Norwood

Norwood - 60 Carlton Avenue

Inspection report

60 Carlton Avenue
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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

Overall summary

This inspection took place on 13 November 2015 and was unannounced. We also visited Norwood's head office on 19 November 2015 to look at staff files. Norwood - 60 Carlton Avenue is registered to provide care and accommodation for up to eight people with learning disabilities. At the time of our inspection, there were seven people using the service.

At our last inspection on 10 and 24 July 2014 the service met the regulations inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Some people in the home had complex needs and were therefore unable to provide us with feedback. We therefore spent time observing interaction between people and staff. On the day of our inspection we observed that people were well cared for and appropriately dressed. One person who used the service told us they felt safe in the home and around staff.

Summary of findings

Relatives of people who used the service and one healthcare professional we spoke with said that they were confident that people were safe in the home and around staff.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. Staff were knowledgeable regarding care issues and the needs of people with learning disabilities. They knew the triggers and warning signs which indicated that people were upset and how to support people appropriately.

On the day of the inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. Staff we spoke with confirmed that there were sufficient numbers of staff to safely care for people. The registered manager explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, first aid and moving and handling. Staff demonstrated that they had the knowledge and skills they needed to perform their roles.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made the necessary applications for DoLS and we saw evidence that authorisations had been granted, with the exception of one which the home was waiting for from the local authority.

Food looked appetising and was freshly prepared. and presented well. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented.

There was a homely atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Relatives told us that there were sufficient activities available. Activities available included attending the local leisure centre, going to the library and park. During the inspection we saw some people go out to the local leisure centre and some people getting involved with a sing-along.

The home had carried out a satisfaction survey in 2015 and the feedback was positive. Relatives spoke positively about the registered manager and staff. They said that the registered manager was approachable and willing to listen.

There was a management structure in place with a team of care staff, two assistant managers and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another.

Summary of findings

Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. The service also carried out spot checks and observations to ensure that the home was running well and that there was good interaction between staff and people who used the service.

Summary of findings

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. One person who used the service, relatives and one care professional we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate and staff confirmed that there were sufficient numbers of staff to care for people safely.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people and each person had their own activities timetable which was devised according to their interests.

People had regular reviews of their care plans with staff to ensure that the care provided met their needs.

Summary of findings

A formal satisfaction survey had been carried out in 2015 and feedback was positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. Complaints had been appropriately responded to.

Is the service well-led?

Good

The service was well led. Relatives and one care professional told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care staff, assistant managers and the registered manager.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

The quality of the service was monitored. Regular audits, spot checks and observations were carried regularly. There were systems in place to make necessary improvements.

Norwood - 60 Carlton 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 13 November 2015 and visited Norwood's head office on 19 November 2015 to look at staff files which were stored there. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service. The provider also completed a Provider Information Return (PIR). 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. The PIR also provides data about the organisation and service.

The majority of people who used the service could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore spent time observing how people interacted with staff to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed four care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with one person who used the service and three relatives. We also spoke with the registered manager, two assistant managers and three care staff. We spoke with one care professional who had regular contact with the home.

Good

Is the service safe?

Our findings

One person who used the service told us that they felt safe in the home and around staff. Relatives we spoke with told us they thought people were safe in the home. One relative said, “Oh yes it is safe.” Another relative told us, “It is very safe.” One care professional we spoke with told us that they were confident that people were safe in the home. The care professional said, “It is absolutely safe there.”

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as continence, mobility, epilepsy and social skills. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person’s condition.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were appropriate arrangements in place for managing people’s finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions. People’s finances were also reviewed by senior management.

There were adequate numbers of staff on the day of the inspection. We noted an air of calm in the home and staff were not rushed. Through our observations and discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. This was evident through our observations. We saw that people who used the service were comfortable around staff. We noted that there was a low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time. The home also had a bank of staff that they used when they required. These bank staff had worked at the home for a considerable length of time so they were aware of people in the home. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for five members of staff who had been employed within the last two years. We found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff, with the exception of one staff file. We noted that this staff file contained only one reference and we raised this with the provider. They confirmed and showed us evidence that they were in the process of obtaining a second reference for this member of staff.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display throughout the home clearly indicating fire exits and escape routes. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were

Good

Is the service safe?

arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines. We saw evidence to confirm that the service assessed whether staff were competent to manage and administer medicines safely.

The registered manager confirmed that medicine audits were carried out monthly and we saw evidence of this. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed. The registered manager spoke told us about a recent medicine administration error. We noted that the service had documented this accordingly and showed us evidence of how they had learned from the incident and shared this information with staff.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored to ensure that the home was kept clean.

Good

Is the service effective?

Our findings

We spoke with one person who used the service and they told us, "I am happy here." Relatives told us that they thought the service was effective and they were satisfied with the care and support provided. One relative said, "I am extremely satisfied with the care. Staff are very attentive." Another relative told us, "Brilliant care here." One care professional we spoke with spoke positively about the effectiveness of the service.

Information about people's capacity to make specific decisions was recorded in their care plans. Care plans contained information about people's mental state and cognition. MCA 2005 is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. The registered manager demonstrated a good understanding of the MCA and DoLS and issues relating to consent. Staff had knowledge of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and the necessary documentation was available. These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home without staff supervision, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests.

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken a comprehensive induction when they started working at the service and we saw evidence of this. There was on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions.

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Staff told us that they felt supported by their colleagues and management. All staff we spoke with were positive about working at the home. One member of staff told us, "It is fine here. Working here is good. Management are very supportive. If I have any issues they are always there." Another member of staff said, "It is very good working here. Rewarding. The manager is very helpful and supportive."

