

Norwood

Pamela Barnett

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

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13 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Pamela Barnett is a residential care service. The service provides care and support for up to sixteen people who have learning disabilities and physical disability. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. There are four self-contained flats and at the time of the inspection fifteen people were living in the home.

People's experience of using this service:

One relative told us, "All staff are very loving and knows the residents very well and do their best to keep them comfortable and happy."

Risk assessments were not always reviewed and amended on a regularly basis. This was raised with the registered manager during the inspection process.

We recommend that the service consider current legislation related to the employment of people and act to update their practice accordingly.

The quality assurance processes in place were not always effective in identifying areas for improvement. The provider used a person-centred approach to care.

Medicines management had effective governance systems in place to ensure that there were minimal medicines errors. Where people were prescribed 'as required' (PRN) medication, the service had protocols and guidance in place to ensure staff knew when to administer PRN medicine.

People were kept safe from risk of harm in the event of an emergency as individual personal emergency plans were in place and correct.

We found that there were numerous activities on offer to people living in the home. People were supported to take part in social and recreational pursuits.

We observed some caring interactions between staff and people that they supported. All staff knew the people they supported well.

Staff were trained in protecting people from abuse. Staff knew how to report abuse and were knowledgeable about safeguarding and identifying the signs of abuse.

Staff were provided with personal protective equipment and understood the importance of infection control

Relatives confirmed that they were involved in the development of people's care needs.

Most people who live at Pamela Barnett were nonverbal. Due to this we did not gain feedback from people.

Rating at last inspection:

The service was inspected in October 2016 (report published November 2016) and was rated good.

Why we inspected:

This was a planned announced inspection based on the rating at the last inspection. This was announced due to the complex people that live at the service.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 service was not safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Pamela Barnett

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector

Service and service type:

Pamela Barnett is a care home which is registered to provide care (without nursing) for up to sixteen people with a learning disability and physical disabilities

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit, because we needed to ensure there were relevant staff available.

The inspection site visit took place on 13 May 2019. We visited the home to see the staff and to review care records as well as relevant policies and procedures. The registered manager and assistant manager were available and assisted us on the day of the visit.

What we did:

Before the inspection the registered manager 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. This information helps support our inspection. We looked at the PIR and at all the information we had collected about the service. We looked at the notifications we had received for

this service. Notifications are information about important events the service is required to send us by law.

During the inspection:

We spoke with the registered manager, assistant manager, care staff, and the head chef.

We looked at five people's care records and associated documents such as medicine records. We looked at records of accidents, incidents, compliments and complaints received by the service.

We looked at audits and quality assurance reports completed by the management team. We looked at recruitment records, staff supervision and appraisal records.

After the inspection additional information was gathered. This included, the training matrix, supervision matrix, Pamela Barnett policies and procedures matrix and feedback from four staff and five relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Most people's risks were managed safely however there were some areas relating to risk assessments that required improvement, mainly around the recording of how risks were managed. Some risk assessments were not reviewed on a regular basis to ensure they were kept up to date and reflected any changing needs. For example, one person's risk assessment, which had been recently reviewed by the registered manager, stated, regarding day time observations, "For time spend on own check every 15 minutes and for moving around the home check every ten minutes". There was no record that these checks happened. However, there were recorded checks for the night time. This was brought to the attention of the registered manager.
- Following information gathering after the inspection we established that the risk assessment did not accurately reflect the person's current needs, which was that they did not require these checks during the day time. The registered manager provided evidence that this assessment had now been reviewed and updated to ensure it was correct.
- One person's last risk assessment of pressure ulcers highlighted them as being at medium risk in 2017. The last pressure ulcer prevention risk assessment had been completed in 2017, and the plans to manage the risk had not been written in their care plan. Following the inspection, the care plan was reviewed where the person's risk was reduced from medium to mild. The skin care risk assessment was updated with control measures for their skin care".
- Some risk assessments lacked the necessary detail to help keep people safe. For example, on one person's bed rail risk assessment it stated, bed rails to be tested daily. The risk assessment did not specifically say how they were to be tested and there were no records to show if and when this had been completed. The registered manager stated they had no recording mechanisms for the testing.
- Risk assessments were evident in files for people who required the use of a hoist, which highlighted the process of moving people in a safe way.
- It was found during inspection that people's personal emergency evacuation plans (PEEPs) were up to date. Each person had a fire risk assessment that highlighted further safety measures which included level of assistance needed when leaving the building.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding incidents had been reported to the appropriate authorities.
- People were supported by staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "I would report all cases of suspected abuse, whether it is confirmed or not (investigation happens afterwards). Wokingham have issued a 'Threshold Tool' which lays out their expectation on reportable issues."

