

# Community Integrated Care Norwood Drive

## Inspection report

2 Norwood Drive  
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Altrincham  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 4 and 5 October 2017 and was announced. This meant we gave the provider notice that we would be inspecting.

The service is registered as a care home providing personal care for up to six people with a learning disability. Norwood Drive is a bungalow which has level access into an entrance hall with six bedrooms, two bathrooms and a laundry to the right of the entrance hall and a kitchen, lounge/diner and conservatory to the left. All the bedrooms are single occupancy and decorated to each person's individual preference. There is an enclosed garden surrounding the home and a small car park to the side. The service is located in Altrincham in a quiet residential area.

We last inspected Norwood Drive in June 2016 and the service was rated overall 'Requires Improvement'. At that inspection we found five breaches of the Health and Social Care Act regulations in relation to medicines management, staffing levels, poor recruitment practices, quality monitoring and the lack of a registered manager.

Since the last inspection the provider had recruited a manager who had registered with the Care Quality Commission since September 2016. 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.

We found one breach of the Health and Social Care Act regulations in relation to staff training. We have made a recommendation in relation to how controlled drugs are stored. You can see what action we told the provider to take at the back of the full version of the report.

At our previous inspection we found the service did not manage medicines in a safe way which potentially put people at risk. At this inspection we found there were sufficient improvements in this area to help ensure people received their medicines in a safe way and the service was now meeting the legal requirements. We however found that controlled drugs were not stored in line with current legal requirements. We have recommended that the provider follows current guidance and legislation on the correct storage of controlled drugs.

At our last inspection we found the service did not have robust recruitment checks and adequate staffing levels in place. At this inspection, we found all relevant pre-employment checks had been carried out to help ensure appropriate candidates were employed and we found the staffing levels were adequate to meet people's assessed needs. This helped to ensure people were protected from harm.

Risk assessments provided clear and specific information to help staff deliver care and support people in a safe way

People and relatives told us Norwood Drive was a safe environment. Staff were aware of safeguarding principles and knew what action to take should they suspect abuse was taking place. They had received relevant training in this area. This meant there were effective systems to help protect people from harm.

There was a process in place to record and monitor accidents and incidents that took place at the service. These were actioned appropriately and the registered manager analysed trends to help mitigate, where possible, future reoccurrence to help to keep people safe.

Maintenance and safety checks were carried out in line with the manufacturers' guidelines to help ensure equipment and the environment were safe. These checks included moving and handling equipment, fire safety equipment, gas and electrical equipment and water systems. Records confirmed that monthly fire drills were carried out. These checks helped to ensure a safe environment was maintained for the people living there and the staff supporting them.

People and relatives told us staff effectively delivered care and support.

The service carried out capacity assessments to help ensure decisions made in relation to their care complied with the principles of the Mental Capacity Act 2005 (MCA). We noted however some examples where consent had not been sought appropriately. Applications under the Deprivation of Liberty Safeguards had been made to the local authority and included references to when people had to be restrained in their best interest.

Newly recruited staff received an induction and mandatory training before working unsupervised. Staff at Norwood Drive were also required to complete specific training to ensure they had the right skills to effectively support people living there. Not all staff had completed service specific training which was a breach of the regulation relating to staffing and we have asked the provider to address these. Following our site visit, the provider sent us updated information on training completed by staff. We were unable to corroborate this information and will do so when we next inspect the service.

We looked at what improvements had been made since our previous inspection in relation to staff support systems such as supervision and appraisals. Records we looked at and conversations we had with staff indicated they received regular supervisions and their annual appraisals had already been scheduled. Staff told us that they felt supported by management and their peers. These interventions helped to ensure staff had appropriate professional support to carry out their roles in an effective way.

Care records demonstrated that people living at Norwood had good access to medical attention and healthcare professionals such as GPs and speech and language therapists when required. This meant that people's healthcare needs were being met in line with their individual needs.

There was a suitable choice of nutritious food and drink on offer at Norwood Drive. Meals took into consideration people's preferences and were prepared according to their specific needs, for example, texture-modified or cut into small pieces. This helped to maintain people's good health and wellbeing.

People and their relatives told us that staff were pleasant and caring, and that people's dignity and privacy were treated respectfully. We observed this to be the case.

