

Norwood

# Norwood - 54 Old Church Lane

## Inspection report

54 Old Church Lane  
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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

We undertook an unannounced inspection on 4 April 2017 of Norwood - 54 Old Church Lane

Norwood- 54 Old Church Road is registered to provide accommodation and personal care to five people. It caters for older people with a learning disability. At the time of this inspection, there were three people using the service.

There was a registered manager in post. 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.

At the last inspection on 26 November 2014, the service was rated Good.

At this inspection we found the service remained Good.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs. Care plans were reviewed monthly and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided and were confident that people were safe in the home.

Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Medicines were managed safely. 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 maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

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 home had made necessary applications for (Deprivation of Liberty Safeguards) DoLS as it was recognised that there were areas of people's care in which their liberties were being deprived. Relevant

authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Norwood - 54 Old Church Lane

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. 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

There were three people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with two relatives. We also spoke with the registered manager, care manager, shift leader and two care workers. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

Relatives of people using the service told us they felt their family member was safe in the home. One relative told us "[Person] is very safe there."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse.

Records showed people using the service also had individual safeguarding risk assessments in place. The assessments detailed behaviours each person may display to indicate that something was wrong so staff were aware of what to look out for to ensure people were protected. For example, one risk assessment stated '[Person] is less likely to speak up when felt neglected or abused.' A care worker told us "We have to ensure they are safe from abuse, physical, sexual, financial. You observe their facial expressions, their reactions, any bruises on the body and you inform the manager straight away." Care plans encouraged staff to develop 'trusting' relationships with people to enable them to raise concerns.

People using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Financial assessments were in place which showed the level of capacity people had in relation to their finances and the level of support they would need from staff with managing their finances.

Records showed people's finances were discussed during annual review meetings and relatives confirmed finances were also discussed with them. They told us, "They show me the receipts for any expenditure. They ask me before making any major purchases" and "We have a meeting arranged to sort out [person's] finances."

Norwood acts as corporate appointees for two people using the service and for one person a deputy had been appointed by the Court of Protection to manage their affairs. Records showed checks on people's finances were in place on a daily basis during staff handover. The care manager told us that he and the registered manager also conducted checks on the finances. Records confirmed this. Although there were some checks in place, there was no external auditing conducted to ensure people's finances were being managed safely and appropriately. The registered manager told us they were in the process of reviewing their internal policies in relation to supporting people with their finances and options were being considered for external auditing which they would implement.

Risks to people and appropriate control measures to reduce the risks were identified as part of their care. These covered areas such as personal care, continence management, eating and drinking, out in the community and behaviours that challenged. Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance or diverting the person's attention to something they liked and enjoyed.

When speaking with care workers they demonstrated a good level of understanding on what to do if a

person displayed challenging behaviour. One care worker told us "[Person] has challenging behaviour. I give them space or may take them outside. I will encourage [person] to talk and say 'let's talk about this' and get them to talk about what's happened and how they feel."

During the inspection, one person displayed behaviour that challenged the service and appeared quite distressed. We observed staff remained calm and were patient with the person. Staff brought them into the kitchen for a cup of tea which helped the person to settle who was then happy and comfortable enjoying their tea. We observed even after the person had calmed down, staff still continued to offer reassurance to the person and ensured the person was okay.

During the inspection, we observed people were supported with their mobility by using equipment which included a wheelchair, shower chair and walking stick. People's care plans detailed the risks associated with using the equipment and support needed from staff to ensure people were safe in areas such as moving and handling, receiving personal care and when people went outside the home. Records showed and staff confirmed they had received training on safe moving and handling practices.

People were supported by sufficient staff to meet their needs. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. We also observed pictures of staff that were on duty each day were displayed to help people using the service be aware of who was on duty each day.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

There were suitable arrangements for the safe ordering, storing, administering and recording of medicines. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which indicated people received their medicines at the prescribed time.

There had been a change to the system in which medicines were administered to people using the service. The service now used a system which allows the dispensing pharmacist to pre-measure liquid and solid medication in one personalised monitored dosage system. The pack has clear information such as the person's name and dosage instructions. This system aims to help reduce the risk of errors in administration of medicines. Staff spoke positively about this new system and told us it was easier to manage and safer to use.

Care workers had received medicines training and policies and procedures were in place. Medicines competency assessments for staff were also conducted to ensure they were assessed to demonstrate they were competent to support people with their medicines safely.

There was a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had been carried out. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures.

Accidents and incidents at the home were recorded in an incident report book and incident forms were

completed. Fire drills had been carried out, testing of the fire alarm and equipment were completed. A fire risk assessment was in place which included the support people would need in an emergency evacuation.



# Is the service effective?

## Our findings

Relatives spoke positively about the staff. They told us "They are lovely, all the staff are" and "Staff are friendly."