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- However, the registered manager could not always evidence they had taken a full employment history of staff. The registered manager was informed regarding this on the day of inspection. They stated that employment checks were completed centrally by the provider. They stated that they will communicate the expectations to the provider.
- There were sufficient staff to meet people's needs. The registered manager stated, "Residents are funded for support hours and this is fed into the home. This then allows us to look at appropriate staffing levels".
- The registered manager stated that they use the provider's casual staff team, overtime and agency staff to cover their current vacancies. One staff member stated, "Yes, all vacant shifts are being covered by our casual staff and agency staff".

We recommend that the service consider current legislation related to the employment of people and act to update their practice accordingly.

Using medicines safely

- People's medicines were managed safely. Staff received training and a competency assessment every 12 months.
- Medicines were stored in locked cabinets at suitable temperatures, according to the manufacturers' instructions.
- We reviewed the medicine's administration records for the people living in two of the flats. These were completed correctly, and there were no unexplained errors or gaps.
- When people went out for the day, there was a signing in and out of medicine audit in people's files.
- We carried out a random stock check in two flats, where the number of all medicines in stock was correct.
- Each person's file contained a medicines profile. This highlighted the dose, treatment of and possible side effects.

Preventing and controlling infection

- We saw that the home was clean and free of malodour throughout the duration of our inspection.
- Personal protective equipment was available for staff, such as disposable gloves, to help stop the spread of infection.
- All staff were up to date with their food safety training.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed regularly by the registered manager.
- However, the registered manager did not always take action to implement the required learning identified from accidents. For example, it had been noted that a person had an increase in injury incidents over a short period of time. There had not been any risk reviews or updates to risk assessments to reflect this. There was a potential risk this person's needs would not be met as staff did not have the information required to mitigate and manage this risk. However, at factual accuracy stage the registered manager provided evidence that actions had been taken to try and reduce the incidents of the person harming themselves.
- The registered manager stated that they had introduced medicine auditing and safe control measures to limit the number of medicine errors. Records showed there had been minimal errors in the past 12 months.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs was in place, expected outcomes were identified and highlighted support needs of each individual person.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Communication and interaction profiles clearly demonstrated the ways people liked to receive care.

Staff support: induction, training, skills and experience

- The provider had systems to ensure that staff received appropriate training. The care certificate modules formed part of the induction training.
- The registered manager provided a training matrix. It was evident some staff training was out of date, in line with the provider policy, but evidence was given to show that staff had been booked onto future training sessions.
- The registered manager highlighted a need for staff to be trained in dementia. They arranged with the local authority for the dementia bus to come down and provide training to staff. This training gave staff additional skills when working with people living with dementia. The bus gives people the virtual experience of what it is like to live with dementia.
- Staff confirmed that they had received supervision and an appraisal yearly. One staff member stated, "I have a regular supervision with my manager. If I have any concerns I can easily speak to my supervisor."

Supporting people to eat and drink enough to maintain a balanced diet

- People had eating guidelines in their files to help staff understand people's unique needs. For example, one guideline stated, "Staff are to ensure they feed [person] from their left-hand side and only use a plastic spoon".
- People were supported to make healthy meal choices. Staff also respected people's right to choose meals they enjoyed.
- The registered manager stated that at meal times they had different meats and foods to cater for people's different religious beliefs.
- People were offered a choice of food at mealtimes.
- It was seen in people's files that they had diet sheets and instructions from their last dietitian appointment was documented.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.