We saw that there was good rapport and friendly interactions between people and staff. People got on well with the staff. Staff demonstrated that they knew people well and were able to describe people's personalities, their preferences and their interests.

Relatives gave us examples of how they were involved in making decisions about the care provided. Care records we looked at confirmed that relatives, where applicable, had been consulted in the care planning process.

We saw examples of how people were encouraged to develop and maintain their independence. In so doing, the service helped to ensure people maintained a good quality of life and wellbeing.

The service provided a responsive and person centred approach to ensure support provided adequately met their specific needs. Care records contained information about what was important to them, their preferences, and notable information about them such as their interests, hobbies and aspirations. This meant support staff had clear and specific guidance on how best to support that person.

People were supported to participate in a range of activities which were important to them. They were also encouraged and supported to maintain good links with relatives. This meant the service responsively helped to ensure that people's general wellbeing was maintained.

There was a good system of recording and monitoring complaints. People and relatives were encouraged to raise concerns and complaints formally or informally. Since the last inspection in June 2016, the service had received only one complaint. This had been well managed and in line with the provider's policies and procedures.

Relatives told us they provided feedback to the service informally as they found the staff very accessible. The service had sent out a customer satisfaction survey in March 2017 and had received positive responses. We were satisfied that people receiving the service were able to ensure their voices were heard and improvements made as needed.

It was evident during our inspection that people were happy and settled at Norwood Drive. We received positive feedback from relatives and the local authority about how the service was managed.

We noted the service conspicuously displayed its most recent performance rating. Staff were positive about the registered manager and their contributions to the management of the service.

Audit processes in place needed to be strengthened to help ensure the provider and registered manager effectively monitored the quality of care provided. For example, we identified inconsistent record keeping and the lack of monitoring training. This included inconsistent record keeping (for kitchen cleaning schedules and temperature checks), gaps in records in relation to consent to care and the monitoring and arranging training courses.

There were policies and procedures in place and regular staff meetings were held to help ensure staff were supported to undertake their role effectively.

## 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.

Medicines were administered safely. There had been improvements in how medicines were recorded.

Recruitment processes in place helped to ensure suitable applicants were appointed to the caring role.

Staffing levels were adequate and helped to ensure people were protected from risk of neglect and poor care.

### Is the service effective?

Requires Improvement 

The service was not consistently effective.

People and their relatives told us the care staff had the right skills and knowledge to do their job. Records showed that staff had not completed all the training needed to work with this group of people.

Capacity assessments and best interest meetings were carried out to help ensure where people lacked capacity decisions were made in their best interest.

People were supported to access health care professionals as required and encouraged to maintain healthy nutrition and hydration.

### Is the service caring?

Good 

The service was caring.

People and their relatives told us that staff were kind and that they were well treated by the staff and management.

The atmosphere at the home was warm and familial. We saw several friendly yet professional interactions between people and staff.

We observed that people living at the care home were treated with dignity and respect.

### Is the service responsive?

Good 

The service was responsive.

Care records contained detailed and person-centred information. This helped staff to understand people's needs and to deliver safe and responsive support.

People were proactively supported to participate in activities of their choice and which they enjoyed.

There was an effective system in place to manage concerns and complaints. The service had only received one complaint since our last inspection.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The registered manager was well respected by people and staff members.

There had been improvements in the quality assurance processes. These needed to be strengthened in order to monitor the service more effectively.

Staff were supported in a variety of ways such as monthly team meetings and operational policies and procedures. They felt supported by the registered manager, deputy manager and their peers.

# Norwood Drive

## 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 checked 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.

The inspection took place on 4 and 5 October 2017 and was announced. The provider was given 24 hours' notice because the service is a small home supporting people with a learning disability and we wanted to check that people would be at home. The inspection was carried out by one adult social care inspector.

Before this inspection was carried out, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We contacted agencies such as the local authority and Healthwatch to find out what information they held about the service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. Trafford local authority responded positively about the care provision at Norwood Drive. Further details are contained within the report. Trafford Healthwatch told us they held no information about this service at this time.

At the inspection, we spoke with two people who used the service and two relatives. Due to limited verbal communication, one person responded to our questions with "yes" or "no" answers. We also spoke with the registered manager, the deputy manager and four support staff.