Staff told us they felt supported by their colleagues and management. They spoke positively about working at the home. Care workers told us "I enjoy working here, I really do", "It's fine working here", "Management are brilliant and the team works very well", "Everyone plays their part. It's like a jigsaw and every piece fits" and "You can always speak to them [management staff]."

Records showed staff were supported to gain and develop their knowledge and skills to enable them to support people effectively. Staff had undertaken an induction when they started working at the home. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and positioning, first aid, fire safety, food safety, infection control, mental capacity and safeguarding. Staff spoke positively about the training and told us "We are good here, we get regular training which keeps us updated."

Staff received regular supervision. Records of supervisions showed they discussed issues affecting their role and actions identified to support staff learning and development. Individual staff performance was reviewed during an annual appraisal. Care workers told us "Appraisals are regular and we are able to speak openly", "If there is something you want to discuss/concerns you can approach them and they will deal with it."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Care plans contained information about a person's mental state and cognition. Areas in which the person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interests. One care worker told us "You look at the individual, it's their life not mine. Our job is to inform them so they can make decisions."

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

Records showed the relevant processes had been followed and one standard authorisation was in place for people using the service as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. These areas included not being able to leave the home unaccompanied, locked doors and constant supervision with aspects of people's care. DoLS authorisations had not been applied for the remainder of the people living in the home as they were deemed to have capacity by the local authority.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. One relative told us "I am invited to all the appointments and if I can't attend, I always get sent an update" and "We are kept up to date with everything."

People were supported with their nutrition and hydration needs. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly adhered to and people's choices respected. The kitchen and dining areas were fully accessible to people using the service throughout the day. Care workers told us and records showed that people's preferences were discussed during monthly residential meetings and accommodated for.

During lunch and the evening meal, we observed the food was freshly cooked and care workers supported and prompted people only if it was needed. We saw people were not rushed and were left to eat at ease and at their own pace. We asked how the services monitored what people ate to ensure they had a healthy and balanced diet. Care workers showed us a record was made on a daily basis outlining what people had eaten and drank throughout each day and evening. The service is a Jewish home and food was brought and prepared according to the Jewish faith. The shift leader told us they bought the food specifically from Jewish shops to adhere to people's cultural dietary requirements.

We found the premises were clean and tidy. Relatives spoke positively about the cleanliness of the home. They told us "The home is spotless" and "I'm impressed with the cleanliness."

During the inspection, we observed the premises had been adapted to promote and support people's freedom and independence. People were supported with their mobility by the use of a wheelchair and walking stick. One person's bedroom was on the ground floor, and doorways and hall ways were wide to ensure the person could access other parts of the home. There was also a lift in the home that people could use to get upstairs.

We observed assisted technology was being used in the home to promote people's safety, well being and dignity. People's bedrooms were fitted with sensor mats which would raise an alarm to alert staff when people were up and may require assistance especially during the night. In one person's bed a specific monitoring mat was placed which alerted staff when the person needed to be changed to maintain the person's dignity and avoid any discomfort to them.

We observed people also had alarm pendants that they wore which ensured they were able to call for assistance wherever they were around the home. One person using the service told us staff came quickly and they did not have to wait long for staff to come and support them.

In response to people's specific needs, a wide range of equipment was available to support people safely such as bath and shower equipment, hoists and appropriate beds and bedding. We were shown a specific fixture on a toilet which raised by itself and supported people to stand with ease and experience minimal discomfort. The staff told us this was a very good feature for them to ensure people were appropriately and safely supported.

Care plans showed that some aspects of end of life care had been discussed with people using the service and relatives. However the information was limited to the person's burial arrangements. The care manager told us he would ensure the care plans would be updated to reflect this.

The needs for one person using the service had deteriorated but wished to stay in the home. Records

showed the care manager, relatives and relevant healthcare professionals such as district nurses, palliative care team and the local hospice had been contacted. This was to ensure the person would receive the appropriate end of life support they needed and their wishes were accommodated wherever possible. One relative told us "They spoke to me about the palliative care for [person]. They fully involved us to ensure we did what's best for [person]."

The care manager also told they were in the process of devising an advanced care plan for the person and end of life training would be arranged for staff to ensure they had the necessary skills to appropriately support people in this area.

## Is the service caring?

### Our findings

Relatives spoke positively about the way people were looked after. They told us "I am very impressed, [person] looks clean and their hair is always brushed", "I don't think the care could be any better", "They are always very caring with [person]", "Staff are genuinely kind and caring" and "I am very happy with the care."

During the inspection, we observed positive relationships between people and the staff. We observed that staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them. Care workers demonstrated their understanding of personalised care and respecting people's choices. They told us "I like to get to know them so I know what they want", "[Person] makes a lot of choices for themselves. We always make sure they can do what they can" and "I always see it as how I would like to be cared for."

