Norwood

Norwood - 60 Carlton Avenue

Inspection report

60 Carlton Avenue
Kenton
Middlesex
HA3 8AY

Tel: 02089070239
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 7 November 2017 and was unannounced. We also visited the home again on 15 November 2017 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 13 and 19 November 2015 we found that the service met regulations and we rated the service as "good".

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 appeared relaxed and comfortable in the presence of care staff. We saw positive engagement between staff and people using the service. Staff were respectful to people and showed a good understanding of each person's needs and abilities.

There were systems in place to keep people safe. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being.

Risk to people who used the service had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Medicines were managed safely and staff were appropriately trained. Appropriate infection control procedures were followed to minimise the risk of spreading infection. Accidents and incidents were documented and audited by the registered manager to find trends and prevent future incidents from happening.

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.

People's needs were assessed to ensure that the home was able to provide treatment or care appropriate to people's needs. Staff were provided with ongoing training and regularly planned supervisions and appraisals ensured their performance was monitored and they were supported to care for people using the

service and meet their assessed needs.

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 support this practice. The service operated within the principles of the Mental Capacity Act 2005 (MCA).

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.

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.

Suitable arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and care workers were knowledgeable regarding the dietary needs of people.

The home had a varied activities programme and each person had their own activities timetable which was devised based on their individual interests. Activities included rebound therapy [this is also known as trampoline exercise therapy which uses trampolines to provide movement, therapeutic exercise and recreation], boccia [ball sport], sport sessions and dance sessions.

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 they worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture.

Staff were informed of changes occurring within the home through staff meetings and handover meetings. 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 clear management structure in the home which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The home remains good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

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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 7 November 2017. We also visited the home again on 15 November 2017 to look at staff files. 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 three care plans, three 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 two relatives. We also spoke with the registered manager, two assistant managers and three care workers. We also spoke with one care professional.

Good

Is the service safe?

Our findings

We spoke with one person who used the service. When asked if they felt safe in the home, they told us that they did feel safe. Relatives we spoke with told us they were confident that people were safe in the home. One relative said, "Yes [my relative] is safe there." Another relative told us, "I am very confident that [my relative] is safe there." One care professional told us they were confident people were safe in the home.

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for care workers on how to support people safely. Care records included appropriate risk assessments which included personal care, medication, behaviour that challenges and absconding. There was documented evidence that risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

One assistant manager explained that they reviewed risks to ensure any underlying themes were identified and appropriate action was taken to minimise the risk and reoccurrence of risks to people in the home. For example, management monitored falls on a regular basis and in an attempt to reduce the risk of falls in the home. There was a Falls Champion who provided falls prevention training and information to staff in the home. The Falls Champion explained that she discussed falls during staff meetings to ensure that all staff were aware of potential risks and the action to take to mitigate such risks.

Management and care workers we spoke with told us there were sufficient staff deployed to meet people's needs. 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. There was a low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time. There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

Training records indicated that care workers had received safeguarding training. When speaking with care workers they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that the contact details to report safeguarding concerns were clearly displayed in the home and also in an easy read format so that it was accessible to all people.

Appropriate arrangements were in place for managing people's finances. 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 management.

Regular safety and maintenance checks of the premises were carried out. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out. There were

arrangements for ensuring fire safety in the home and we saw that there were PEEPS (personal emergency evacuation plans) in place for all people in the home.

Medicines were managed safely, staff received training and their competency was assessed to ensure they administered medicines safely. Medicine records viewed were of good standard and regular audits ensured that any discrepancies were dealt appropriately. Some people were prescribed PRN medicines [medicines prescribed to be administered when needed] and written protocols about when to administer them were in place. Management confirmed that an audit had been carried out by an external pharmacy in September 2017 and no major concerns were raised.

We saw documented evidence that medicine audits were carried out monthly to ensure that medicines procedures were being followed. We discussed with one assistant manager two medicine administration errors that had occurred since our last inspection. We noted that the errors had been documented accordingly and appropriate action had been taken. The assistant manager also explained that as a result of the errors, the service had implemented further systems and checks which included the shift leader checking and documenting what medicines had been administered after each shift.

The premises were well-maintained, clean and free of any offensive odours. There was an infection control policy and measures were in place for infection prevention and control.