During our inspection we looked around the home and observed the way people were supported including at mealtimes and the interaction between staff and people. We carried out an observation known as a Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who cannot easily express their views to us.

We looked at a range of records relating to the service. These included two people's care files, their daily record notes, four staff recruitment files, medication administration records (MAR), maintenance records, accidents and incidents, policies and procedures and quality assurance audits.



# Is the service safe?

## Our findings

We saw that people were settled and comfortable in their environment at Norwood Drive and also with all staff. One person told us, "I'm happy and safe here." One relative said, "The care [person] gets is safe and staff are always checking on [person]."

At the inspection in June 2016, the service failed to manage medicines correctly and this was a breach of the regulation in relation to the safe management of medicines. We checked to see what changes the service had made to ensure that safe practices were in place to mitigate potential risk to people. We saw the service had implemented a system of checking medicines upon receipt and this was recorded on the medication administration record (MAR). The service had also introduced a system for counting boxed medicines such as paracetamol to ensure balances matched with what medicines had been administered and what was remaining. We checked one person's medicines, which were stored in a locked medicines cabinet in their bedroom, and found no discrepancies with the stock balances. Each person at Norwood Drive had a medicines cabinet in their own bedroom.

Training records and conversations with staff also confirmed that staff had completed medicines training, had their medication administration competency checked through observation and these were in date. These interventions helped to reinforce staff's knowledge and expertise regarding the safe administration of medicines.

While we acknowledged these improvements, we noted the home administered controlled drugs. Controlled drugs are medicines where strict legal controls are imposed to prevent them from being misused, obtained illegally or causing harm. We checked how these drugs were recorded and stored. We checked that the quantities were correct and they were appropriately recorded in line with legal requirements. However we had some concern about how the controlled drugs were stored. We found these drugs were not stored in line with legal requirements. The controlled drugs were stored in a locked cabinet within a lockable cupboard but the locked cabinet was not affixed to the wall or floor as prescribed by the legislation. We discussed this concern with the registered manager and deputy manager and signposted them to the handling medicines in care home settings guidance documents of the National Institute for Health and Care Excellence (NICE) and The Royal Pharmaceutical Society of Great Britain. We recommend that the provider follows current guidance and legislation on the correct storage of controlled drugs. At the inspection, the registered manager provided assurances that they would rectify this storage concern. Following our site visit, the registered manager confirmed they had ordered a new medicines cabinet which could be affixed to the wall in line with current guidance and legislation.

At the previous inspection in June 2016, we found the service did not have robust processes in place to help ensure staff employed were suitable for the role. At this inspection, we checked to see what improvements had been made. We looked at four staff recruitment files and found they contained the appropriate documentation such as application forms with employment histories and explanations for any employment gaps. There was photographic identification, written references from previous employers and details of Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions

and prevent unsuitable people from working with vulnerable groups. We concluded the service had made the necessary improvements required to help ensure the staff they employed were suitable for the role.

When we last inspected the service in June 2016, we found the service put people at risk because there was insufficient staff on duty. Relatives and staff had also told us there was a high usage of agency staff. We checked to see what improvements had been made in these areas. The registered manager told us since their appointment the use of agency staff had decreased. We saw they monitored this by analysing the number of agency hours used against permanent staff hours each month from July 2016 to September 2017. Their analysis showed that agency staff accounted for just over 400 hours each month between July 2016 and September 2016 inclusively. Monthly hours had steadily decreased since then, with agency hours averaging less than 150 hours each month. They told us and we saw from staffing records, when agency staff were used the service, where possible, tried to get the same agency staff to work with the regular staff team at the home. This helped to ensure people were supported by a regular staff team.

The registered manager and the deputy manager told us they had implemented an idea to recruit staff using a social media page for the local community. The registered manager described how they gave a 'personal touch' to the recruitment drive by introducing themselves as the new manager at the care home and endeavoured to develop a bit of a relationship between themselves and the potential candidate in this way. They told us this approach worked well for them as they had successfully recruited three staff members and that they would continue to recruit in this way.

In addition to the recruitment drive, the registered manager told us the service received support from bank staff from one of the provider's other care homes that was nearby. We saw this was the case as a bank staff member who worked at one of the provider's other services was on shift on the first day of our inspection. They confirmed they picked up shifts at Norwood Drive as required.