One person told us, "The food is nice." We saw that there was a weekly menu which was devised based on what people liked to eat following discussions with people. Each person picked what the main meal was for one day of each week. We noted that the menu included a variety of different types of foods. There were alternatives for people to choose from if they did not want to eat what was on the menu.

During the inspection we observed people having their breakfast and lunch, which was unhurried. We observed that people ate their breakfast at different times depending on when they wished to eat. The atmosphere during lunch was relaxed and people sat at tables with one another and engaged with staff and people who use the service. Staff spoke with people, interacted with them and assisted them when required. We observed staff asking people what they would like and offering them choices and alternatives.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. At the time of the inspection

Good

Is the service effective?

there were no concerns regarding people's weight. However, we saw evidence that one person had previously had a low body mass index and the service had taken the necessary action and the person was referred to the GP.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

Good

Is the service caring?

Our findings

One person told us, “Staff are nice. They are helpful.” Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, “[My relative] is looked after well. Staff are friendly.” Another relative told us, “Staff are placid in nature and are very caring.” One healthcare professional told us that they were confident that people were well cared for in the home and said that they had no concerns regarding this.

We observed that care staff showed interest in people and were constantly present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care staff approached people and interacted well with them.

Care staff smiled and asked people how they were. People responded by either smiling or nodding. During the inspection, we observed one person became agitated and one care staff was able to calm this person and reassured them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care.

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge and some people chose to spend time in their bedroom.

The home had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity. They informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. Information regarding people’s past history and social life were documented in their records. Care plans included details about people’s likes and dislikes as well as people’s interests and their background. This enabled staff to better understand people. The majority of people who used the service were Jewish and we observed during the inspection that staff and people were preparing for a Shabbat meal in the evening. We also noted that people were provided with Kosher meals.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans had been signed by people or their representatives to show that they had agreed to the care they received. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved. This provided staff with current guidance on meeting the needs of people. Staff we spoke explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Good

Is the service responsive?

Our findings

Relatives told us that people received care, support and treatment when they required it. One relative said, "I can't fault them for their commitment. I am comforted by the fact [my relative] is in good hands." Another relative told us, "They are aware of [my relative's] needs." When speaking about the service, one care professional told us, "They are responsive. It is a very good service. They are very proactive and listen to advice and take things on board.

Records showed initial assessments of people's needs were carried out with involvement from the person, and when applicable their relatives. People's assessments included information about a range of each person's needs including; health, social, care, mobility and communication needs. These needs were then incorporated in the person's care plan. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. We noted that care plans included information about people's religious and cultural practice to enable people to participate in such religious practices. One person's care plan included information about attending a synagogue, listening to music of Jewish/Israeli origin and eating culturally appropriate food.

Care plans were reviewed monthly by people's key worker and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

Each person had their own activities timetable which was devised based on their interests. Activities included attending the local leisure centre, library, park and a sing-along in the home. On the day of the inspection we observed that some people went out to the local leisure centre in the morning and in the afternoon some people participated in a sing-along. The service also used a programme called TSI (Training in Systematic Instruction) and Active Support. The registered manager explained that this programme aimed to engage people to learn new skills so that they can develop their daily living skills and empowers people whilst reducing their challenging behaviour. She explained that TSI enables a person to learn a task fully by breaking it down into smaller steps and presents information in an accessible way so that the person can access, interpret and act upon that information. The registered manager provided us with an example of a person who used the service who has obsessions around food and the kitchen. She explained that they engage her in the kitchen to prepare meals, to make a sandwich and tea which in return reduced her anxieties around food and the kitchen. She was now fully able to go into the kitchen calmly and make herself a snack.

There was a system in place to obtain people's views about the care provided at the home. There was a suggestions box for people to communicate their feedback and comments. We saw evidence that resident's meetings were held so that people could raise any queries and issues. We noted that these meetings were documented. The registered manager explained that the majority of people could not verbally communicate at these meetings but the meetings were still held for two people who were able to communicate. There was evidence of regular key worker sessions where people were given an opportunity to discuss their individual progress as well as other issues important to them such as food served and day trips planned. Where people were not able to verbally communicate, their relatives were involved. Further people were able to provide feedback through gestures, facial expressions and using pictures.

There was a complaints policy which was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy.

A formal satisfaction survey had been carried out in October 2015 and the feedback was positive. The registered manager explained that people were encouraged to raise issues with her and staff whenever they wished to and not to wait for a satisfaction survey. All relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

Good

Is the service well-led?

Our findings

Relatives spoke positively about the registered manager and staff at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One relative said, "I feel able to raise issues if I need to." Another relative told us, "The manager is always friendly and responsive." One care professional told us that the registered manager was open to suggestions and always willing to listen.

There was a management structure in place with a team of care staff, two assistant managers and the registered manager. Staff spoke positively about working at the home. All staff told us that the morale within the home was very good and that staff worked well with one another. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager. One member of staff told us, "I do feel valued here. The manager is approachable and I can raise issues if I need to. Morale is good. Staff work well together." Another member of staff said, "Staff are good. Management are good. We have a good working relationship there. The manager is approachable."

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Regular management meetings were held so that managers could discuss higher level issues and we saw that these were documented.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager and assistant managers in various areas such as care documentation, health and safety, safeguarding, medicines, complaints/compliments, staff files and training. The registered manager also carried out regular spot checks during the day and night to check how the home was running and how staff were interacting with people who used the service. These spot checks were documented. Further, we saw evidence that management carried out regular observations which they referred to as "observation of person centred approaches". These observations focused on looking at how staff interacted with people who used the service.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these. We saw evidence that accidents and incidents were reviewed by a panel within the organisation to check whether the necessary action had been taken and to ensure that all provider organisations learned from such accidents and incidents.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.