Accidents and incidents had been recorded. We saw that the registered manager and senior management audited the accidents and incidents to see if there were any patterns. One assistant manager explained to us that incidents were discussed with staff during staff meetings in order to prevent their reoccurrence and staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

Relatives told us that they thought the service was effective and they were satisfied with the care and support provided. One relative said, "The care staff are lovely. I have no reason to complain. [My relative] is never unhappy and he is looked after very well." This relative also explained that when her relative visits her at home, he always asks when he is going back and this showed her that he was happy there. Another relative told us, "I can honestly say that I am delighted with how [my relative] is looked after at the home."

People's care documentation indicated that people had received an initial assessment of their needs with them and their families' involvement before moving into the home. Individualised care plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

Training records showed that care workers had completed training in areas that helped them when supporting people. Topics included basic first aid, health and safety, safeguarding people, fire safety, food hygiene, infection control, medicine administration, epilepsy awareness and the Mental Capacity Act 2005 (MCA 2005). The training provided was a combination of online and classroom based sessions. Care workers spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. Staff were also provided with refresher training, which ensured staff updated their knowledge and maintained the skill to ensure people's needs were met. We saw in records that staff were also provided with regular one to one supervisions and annual performance appraisals.

All staff we spoke with told us that morale was positive at the home and they felt supported by their colleagues and management. One member of staff told us, "The support is fine. I can always ask if I have questions. The support is there. I can speak to management whenever I need to." Another member of staff said, "The support is good. Communication is good. I am well supported. Management are accommodating and listen to us."

Suitable arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and care workers were knowledgeable regarding the dietary needs of people. There was a weekly menu which was devised based on what people liked to eat. 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 and there were alternatives if people did not want to eat what was on the menu.

On the day of our inspection we noted that people ate their breakfast when they wished to. We observed people having their lunch, which was unhurried. There was a relaxed atmosphere where people sat together. Lunch was presented attractively. We observed staff were patient and offered people choices and asked them what they would like. They spoke with people in a kind and pleasant manner. Staff were attentive and created a pleasant atmosphere chatting with people over lunch.

In January 2017 the Food Standards Agency carried out a check of food safety and hygiene and awarded the

service five out of five stars. On the day of the inspection we noted that the kitchen was clean and there were sufficient quantities of food available.

People's weights were recorded regularly so that the home could monitor people's nutrition. At the time of the inspection there were no concerns regarding people's weight. However, we saw evidence that the home promoted healthy eating and encouraged people to eat a varied diet.

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.

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 supported to do so when possible. When people lack the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted people in the home did not have capacity to make significant decisions and saw that care support plans included information about people's mental capacity, their mental state and cognition. They also included a detailed communication profile which provided information about people's receptive and expressive ability to communicate with clear specific examples. We also saw evidence that best interest meetings were held where necessary and these were documented.

Management and care workers we spoke with had a good understanding of the MCA and had received MCA training. They were aware that 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 when they lacked capacity to do so themselves.

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 these were in place.

Good

Is the service caring?

Our findings

Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, "Staff are really caring." Another relative told us, "Care staff couldn't be better. They are wonderful. I have the highest regard for them. They are really caring and respectful."

Care records included information about people's likes, dislikes, interests and hobbies. People's choices were respected by care workers and they had a good understanding of the needs of people and their preferences. Care records also included information about people's background and the home used this information to ensure that equality and diversity was promoted and people's individual needs met. Care support plans included detailed information about people's individual cultural and spiritual needs. The majority of people who used the service were Jewish and information about cultural practices and traditions were clearly documented in their care plans. This included arrangements for Shabbat meals and providing Kosher meals.

We observed interaction between care workers and people and saw that people were relaxed and appeared comfortable and happy in the presence of care workers. Care workers were patient when supporting people and communicated with them in a way that they understood. The atmosphere in the home was warm and caring. We saw people being treated with respect and dignity. People had free movement around the home and could choose where to sit and spend their recreational time.

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 their care. They told us that they ensured people were listened to and valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms. One care worker told us, "I keep people informed at all times. I explain things step by step and support people to do things but promote independence whilst reassuring them."

People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. Care plans were up to date and had been reviewed by staff. Staff we spoke with explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in.

We spoke with management about the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. The accessible information standard tells organisations how they should make sure that people who use the service who have a disability, impairment or sensory loss can understand the information they are given. We saw evidence that people's ability to read varied so the home provided some information in big print, easy read and pictorial format. We saw that this was displayed throughout the home and in care support plans.

Good

Is the service responsive?

