Norwood

Ahava

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Tel: 01344755648
Website: 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

This inspection took place on the 2 February 2016 and was unannounced.

Ahava is a care home which is registered to provide care (without nursing) for up to ten people with a learning disability. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. It is situated some distance from local amenities and public transport. Four people live in self-contained flats. One flat is occupied by two people. At the time of the inspection there were seven people living in the care home. Three of the people needed care and support from staff at all times whilst four others were more independent and received support according to their needs.

The manager had recently received their certificate of registration. 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 recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a dedicated staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had a system to regularly assess and monitor the quality of service that people received. This was generally undertaken by care home managers through internal audits, through care reviews and requesting feedback from people and their representatives.

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.

People who use the service felt they were safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff numbers were sufficient and staff had relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner. Staff knew

people's individual needs and preferences well.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly to people's individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People who use the service and staff said they found the manager open and approachable.

People had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and had acted on these.

Ahava

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 the 2 February 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas. We spoke with five people who lived in the home and received feedback from four relatives of people who use the services. We spoke with the manager of the home and three staff in private. We contacted a range of health and social care professionals and received information about the home from the local authority safeguarding lead and a GP.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at three staff recruitment and training files. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

Two people who use the service were able to tell us they felt safe.

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 were readily available in the office. Staff were aware of the organisations whistle blowing procedure and were confident 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/concerns were taken seriously. One relative told us, "I believe that my (family member) lives in a very safe environment at Ahava and that the staff are very conscious of the safety and security that surrounds the residents". Another said, "My (family members) safety has never been a cause for concern for me".

We looked at the recruitment records for the three most recently employed members of care staff. Robust recruitment practices helped to ensure people were supported by staff who were of appropriate character. 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.

The staff rota had been developed to ensure there were enough staff throughout the day and night to meet people's assessed needs. This included one to one support for each of three people who additionally required two to one support in the community to protect them and others from harm. During the day at least five care staff were on duty with more allocated when individual time tables required additional staff. There were currently two full time care staff vacancies which were covered by regular agency staff and the providers own bank staff facility. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe.

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 the person 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. A full health and safety review of the service was undertaken by the provider in March 2015. Recommendations from this report had been completed.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. The water log provided additional recommendations to flush little used outlets and included records of when these checks had been completed. Thermostatic control valves had been fitted to hot water outlets to reduce risk of scalding, and radiator covers had been fitted. Window restrictors were in place to reduce the risk of falls. 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 had been conducted twice in the previous year. We saw that a contingency plan was in place in case of unforeseen emergencies. This document provided staff with contact details for services which might be required together with guidance and what procedures to follow if events such as adverse weather occurred.

There was a maintenance contract in place with a private company who employed a range of trade professionals some of whom were located on the same site as the care homes. They were able to address maintenance issues including those that required urgent attention. We were provided with an example of a bathroom where water leakage had caused damage. Remedial action had been arranged when the person who used this bathroom was on a home visit in order to cause them the least disruption possible.

People were given their medicines safely by staff who had received training and completed competency assessments in the safe management of medicines. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) and stock was checked on a monthly basis by the manager. The home had introduced a medicines champion who was a member of the care staff. It was their responsibility to ensure that the ordering of medicines was undertaken effectively and that medicines administration procedures were followed by all staff appropriately.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the 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. One relative told us, "The home is certainly effective. My (family member) has really thrived living at Ahava and being there has greatly improved his life and development".

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received a two week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that agency staff also received an induction into the home which included an overview of each person living there. They too spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, epilepsy, dementia and autism. Training was refreshed for staff regularly and further training was available to help them progress and develop. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue.

Individual meetings were held between staff and their line manager on a regular basis. Due to unforeseen circumstances there was a period during the previous year when one to one meetings had not been held as regularly as six weekly. However, we were told by the manager that all staff will have received the minimum of four meetings each for the current financial year. 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. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These were scheduled to commence in March 2016. Staff told us that the manager was approachable and that they could always speak with him or the deputy managers to seek advice and guidance.

Staff meetings were held regularly and included a range of topics relevant to the running of the home. Staff told us they found these useful, they were provided with an opportunity to discuss peoples changing needs and suggest ideas for more effective interventions and support. The manager told us that he had changed the way the meetings were recorded to make sure that minutes were more readily available for staff not in attendance to read. He said that he liked to encourage discussion between staff so that they felt more involved and to avoid the meetings becoming a vehicle for information giving only. The minutes of staff meetings confirmed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property.

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 the least restrictive option. People can only be deprived of their liberty to 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). Staff had received training in the MCA and understood the need to assess people's capacity to make decisions. Discussions with the manager and records showed that appropriate referral's for DoLS applications had been made in respect of individuals capacity to make particular decisions.

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. People's health needs were identified and effectively assessed. Care plans 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. We noted that some health and wellbeing assessments undertaken by external health and social professionals were historical and should have been incorporated into current relevant documentation. The manager undertook to consider the most relevant way of retaining this information whilst ensuring that up to date documentation could be easily accessed.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented and snacks were available for them such as fresh fruit. Each person's preferences, likes and dislikes were recorded in their care plan. There was a rolling three weekly menu plan which people were supported to be involved with. Activities sometimes included eating out where individuals continued to make their own choices. People's weights were recorded regularly and dietician and/or speech and language input and support was requested where necessary. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet.

There was a refurbishment programme in place which was determined by the regular health and safety checks of the premises. We were told that certain communal carpets including the main downstairs lounge were being replaced. In addition, flooring in the downstairs bathrooms was scheduled for replacement.

Good

Is the service caring?