During our inspection we observed that there were always three staff on shift during the day and two staff on at night. We looked at rotas for August 2017 to October 2017 which confirmed what we were told and saw. One person told us they thought there was sufficient staff to support them when they needed. Relatives also told us they had no concerns about the number of staff on hand.

Based on the evidence identified at this inspection, we concluded there were enough staff on duty to meet people's assessed needs.

We looked at the risk assessments in place for two people and found these identified the specific risks related to providing care and support for each individual. Risk assessments help to keep people safe by providing specific and detailed guidance for care workers to follow so that they provide appropriate and safe care and support to people. These included taking medicines, choking, behaviour and moving and handling risks. We noted that these were detailed and up to date. This meant that people were protected from anticipated risks because there were measures in place to help ensure staff knew how to support people safely and effectively.

Staff we spoke with were knowledgeable about safeguarding vulnerable adults. They were able to describe the different types of abuse and knew what to do if they suspected abuse was taking place. One person we spoke with told us they felt safe at Norwood Drive and that they could speak with staff if they had any concerns about their safety. Training records we looked at confirmed that staff had received relevant training in this area. This meant people using the service were protected from risk of harm because staff used effective systems to monitor the safety of the people they supported.

We saw there was a system for recording accidents and incidents that took place within the home. We noted these were recorded and actioned appropriately. Where required, follow up actions, such as further investigations or training updates, were taken. We saw the registered manager was able to run reports to identify and analyse any trends or patterns to help mitigate a recurrence where possible. We concluded there were effective systems in place to ensure people were protected from risk of harm.

We looked at how the service managed environmental risks including infection control and prevention and equipment. We observed that the home was well maintained, visibly clean and free from malodours. We looked at the toilets and bathrooms and found these were clean and tidy. The deputy manager told us there were no dedicated domestic staff and that care staff took responsibility for ensuring the environment was kept clean. Staff had good knowledge and awareness of good hygiene and infection control prevention. We observed that they demonstrated good practice for example use of personal protective equipment such as gloves and aprons and used of antibacterial hand gel as required.

There was a small laundry room which was equipped with a washing machine, dryer and ironing equipment. There was a clear system in place to keep soiled items separate from the clean ones. We saw that there were separate storage containers for people's clothes, small items, bedding and towels. This meant suitable infection control procedures were in place.

We saw maintenance and safety records showed that the relevant checks took place to ensure equipment and the environment were safe. These checks included hoists, fire systems and equipment, gas and electrical equipment and water systems. Staff told us and records confirmed that monthly fire drills were carried out. These checks helped ensure a safe environment was maintained for the people living there and staff supporting them.

There were personal emergency evacuation plans (PEEPs) for people living at Norwood Drive. PEEPs help to ensure that in the event of an emergency, such as a fire, people could be safely supported to leave the premises. These were fit for purpose and reflected what was required to keep each person safe from risk of harm in the event of an emergency evacuation.

## Is the service effective?

### Our findings

People and relatives told us they had confidence in staff's abilities to carry out their roles.

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 as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Throughout our inspection, we saw that staff asked people's permission before carrying out any task. We noted that staff explained what they were doing in a patient and respectful way and gave people time to respond.

Staff we spoke with demonstrated some awareness and knowledge of the mental capacity act, best interest decision making and DoLS. We saw that most staff had received training in this area. We noted Skills for Care resource material was available for staff to review as required.

We looked at two care records to see if consent to care had been sought appropriately. Care records considered people's mental capacity to make day-to-day decisions such as eating and drinking, personal care and medication, and who should be involved to help support with that decision. We saw the service undertook more detailed assessments of people's capacity to make decisions about their care.

We noted care records did not contain people's consent to care. We looked at medication support records for two people and noted there was no indication that consent had been sought appropriately in relation to the administration of medicines. Assessment of risks identified that people lacked capacity to carry out this task independently and that full support was required. On a weekly medicines management audit completed in September 2017, we saw within the section 'Choice and Independence', a response of 'DoLS' was made for questions relating to if the person had been included in the decision about their treatment and the choice of pharmacy dispensing their medicines.

While reviewing clinical governance audit records, we found three examples in which consent was sought from relatives/guardians regarding the use of bedrails. We did not see evidence in people's care records such as lasting power of attorney documentation to substantiate that this consent had been appropriately authorised. An 'attorney' is a person with delegated responsibility for their relative to act on their behalf. We

noted that best interest meetings involving family members had been held to ensure restrictive practice such as the use of bedrails and wheel chair lap straps were done in the person's best interest.