- Care plans contained evidence of appointments with health care professionals such as General Practitioners, district nurses and dietitians. During the inspection it was observed that a number of professionals were visiting people.
- One relative stated, "[Person] has a dietitian that monitors them for weight. ...The staff support with standing and walking with a frame".

Adapting service, design, decoration to meet people's needs

- The service was all on one level that enabled people and staff to move freely through the building.
- The registered manager stated the service had a new sensory room. There was furniture, sensory room lighting and sensory room equipment for people to use.
- The service had its own sensory garden, which was designed to suit the needs of people who had a physical or learning disability. It had equipment installed to help people enjoy the use of swings and the gardens.
- The registered manager stated the service had five new baths installed, which had sensory lights and two that had removable chairs.
- People personally designed their room, for example, they had a Mezuzahs on each door (for the Jewish way of life).

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications appropriately. They had notified us of these applications in line with legislation.
- Staff understood the principles of the MCA and applied them when providing care and support. They supported people to make their own choices as much as possible and sought consent before providing care or support.
- Staff confirmed that they had received training in MCA. We asked them, "What does this legislation mean to you in practice?" One staff member stated, "As we are supporting people with learning disability, and we have to apply the five principles of Mental Capacity Act training".
- When changes were made by professionals regarding the treatment needs of people, that was clearly shared by the registered manager to ensure staff understood these changes.
- Relatives stated that people had been asked their consent to any care and treatment before they received it, and best interest meetings took place where the person had been assessed as not having capacity to make certain decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw a lot of positive interactions between staff and people at meals times and throughout the day. For example, staff spoke clearly to people and people were gently encouraged to try and eat when staff were giving one to one support.
- All relatives spoken with felt that staff were caring and treated their family members with dignity and respect.
- One relative commented, "All staff are very loving and know the residents very well and do their best to keep them comfortable and happy."
- Staff knew people well and promoted their equality and diversity. Staff had a detailed understanding of people's needs and supported them. When we asked staff how well they know the people they care for, one staff member stated, "I've known [person] since I started working in the village. I became their key worker. As a constant conversation and looking at their action, facial expressions and body language I know the things they want and don't want. I also have a good relationship with [person's] family".

Supporting people to express their views and be involved in making decisions about their care

- Relatives views on people's support was regularly sought.
- Care plans were drawn up with people, using input from their relatives. For example, on a consent form it was documented that consent was given from relatives following a best interest meeting if people were unable to make a decision themselves.
- The registered manager stated some staff were trained in Makaton, which is a language programme that uses signs and symbols to allow people that use this to express their needs, wants and opinions.
- In the Provider Information Return the registered manager said, "The staff did some great work in one area of the home with the residents where the staff supported the residents to make decisions on how they wanted the lounge decorated". In the inspection they told us, "Support workers sat down with people, and we bought some new ornaments and a table".

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. It was seen that staff would always ask people if they could come into their room.
- Relatives told us that staff treated people with respect and dignity, with one relative stating, "very much so."
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.
- All people's bedrooms were decorated to suit their own personal preference.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All people had communication and interaction profiles so that staff could clearly see how a person liked to be supported. For example, one section highlighted, "equipment I like that staff can use to interact with me".
- People's support plans contained detailed guidance for staff about how people communicated, such as "go for a walk and talk about what we see".
- People's individual care and support needs had been assessed, with assessments in place for areas such as mental capacity, medication, communication and interaction profile. For example, a person had received an assessment of their communication needs, this explained how the person expressed themselves and how best to communicate with them.
- People were supported to go out in the community with staff. The registered manager stated there was an activities timetable in place, but they would support people with their own interests. For example, a compliment seen from a relative stated, "A huge thank you for arranging for [person] to go skiing today, they had lots of fun. [Staff] and [staff] were brilliant as always and ensured [person] was well taken care of and had a great time."
- We looked at how the provider was meeting people's individual communication needs. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. We found the provider met these standards. The registered manager stated that the service used assistive technology to help with communication. For example, they stated "Staff are trained in eye gaze technology for the [people] that use this". There was an eye gaze machine available for people to use throughout the building. Eye gaze is a way of accessing your computer or communication aid using a mouse that you control with your eyes. A person can then communicate with staff or relatives.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint. All complaints were actioned and responded to in a timely way.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- The registered manager stated they had family engagement meetings every six months where minutes were provided to all families who were involved in supporting the person.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, considerations had been made for the care and treatment people would need at the end of their lives.
- The registered manager stated that there was end of life training for staff. They stated, "The provider has a