We saw people being treated with respect and dignity. 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. Care workers told us "I make sure they [people] are covered and not fully exposed. I make sure I knock the door, get them to do what they can and maintain their independence", "I always ask permission and always inform them of what I am doing. You close the door and ask [person] what they want to do."

One care worker told us "I give them [people] time and when they are finished they let me know. I stand outside the door but let them know I'm there for them and make sure they are okay. During the inspection, we observed care workers demonstrating this and ensuring people were comfortable throughout the day.

We observed people could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

Some people using the service were unable to fully verbally communicate with us. However people's care plans contained personalised information which showed how people communicated and how staff should communicate with them. For example, in one person's care plan, it stated "[Person] takes time to process information so time needs to be given. Communication needs to be clear and simple." Another person's care plan detailed key phrases a person would use and explained what they meant. For example 'I need to go somewhere' meant 'I need to go to the toilet' and 'My team' was reference to the person's favourite football team. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand.

There were arrangements to support people to express their views and be involved in making decisions about their care where it was possible. We saw documented evidence of monthly resident meetings held with people using the service. Minutes of the meeting showed areas such as holidays, health and safety,

food, menu, activities and staffing were discussed.

There were yearly review meetings with people using the service, relatives and healthcare professionals in which people's care was discussed and reviewed to ensure people's needs were being met effectively. The registered manager told us there was regular contact with relatives in the meantime. When speaking with relatives they confirmed this. Relatives told us "They are very consistent with [person's] care, "They talk about the care plan but you can see they implement it too" , "Its working well and I am very happy with them" and "They communicate very well with us."

# Is the service responsive?

## Our findings

Relatives spoke positively about the service and care people were receiving. They told us "They are very responsive", "Excellent care" and "They are very proactive with person's needs which is nice to see."

People received personalised care that was responsive to their needs. We looked at three care plans of people using the service. Each care plan contained a statement of purpose, contract of residence and complaint procedure. The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking, night care and community and religious participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected and information such as the person's habits, daily routine and preferred times to wake up and go to sleep. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to follow to enable people to do tasks by themselves. This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them. We did note that there was some information in care plans that needed to be archived and one care plan was in a different format to another. We raised this with the care manager who told us care plans were going to be updated and they would address this.

When speaking with care workers, they were able to tell us about people's personal and individual needs. They told us "It's a small home and you can build better relationships with people and provide person centred care to each of them" and "Your approach is different with everyone according to what they want and their needs." Care workers also told us there was a handover after each of their shifts and daily records of people's progress were completed each day so staff had up to date information about people's current needs. One care worker told us "Any issues are discussed at handover so all the staff know what to do."

People were supported to engage in activities and maintain links with the wider community. Records showed people went out shopping, community outings, aromatherapy and were supported to practice their Jewish beliefs, celebrate Jewish festivals and attend their local synagogue. Photographs in people's care plans showed people went on holidays and celebrated birthdays.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. Relatives told us "The staff are lovely. I am always made to feel welcome when I visit the home", "They drop [person] off and pick them up. It's nice that [person] can see the rest of the family" and "[Person] is involved in sing along, massage therapy and gets to visit family. There is a reasonable balance."

During the inspection, two people using the service were in the living room. We observed care workers sat with them and spent quality time with people and spoke with people in a caring and meaningful way and ensured people were involved in the conversation as much as they were able to. This provided a pleasant

inclusive atmosphere for people using the service.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed the registered manager conducted reviews of people's care plans and care provided. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required. There were also records care workers had signed to show they had read people's care plans.

There were procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

## Is the service well-led?

### Our findings

When speaking with relatives, they spoke positively about the service, the staff and the registered manager. Relatives told us "The home is very well run", "This is the best place [Person] has been in", "We are very happy with the service", "The manager is on ball and knows what's what" and "Very helpful and supportive manager."

During this inspection, the management structure in place was a team of care workers, shift leaders, care manager, registered manager, and the provider. Care workers spoke positively about the management and the open and transparent culture within the home. They told us "We are able to speak with manager and they are very approachable", "It is good here, everything is in place, we are doing well" and "We have a good manager, care manager, they support you, they are always there and easy to approach."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us "We can communicate through team meetings which are useful" and "We discuss resident's needs, any organisational issues they let us know. If you have any concerns you are free to say in the meetings."

There were some systems in place to monitor and improve the quality of the service. Records showed monthly checks of the service were being carried out and any further action that needed to be taken were noted and actioned. We found the service obtained feedback from relatives via questionnaires. However, we found there was no analysis or summary of the findings from the questionnaires or monthly checks conducted to effectively assess, evaluate and identify whether there could be any improvements to the quality of service being provided or learning which could contribute towards continuous working improvement of the service. The care manager told us he will look at improving and adopting a new quality assurance tool.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.