We saw that where appropriate DoLS applications included the use of bedrails and lap straps on wheelchairs as potential restrictions of the person's liberty. These restrictions had been assessed and reviewed accordingly, and meetings held to ensure decisions taken involved people's relatives and were in the person's best interests.

The registered manager told us and we saw DoLS applications to the local authority had been made for six residents. We saw the registered manager had emailed the local authority in May 2017 requesting an update on their applications. They told us they would raise this issue with the local authority at the next providers' forum meeting.

While the service in the main worked within the principles of the MCA, we found this area needed to be strengthened as we noted a lack of understanding by some staff in relation to ensuring appropriate consents for medicines were in place.

Staff we spoke with felt supported by the staff team and the organisation. They told us, "The staff team are good. They are supportive" and "The training is good too but we can always approach a more experienced colleague or the registered manager if we're not sure" and "I'm doing my NVQ Level 5 (Leadership Diploma in Health and Social Care)."

We looked at training and personnel records which confirmed new recruits underwent a corporate and service specific induction and mandatory training prior to working unsupervised. Training considered as mandatory by the provider included moving and positioning, safeguarding and medication administration. Staff new to care were enrolled to complete the care certificate. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care. Staff we spoke with confirmed they had received an induction and mandatory training and had shadowed more experienced staff as this helped them to understand their responsibilities.

We asked what other training was provided for staff to help ensure they had the necessary skills to effectively support people at Norwood Drive. The registered manager showed us a record of the specialist training required for staff working at the service. Areas included MCA and DoLS, epilepsy awareness, dementia, end of life, the administration of Buccal Midazolam and percutaneous endoscopic gastrostomy (PEG) feed training. Buccal Midazolam is an emergency rescue medication for the control of prolonged or continuous epileptic seizures. PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate.

We noted all staff had completed training in some service-specific areas such as epilepsy awareness, the administration of Buccal Midazolam and PEG feeding. The training record however identified that not all service-specific training had been completed. For example, we saw 55% of staff had completed Health and Safety training, 27% - Dementia training and 18% - End of Life training. For some topics such as MCA and DoLS and Health and Safety, it was not clear from this record if the training had been scheduled for those staff members who had not yet completed them. Failure to ensure all necessary knowledge and skills had been provided to help ensure staff supported people effectively was a breach of Regulation 18(2) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. Following our site visit, the provider sent us an amended version of training completed by staff employed at Norwood Drive. However we were unable to corroborate this information and will check this at our next inspection.

At our last inspection we found staff had not received regular supervisions; this was a breach of the regulations relating to staffing. At this inspection we checked to see what improvements had been made. Supervision provides a forum for staff to receive support from their line manager and the opportunity to discuss any issues or concerns they may have with the role. Staff told us and staff personnel files and training records confirmed that supervisions were scheduled and taking place. Staff told us they felt well supported by the registered manager and their peers. The provider had recently rolled out a new system for supervision and annual appraisals which meant staff received three supervisions a year and the fourth session considered as the annual performance appraisal. We saw all staff at Norwood Drive had their four sessions already scheduled in for the next 12 months.

We saw, from care records, that people had access to healthcare professionals so that their changing health needs were met. Information we looked at showed that appointments had taken place with GPs, district nurses, podiatrists and speech and language therapists. Records were completed of appointments attended and treatment received, for example, flu jabs and nurse appointments. One relative told us they had every confidence that the service acted proactively in accessing the right external medical support required at the time. They added, "If there's something not right with [person], they will call me and I'm informed about how [person] has been." This helped to ensure people's changing needs were responded to so that their health and well-being was maintained.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their nutritional needs were met. Meals were cooked by staff on a rota system and took into consideration what people liked to eat. Care records we looked at confirmed this. Staff we spoke with were knowledgeable about people's food preferences. We saw a folder kept in the kitchen contained specific information about what food people preferred and alternate food choices that could be offered. There were detailed instructions to guide staff on the use of thickeners for people's food and drink and any special preparations required for example, food to be cut up into small pieces. This was recorded in people's care records.

