spoke of their keyworker role which included a range of responsibilities, which included, reviewing their key person's care plan, accompanying them to buy the toiletries they needed, organising healthcare appointments and planning holidays with them so that they received personalised care. A person's relative told us about the positive communication that they had with a person's keyworker about the person's needs.

The registered manager and other senior staff told us that they observed staff interaction with people to check that staff were always respectful and caring. A care worker told us that staff worked as a team to ensure people were always treated in a dignified way and respected. We heard staff talking to people and encouraging them when they assisted them with their meals and other tasks. A care worker told us that people using the service and staff were "like a family."

Details of the support people needed to support their independence were included in their care plans. Staff told us that they encouraged people to do as much for themselves as they could, such as being involved in tidying their bedroom and carrying out aspects of their own personal care. We saw a care worker engage with a person during the preparation of the person's meal and staff encouraged some people take their cups to the kitchen after having a drink.

During the inspection staff respected people's privacy. Staff ensured doors were closed when people were being assisted with personal care. Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely, which was in line with the new General Data Protection Regulations (GDPR).

People's cultural, religious, relationships and sexuality needs were detailed in their plan of care. Religious festive occasions including the weekly Sabbath (Jewish day of rest and worship) were celebrated by the service. A party had recently been held at the service to celebrate a religious festival. Jewish dietary law was followed and people's birthdays were celebrated by the service. A person's relative told us that a person using the service was supported to attend a place of worship.

Records showed that staff received training about values and equality and diversity. Staff were aware of the importance of respecting people's differences and human rights. Staff told us that equality, diversity and human rights meant "Respecting that people had different views and different ways to achieve their goals" and "Everyone can practice their religion and be supported to do so."

## Is the service responsive?

### Our findings

People's relatives spoke in a positive way about the service and told us that they felt that staff were competent and understood people's needs. They informed us that they were supported by the service to be involved in people's care and were invited to take part in care plan review meetings. A person's relative told us that they would be attending the next review of a person's needs soon. Comments from people's relatives included, "[Person] is in the right place. [They] are in a good place," "[Person] is very well looked after" and "I am kept informed about [person]."

Records showed that people's needs were assessed before and following their admission to the service. A personalised process of transition was put in place for each person moving into the service. This process included visits to the service before moving in. The visits enabled people to meet staff and people using the service and look at the premises, to help them decide (when able to do so) whether the service was suitable for their needs.

People's care plans were personalised. They included information about people's individual needs, preferences and routines. Staff were aware of the care and support each person needed. A care worker spoke of a person's specific needs and of the importance of following personalised guidance so that staff were consistent in the way that they cared for the person. People's individual preferences were respected and accommodated. For example people did not all go to the same hairdresser but to the one that met their individual needs and choice.

Staff told us and care records showed that the service had been responsive in providing a person with the care and support that they needed after admission to the service, which had resulted in the person's pressure ulcer healing and their mobility improving.

People's relatives spoke positively about the way staff communicated with them about people's needs. A person's relative told us that "Some staff offer alternative and effective ways to interact with [person] and offer [person] new experiences." However, some feedback indicated that at times communication with staff could be more effective in meeting some aspects of a person's needs and activity goals. The interim acting manager told us that they would look at ways to make improvements in this area where needed.

Staff had a 'handover' at the start of each shift about people's current needs and progress. Staff also completed 'daily' records about the care and support each person received. During the inspection staff were heard speaking frequently with each other about people's needs. This helped ensure that staff shared information about people's current needs so that they provided people with the care they needed in a consistent manner.

Records showed that symptoms of people's medical conditions were monitored closely and mostly accurate. We found one record that had not been dated and was inaccurate. Also, records did not show that people's seizure records had been regularly reviewed to identify any patterns, trends and triggers. This was discussed with management staff who told us that they would address this.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. People's individual communication needs were detailed in their care plans. A person had their own mobile phone and electronic tablet and other people used tools to visually and verbally communicate with family members. Some information about the service was in written and picture format. However, people's care plans were in written format. The registered manager told us that they would look at ways to improve the accessibility of care plan information to people using the service.