counselling service that is confidential. We have a group meeting and staff meeting if they are happy to speak in the forum".

- One staff member stated, "I have received extended training on end of life and palliative care. This was done by an external provider (via Pamala Barnett) and consisted of several modules and written assignments. We covered a whole range of elements relating to end of life care, including the concept of the 'good death', care planning, after care and so on."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager as required, who had been in post since September 2018.
- The registered manager used systems and processes to monitor quality and safety in the service. However, we identified some inconsistencies in record keeping that had not been identified from their quality assurance processes
- We found areas of inconsistency in people's risk assessments where there was a lack of detail, assessments had not been updated or recording of actions had not been completed. This put people at risk of not receiving the appropriate support.
- Systems were not always in place to ensure the service was consistently monitored and quality assurance maintained.
- The provider completes a bi-annual audit of the service, the last having been October 2018, where they scored 10 areas as met and nine areas as partly met. We found one area scored as met for 'staff are supporting people in line with care and support plans' that had not been met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- The registered manager had begun to develop a system for auditing files, but these were not fully embedded
- All care records were easily accessible and care plan documents had been signed.
- The registered manager had put medication audits in place for each flat. They stated a local pharmacy completed an audit and the service completed a monthly medication audit and have a standard operating procedure.
- It was seen that each flat has a night hourly observation sheet, which is signed by staff members to confirm this had happened.
- Personal emergency evacuation plans were up to date. There were clear systems in place to evacuate in an emergency. The registered manager stated, "We do day and night drills and complete this with staff and residents."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Assessments for people's needs were thorough and included their preferences, interests and needs.
- We saw evidence that when incidents occurred, the registered manager acted in line with the duty of candour and had informed relatives who were court appointed guardians or the person had given consent. Relatives confirmed that this happened.
- Relatives stated that they had been involved in the risk assessment and care planning process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt that they were listened to by management. One staff member stated, "I am able to express what I'd like to raise with my manager as my manager is very supportive."
- Six monthly family engagement meeting took place. One relative stated, "I got the minutes after the meeting. I asked for a review and in June 2019 and came in to have a meeting. I can pick up the phone and they also email you."
- The registered manager stated they have had a number of theme days, which included a Philippine's day where people could dress in red, blue and yellow and a pirate day, where the management team stood on buckets and had sponges thrown at them.
- The provider produced a newsletter in December 2018 called 'The Villager' which covered events that were going on for the whole village. For example, it advertised movie nights and event people that people in the village had attended.

Continuous learning and improving care

- The registered manager regularly sought feedback from people, their relatives and staff about the service. This meant people were given opportunities to make suggestions about service developments and how to improve care.
- At factual accuracy stage the registered manager provided evidence of a continuous improvement plan is used, that utilised a RAG rating for actions that needed to be completed.

Working in partnership with others

- The registered manager stated they had good working relationships with doctors, occupational therapists, district nurse and dietitians. It was seen in people's files that professionals had made notes following visits.
- The registered manager stated that he had recently put in place professional feedback forms. These questionnaires asked professionals a number of questions which included any changes needed to be implemented on peoples care plans and any positive comments following the visit.

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 17 HSCA RA Regulations 2014 Good governance This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.