The deputy manager told us and we saw that menus were developed monthly offering a variety of options for breakfast, lunch and dinner. We saw the service kept a folder of photographs and labels of food items such as yogurts, baked beans and various soups. The deputy manager told us this system worked well in helping to reduce the anxiety and distress that some people experienced when they could not remember what they wanted. This practice demonstrated how the service effectively ensured people were able to express their wishes in a dignified and respectful manner.

We observed that food was well presented and people enjoyed what was on offer. The deputy manager told us, "There is no set time really (for meals). Just when people are hungry."

We looked at the kitchen, which was clean and well organised. There were pictures of what was stored within kitchen cupboards, for example, a picture of food items, tea cups and plates. This guided people to be independent in the kitchen and we observed this was the case.

We saw that sufficient food stocks were available. We noted that records were completed in relation to temperature checks, cleaning schedules and meals served each day. We saw that food temperature monitoring and cleaning schedules were not consistently recorded. We have discussed recording in further detail in the Well Led section of this report.

We concluded that people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Norwood Drive is a good-sized bungalow with level access to all rooms within. Corridors were sufficiently wide for people who used wheelchairs. Each person had their own bedroom which was decorated to reflect their character and personality. We saw that people were able to bring their own furniture with them and there were family photos and other personal effects. The individuality of each room demonstrated that people and their relatives had been involved in making sure people were comfortable in their surroundings. There were two bathrooms which were accessible to everyone living at the service.

## Is the service caring?

### Our findings

Relatives told us staff were very caring and kind to people. Relatives' comments included: "Staff have the time to sit with [person]" and "They (staff) are brilliant and caring. They provide the best care."

We saw there was good rapport between people and the staff team. Throughout our inspection, there was friendly banter between people and staff, a testament to the relationships that were present. Staff worked well as a team to ensure people were cared for and supported according to their needs and abilities. An example of this was seen on the second day of our inspection. The deputy manager told us each Thursday residents and staff had lunch as a group. This was referred to as "Soupa Thursday" and each week a different homemade soup was prepared. We saw people got on well with both staff and each other.

We observed caring interactions and good relationships between people living at Norwood Drive. For example, we overheard one person calming and comforting another when they became a bit agitated. It was clear from people's demeanour that they were happy, settled and felt included living at Norwood Drive.

We observed that staff were attentive to people's needs. Most of the people living at Norwood Drive had lived there for some time and had been supported by longstanding staff. We found staff, including newer ones, were knowledgeable of people's personalities and preferences. We observed various examples of staff knowing people's likes and dislikes, interests including music tastes and activities. We were able to substantiate this information through our review of people's care records and in our conversations with people and relatives. This meant staff and managers knew the people well and were able to support them according to their individual needs.

One person we spoke with said they could talk with staff if they had a problem and that staff listened to them and helped them sort things out. Care and support records we looked at showed that people with the support of their relatives were involved in making decisions about the support they received. One relative told me they were always involved by the service and had been involved in reviewing the person's care plans. They said, "They (staff and management) get to know us. (The service is) like an extended family. This is how it should be."

People were treated with dignity and respect. We observed staff knocking on people's doors prior to going in their rooms and respecting when people wanted some 'quiet' time on their own. We saw people's care records identified what dignity meant to them and what staff could do to demonstrate that. For example, for one person they liked using a particular shower gel and another, the type of television shows they enjoyed watching. During inspection we did observe this person enjoying an episode of their favourite comedy show. A staff member, referring to texture-modified meals (made soft or pureed) said, "I always tell the person what they're having, for example, a roast dinner, even though it may not be visibly recognisable as that." We found this demonstrated caring, respect and empathy.

We noted that any discussion of confidential information about people for example in staff handovers was done appropriately and that people's care records were not left unattended in any public areas.



We concluded that staff through their actions demonstrated that they treated people in a dignified and respectful way.

We saw that people, where possible, were encouraged to maintain their independence and build their confidence. We observed that one person helped themselves to their own drinks such as making a cup of tea. This same person also explained to us that staff supported them to do their shopping and said they were going out this week to pick up some supplies. We read in another person's care records they liked to set their own place at the table at each meal time. During our inspection, we saw how staff supported them to do this at each meal. We were satisfied that staff through their actions were helping people to maintain their independence and choice.