Staff were observed to communicate effectively with people by speaking with them, signing and showing them items to help them make choices. A care worker told us that they felt "proud" caring for their key person. They spoke about how they communicated with the person and told us, "[Person] is very intelligent, you have to be focused on [person] to understand [them] and know what [person] wants." Another care worker told us that a person took their hand and lead the member of staff to the bathroom when wanting to use those facilities. A person's relative told us that they were "confident that staff understand [person] and effectively engage with [person], overcoming [person's] limited communication skills."

People participated in a range of activities, which included accessing community facilities and amenities. People attended a day centre, did shopping in a local supermarket, sing along sessions, ball sports, watched films, puzzles, music therapy, aromatherapy and reflexology, swimming, visits to a library and pet therapy visits. A person using the service had recently been supported by the service and their relatives to compete in a cycling fund raising activity that took place abroad.

The service had a complaints procedure. Relatives knew how to make a complaint and were confident that they would be listened to and the complaint addressed. A person's relative told us that they would not hesitate to "speak up" if they had any concerns about the service. Complaints records indicated that there had been no complaints during the last twelve months.

At the time of the inspection the service was not providing end of life care. The registered manager told us that the service would liaise closely with health and social care professionals to ensure people's end of life needs were met by the service. People using the service were supported by staff to cope with bereavement and had attended the funeral of a person using the service.

## Is the service well-led?

### Our findings

The service has a registered manager. 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. At the time of the inspection the registered manager of the service was also carrying out the role of operational manager for the provider. The registered manager told us that they spent at least one day at the service each week and was available for advice at other times. The service also had an interim acting manager who was managing the service with support from two assistant managers.

A person's relative told us that the service was "well run" and that they would recommend it to others. Other comments from people's relatives included "Woodcock Dell is run efficiently and meets [person's] needs" and management staff were "wonderful" and "all lovely".

Staff were knowledgeable about the management structure and lines of accountability. They told us that they could contact management staff any time that they needed advice about people's care and to report issues to do with other areas of the service. A care worker told us that they were well supported by management staff and, "They (management) give help with (people's) personal care when needed. They are helpful."

Staff were aware of their responsibilities in ensuring the CQC and other agencies including local authorities were made aware of incidents, which affected the safety and welfare of people who used the service.

Staff liaised with healthcare and social care professionals to ensure that people's needs were met by the service. A healthcare professional provided us with positive feedback about the service.

All the staff we spoke with told us that they were kept well informed about any changes to do with the service and felt comfortable raising any issues. They confirmed that they worked well as a team, attended regular team meetings, were listened to and their views were respected.

The provider produced a newsletter that was published regularly in picture and written format, which was available to people, people's relatives and staff. The newsletter provided details of essential communication about the provider's services including Woodcock Dell as well as updates about the organisation.

The provider had arrangements in place to gain feedback about the service from people and their relatives. Records showed that the service had been responsive to feedback from people's relatives including ensuring that a room was made available for people to meet their relatives away from communal areas, so that their privacy was respected.

The provider's representatives were visible and engaged with the service. The registered manager told us that the provider's new chief executive officer had visited the service twice since being appointed a few

months ago. They had attended a celebration of a religious festival and engaged with staff and people using the service.

The service had systems in place to assess, monitor and improve the quality of care in the home. Checks of all areas of the service were carried out. The provider's Quality and Compliance team also carried out a range of audits and checks of the service. When these measures identified shortfalls, action had mostly been taken to address them and to make improvements when needed.

The service had up to date policies and procedures that were accessible to staff and provided the guidance that they needed to provide people with a good quality, safe service. Records showed that new policies had been discussed during team meetings. Staff had signed to confirm that they had read them.