Our findings

People we spoke with and who were able to provide a view were complementary about the staff team and their experience of living in the home. Comments included, "They are great. They help me when I need it", and, "I like living here in my flat but I'm looking forward to moving into a new flat". One relative told us, "The staff at Ahava are extremely caring and empathetic towards my (family members) needs". Another relative stated, "I get the impression from personal communication and from the annual report that the manager and the others who work with Ahava residents are caring and deeply involved". One health care professional told us, "The residents always seem very comfortable and at ease with the carers and they always seem well cared for". Staff were very proud of the standard of care provided and comments included, "I believe we provide a good standard of care and are very person centred". "I believe to the best of my knowledge we all work to a high standard and because of this the standard of care given is excellent".

The downstairs area of the home was very busy with staff and people who had complex needs and challenging behaviour. Despite this there was a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and listened to what they had to say. People were able to come and go as they pleased dependant on risk and with staff support. People were encouraged by staff to make decisions about everyday activities such as choosing what to eat and how to spend their time.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion.

Some people using the service had particular communication difficulties and needs, however staff ensured that they were involved in making decisions about their care as far as possible. Staff provided examples of how individuals communicated their needs and feelings. Information was provided in different formats such as pictures to help people understand such things as activities and meals. Each person had an identified 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 and their needs well. The service had recently appointed an interaction champion from the care staff team. This individual had responsibility over and above their day to day duties to ensure that individual's communication needs were fully understood by all staff. In addition, they ensured that agreed procedures and communication methods were used consistently with individuals by the staff team.

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. Care plans were written and updated by key workers. Key workers were also responsible for preparing information for formal reviews and multi-disciplinary meetings. It was noted

that care plans contained duplicated information and historical documentation of up to five years old. In addition, each document had a separate staff signing sheet attached. This together with support plans and risk assessments resulted in the 'key file' for each person being crammed with information. Accessing the most relevant and current information was further hindered by a lack of indexing in some files. People were provided with activities, food and a lifestyle that respected their choices and preferences.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. Three of the seven people living in the home were supported by one to one staffing. Staff were able to quickly identify if people needed help or attention and responded immediately. Staff accurately interpreted people's body language or communication sounds and acted appropriately. One relative told us, "Staff have always been responsive to all of my (family member) needs and requirements".

Care plans were very detailed and daily records were accurate and up-to-date. Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted to be supported. Where people were unable to express their own views fully, family and professionals had been involved in helping to develop the support plans. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records described how people had responded to activities, choices given and communications. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why. They were able to offer people individualised care that met their current needs. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required. Invitations to attend reviews were sent to people's families and to professionals.

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. The manager told us activities were an essential part of people's support and helped to avoid people becoming anxious or bored. The more independent individuals undertook activities appropriate to their level of independence. For some this was attending regular part time work without staff support either on a voluntary basis or for pay, and going shopping. Individuals were able to pursue a wide range of leisure interests including cycling, attending musicals, walking and supporting a national football team. People were supported to stay in touch with families and several people stayed with relatives on a regular basis. One person was supported to visit their relatives who lived abroad by using the disability assistance programme used by a number of airline companies.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection there had been no complaints since the manager had come into post a year earlier. The manager told us that any comments or concerns raised by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The complaints procedure was displayed in the office so that visitors could access information which would help them make a complaint. Positive feedback from relatives and health and social care professionals were captured and recorded from reviews, visits or

surveys.

Good

Is the service well-led?

Our findings

There was a registered manager at Ahava who had received their registration certificate from the Care Quality Commission the day before the inspection. The registered manager was present throughout the inspection process. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

Staff described the manager as approachable and very supportive. There was an honest and open culture in the service. All of the staff we spoke with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. Staff were aware of their responsibilities and understood how they related to the wider team. Staff told us they were listened to by the manager and felt they could approach him and the assistant managers with issues and concerns. They confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.
The manager was highly regarded by the relatives of people living in the service and they said that communication was very effective. Comments included, "The manager is excellent. He manages his staff team well and they respect him and that has a positive impact on staff morale, how they work as a team and reflects in the way that the residents receive the service, their happiness and their wellbeing (and my family member adores him)". "The manager has been particularly on top of communicating with family members and helping to coordinate (my relative's) health care and travel and other needs". Also, "I do feel that under the management that is in place now the atmosphere at the home has improved".

The views of people, staff and other interested parties were listened to and actions were taken in response, if necessary. The service had a number of ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People's families and friends were sent questionnaires periodically. Staff views and ideas were collected by means of regular team meetings and 1:1 supervisions.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used mini buses available on the site and individual cars 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 wherever possible. The service promoted and supported people's contact with their families. Where individuals did not have family that were involved, the service attempted to involve befrienders and we were provided with an example of this happening.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. One health care professional told us, "I have had regular contact with the manager who has taken the lead very effectively when a patient has been unwell".

People's needs were accurately reflected in care plans and risk assessments. However, the volume of paperwork including duplications hindered easy access to the most relevant and up to date information. It was not clear from the high number of staff signing sheets seen within care plans exactly what purpose they served, or how they were used to confirm staff had read and understood the information.

A programme of internal audits was completed by the manager. A monthly audit report, which was provided to us after the visit, identified actions needed to manage any issues found. Monitoring of significant events such as accidents and incidents was undertaken by the manager. We were told about plans to change this system in order to identify any trends or patterns more easily. This was so that action to prevent reoccurrence could be taken without delay. In addition to the audits carried out by the manager, the provider completed additional checks on the service including health and safety and reviews of financial records. It was noted that there was no systematic and regular monitoring of the quality of the service undertaken by the provider or by personnel external to the home. This could lead to omissions in respect of the quality of the service being left unidentified by the provider. In addition, regular monitoring of the processes and procedures undertaken in the service by the provider would help to ensure that the service as a whole was being appropriately supported.