We looked at how the service supported people at the end of their life. The registered manager told us there was one person who was being supported in this regard. They told us they worked closely with district nurses to ensure the person's needs were met. Care records we looked at confirmed this and also our observation of a staff handover in which a staff member returning from annual leave was updated on what had transpired during their absence. As mentioned earlier in this section, relatives told us they had been involved in this process. They said, "I was involved in best interest meetings regarding [person's] end of life care. I know [person] would want to die here and not at hospital." This meant the service demonstrated its commitment to ensuring people were able to stay in their home at the end of their lives.

## Is the service responsive?

### Our findings

We looked at how the service responded to people's needs. We looked at two care records in detail and found these reflected the care and support needed. These records were detailed and person centred, covering a range of aspects specific to that person's care and support needs such as maintaining good health, control over daily life, personal care and dignity. Each care record contained a one page profile which identified who and what were important to the person, what people admired about them and a brief summary of how best to support them. Further person-centred information recorded was their personal histories, likes and dislikes, interests and typical activities they did each week. This meant staff had information about what was important to people and what worked effectively to support them.

The registered manager told us there had been little change in the people living at the service until August 2017 when a new person moved into the service. The deputy manager explained the admission process. The service carried out an initial assessment which involved the person and their relative. An initial assessment helps to ensure the service is appropriate and can responsively meet the person's care and support needs. The deputy manager told us the person was invited to visit Norwood Drive and to spend some time there. They explained this process took place over a two to three week period and helped the person integrate into the service at a pace that was comfortable to them. From our observations throughout the inspection we found the person had integrated well and told us they liked where they lived now.

The care records we looked at had been regularly reviewed in line with the provider's policy or when a person's care needs changed. Relatives told us they had been involved in the reviews. This meant people were receiving support that met their present needs.

We noted there was a key worker system in place at Norwood Drive. A key worker is a staff member who has been designated to work closely with a specific service user. At Norwood Drive, the keyworker was responsible for ensuring aspects of the person's support were met. For example, ensuring medical appointments were kept up to date and accompanying people to appointments, ensuring sufficient toiletries were in stock and supporting people, where possible, to keep their rooms was tidy. One person told us the staff member who was their key worker and gave examples of how they supported them. For example, making sure they got their flu jab and supporting them with personal shopping. Staff and care records confirmed this. We saw that keyworkers were also involved in care planning and review process. In this way, the service used key working to help ensure the support provided was responsive to any change that occurred.

We saw memory boxes or frames outside people's room. Items included photos of people when they were younger and of hobbies or interests, for example, football, canal boating or locomotives. Memory boxes are a way of presenting objects and the memories associated with them and are used to engage people living with memory problems like dementia or Alzheimer's disease. We spoke to staff about these memory boxes. They said, "It's a good way to involve the family" and "It's like a history thing that gets people talking about their lives and reminiscing."

People were supported to engage in a range of activities that they enjoyed. During our inspection we saw that two people were supported to attend day centres twice a week. One person said staff accompanied them to a weekly disco and they recounted to me their last visit to the disco. It was clear that attending this activity was very important to the person.

The service had an adapted vehicle which helped to ensure flexibility in arranging activities outside of the home. Staff told us, confirmed by one person and photographs, that people had been on trips to the Trafford Centre, Manchester United football ground, Blackpool, and Wales.

Within the home, we saw that people engaged in various activities of their choice and preference. These included watching TV programmes and movies, listening to music, colouring and sensory activities. The service maintained a record of the activities people participated in and what worked well or did not work well. This helped the staff learn and adapt activities in the future.

The home also encouraged and supported people to maintain good links with their relatives. Staff showed us saw photos of recent visits people had with their relatives.

We found the service helped to ensure people were engaged in meaningful activities and maintained contact with family as this supported their general wellbeing.

Relatives and one person we spoke with told us they had no cause for complaint but knew they could speak with the registered manager or staff should they have concerns. We checked records of complaints received since our last inspection in June 2016 to the present date and found one complaint had been made by a resident in August 2016. We saw the complaint was investigated in a timely manner and in line with the provider's policies and procedures. The issue was resolved to the person's satisfaction.