Our findings

Relatives told us that people received care, support and treatment when they required it. One relative said, "They support [my relative's] needs. He has developed and improved so much since living at the home. He is treated as an individual adult."

Care support plans contained personal profiles, personal preferences and routines and focused on individual needs. There was information about people's religious and cultural needs and guidance to staff on supporting people to participate in such religious practices. Care plans included information about assisting people to attend a synagogue and supporting them to eat culturally appropriate food. The home provided care which was individualised and person-centred. Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves. Care support plans contained a night care plan for people which showed people's bedtime routine, their care regime before they sleep and whether they needed to be checked. Care plans had been signed by people or their representatives to show that they had agreed to the care they received.

Each person had a 'hospital passport' that included a range of important information. They took this document with them if admitted to hospital so hospital staff would understand their individual needs and preferences and so provide them with the care that they required.

The home had a varied activities programme and each person had their own activities timetable which was devised based on their individual interests. Activities included rebound therapy [this is also known as trampoline exercise therapy which uses trampolines to provide movement, therapeutic exercise and recreation], boccia [ball sport], sport sessions and dance sessions. On the day of the inspection we observed that some people went out for rebound therapy in the morning.

The service had a sensory room which included special lighting and objects to support and meet the sensory needs of people who had communication needs. Staff told us that the sensory room was freely accessed at any time by people using the service. On the day of the inspection, we saw one person spent the afternoon in the sensory room with the company of another member of staff and appeared relaxed in the room.

The home used a TSI (Training in Systematic Instruction) and Active Support programme in place. This programme is aimed to assist people to learn new skills in order to develop their daily living skills and empowers people whilst helping to reduce behaviour that challenges. 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. During the inspection we saw that one person prepared lunch using the TSI techniques. We saw that the home had modified the kitchen so that people could easily assist with the preparation of food. This included lowering the kitchen worktop and sink so that it was accessible to all people and an induction hob so that people could safely assist with meal preparation.

Another person had been supported to work in the head office café. The registered manager explained that this person worked there one day a week and this enabled him to interact and get involved within the community. One person liked to spend time alone and consequently staff converted the room opposite his bedroom into his own personal lounge where he could listen to music and spend time alone when he wished to do so. We met this person during the inspection and saw that they spent the afternoon in the lounge and appeared to enjoy this.

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 and these meetings were documented. 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 were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home..

A formal questionnaire had been carried out in September 2017 to obtain feedback from people and relatives. We noted that the feedback was positive and there was evidence that any issues raised were responded to accordingly and it was evident that the home had taken appropriate action. The registered manager explained that people were encouraged to raise issues with her and staff whenever they wished to and she had an open door policy. All relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

Currently none of the people living at the home had a formal end of life care plan in place. However, we saw in each care plan that people's wishes in regards to funeral arrangements had been clearly documented in the care plans.

Good

Is the service well-led?

Our findings

Relatives spoke positively about management at the home and said they found them to be approachable and felt comfortable raising queries with them. One relative said, "Management are very approachable and are always willing to listen. I can complain if I needed to but don't have any complaints. I would feel comfortable complaining if I needed to." Another relative told us, "Management are really good. They are wonderful. The home is well managed and staff are professional. I have raised minor issues and they have always taken appropriate action." One care professional told us that management were responsive and took appropriate action when required.

A manager had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

There was a management structure in place with a team of care workers, two assistant managers and the registered manager. Staff told us that the morale within the home was very good and that staff worked well as a team. Care workers told us that management were approachable and the home had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager.

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 spoke positively about these meetings and told us that they received up to date information and had an opportunity to share information with their colleagues. Staff handovers took place during each shift so staff received up to date information about people's current care needs. Staff also completed written 'daily' reports of each person's progress, health and care needs so they always had up to date information about each person's needs.

We saw a number of effective quality assurance assessments and monitoring tool in operation. Management undertook a range of checks and audits of the quality of the service and took action to make improvements where necessary. Audits were in place to check care documentation, health and safety, safeguarding, medicines and training. Management also carried out regular spot checks during the day and night to check how the home was running and took appropriate action where necessary.

The CQC rating of the previous inspection was displayed as required in line with legislation. The service had notified us of incidents and other matters to do with the service when legally required to do so.

Policies and procedures to ensure safe day to day operation of the service were in place. Records showed that care workers had been asked to read a range of policies and had signed that they had read them.

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