Relatives told us there was an 'open door' policy at the service and that they could and did provide feedback informally as required. They found the registered manager, deputy manager and staff accessible and amenable to any issues they had to raise. They had confidence that they "would put things right". A customer satisfaction survey had been sent to relatives in March 2017 and the feedback received was positive.

## Is the service well-led?

### Our findings

At the previous inspection in June 2016, we found there was no registered manager, which was a legal obligation of the service's registration 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following that inspection, a manager had registered with the CQC in September 2016 and was on site to facilitate this inspection in October 2017. We saw the provider and the registered manager had developed an action plan which outlined the concerns highlighted by the inspection in June 2016. We acknowledged that the registered manager had addressed these concerns.

People, their relatives and the local authority told us Norwood Drive was a good service and that the registered manager and deputy manager were very approachable. One relative said, "They (the service) are brilliant with family. I wish there were more places like this."

The local authority commissioning teams for All Age and Learning Disabilities service group told us, "The general consensus is that Norwood Drive is a good service. There isn't a large amount of movement in and out of the service; however there has been one recent new addition." The local authority expressed their satisfaction in the way the service had anticipated possible issues regarding the integration of this person with others already living there and had prepared staff to ensure the overall safety of everyone at Norwood Drive.

Staff were positive about the registered manager and the service. Comments included: "They [Registered Manager] encourage staff team to work together. (They are) very approachable and encourage people in a relaxed and calm way" and "It's an open atmosphere and culture here."

Staff understood their roles and responsibilities. We observed a cooperative staff team that worked well together. We saw staff also benefitted from verbal shift handovers as this provided a good opportunity to quickly update staff coming on shift with what had taken place earlier that day.

The registered manager told us their ethos was to empower staff to make meaningful contributions to the running of the service. They told us and we saw from the relevant records that staff had been delegated various duties. For example, carrying out checks on health and safety, fire safety and medication administration. The registered manager told us they did their own checks on staff's work.

At the previous inspection in June 2016, we identified concerns in the way the quality of the service was monitored and assessed. This was a breach of the regulation relating to good governance. At this inspection we checked to see what improvements had been made.

We saw the service completed weekly audits on medicines and finances. Issues identified in these were

actioned accordingly. Other quality assurance checks that had been introduced following our inspection in June 2016 included health and safety checks and clinical governance monitoring which looked at reasons for hospital visits and bed management (including risk of falls out of bed) and weight loss.

The registered manager told us and we saw the provider had recently implemented a new monthly assurance programme (in June 2017) in which the registered manager completed their own checks of the service and submitted to head office. Additional oversight would be provided by regional manager checks on particular operational aspects such as care records, MCA/DoLS and incidents and accidents. We noted the service had been audited by the quality team in May 2017 and they had identified actions required in the area of medication audits, training, supervision and inclusion of safeguarding, MCA and DoLS as agenda items at team meetings. We noted appropriate action had been taken to rectify medication and supervision concerns raised.

We saw sufficient evidence to confirm that regular checks were being carried out to help ensure quality of the service was monitored. However these checks had not identified the issues we found at our inspection. This included inconsistent record keeping (for kitchen cleaning schedules and temperature checks), gaps in records in relation to consent to care and the monitoring and arranging training courses.

The provider had a wide range of policies and procedures in place to provide guidance and support to staff in carrying out their caring role; these included safeguarding, training and development, medication management and fire safety. The registered manager showed us how staff could access these documents electronically on the provider's website. The deputy manager told us that staff could approach either the registered manager or themselves if they had a particular query about a policy or procedure. They would print off the policy to discuss and then put the policy on the staff notice board to share any learning. We saw a recent example of this regarding the Working Nights policy.

Staff told us they enjoyed their jobs and felt valued for their contribution. We saw from meeting notes that staff met every two months and meetings gave staff the chance to discuss topics such as training, supervision, rotas, health and safety and other operational issues.

These systems should help to reinforce staff's knowledge of operational practice and provided additional support in their roles.

The registered manager told us they felt supported by the wider organisation. They said they received good support from head office and were allowed to use their creativity to recruit new staff. They told us they regularly attended provider forums hosted by the local authority. A representative from the local authority confirmed this and stated, "I find the service manager to be attentive when in quarterly monitoring meetings, and haven't been given any reason for concern that (they are) not caring."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not have all the necessary knowledge and skills to help ensure staff supported people effectively. Regulation 18(2)