

Miss B J Anning

# Norwyn House

## Inspection report

Charmouth Road  
Raymonds Hill  
Axminster  
Devon  
EX13 5ST

Tel: 01297351111

Date of inspection visit:  
12 March 2019

Date of publication:  
08 April 2019

### 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

About the service: Norwyn House is a residential care home near Axminster for people with learning disabilities that provides accommodation with personal care for up to five people. Five people lived at the service when we visited on 13 March 2019.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

Risks of abuse to people were minimised because staff demonstrated a good awareness of each person's safety needs and how to minimise risks of abuse for them. The environment was safe, and regular health and safety checks were carried out.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff promoted healthy active lifestyles. They worked in partnership with a range of healthcare professionals and followed their advice.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People gave us positive feedback about the quality of people's care. They said the provider and member of staff were approachable, listened and acted on feedback.

Rating at last inspection: Good. (last report published 4 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see full report which is on the CQC website at [www.org.uk](http://www.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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Norwyn House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

An inspector visited this service on 12 March 2019.

#### Service and service type:

Norwyn House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. People lived in this family home with the provider, and a member of staff worked there four days a week.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider is in day to day charge at the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that people would be in and the provider was available.

#### What we did:

Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. Providers are

required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with all five people to ask them about their experience of the care provided. We looked at two people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people.

We spoke with the provider, and the member of staff. We looked at the staff members file around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home and received a response from one of them.

# Is the service safe?

## Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. The provider had effective safeguarding systems in place which included a safeguarding policy and training.
- Staff knew about the different types of abuse and were confident any concerns reported were listened and responded to.
- People said they felt safe living at Norwyn house. Each person had an easy read "Listen to me" booklet which the provider used to help people discuss things that made them anxious or sad.
- A safeguarding concern was raised with the service in past 12 months. The provider worked with the local authority to ensure concerns raised were investigated and addressed. A social care professional said, "I have no concerns."

Assessing risk, safety monitoring and management

- People said they felt safe living at Norwyn House. One person said; "I feel safe and happy here I know I can talk to [names of provider and staff member] if I am worried."
- People were protected from the risks of unsafe care. Risk assessments were carried out with measures identified to further reduce risks for people.
- Staff understood what support people needed to reduce the risk of avoidable harm. For example, by making a sure a person at risk of falling had good fitting shoes, and reminding them to use their wheeled walker when moving around.
- The environment and equipment was well maintained with detailed records were kept of regular health and safety checks. People and staff did regular fire drills to ensure they knew what to do in the event of a fire.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the provider to identify any patterns or trends. For example, identify changes in a person's mood or behaviour which might signify a deterioration in their mental health.
- The provider used significant events, as an opportunity to learn and reduce the risk of recurrence.

Staffing and recruitment

- Both staff knew people well and provided them with continuity of care. For example, they covered one another for days off and holidays. This meant people were always cared for by staff they knew and trusted.
- People received care and support at a pace and time and convenient for them. For example, when some people wanted to go out and others wished to remain at home, their preferences could be accommodated.
- A dependency tool was used to monitor staffing levels met people's changing needs.
- No new staff had been recruited since we last visited. Systems were in place to ensure pre-employment

checks would be carried out to ensure any new staff employed were safe to work in a care setting.

#### Using medicines safely

- People told us they were happy with the support they received to take their medicines. Medicines were kept in people's rooms and one person took their own tablets. A person said they enjoyed having a cup of coffee and a chat with the provider each morning, when they came to give them their morning tablets.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. The provider administered people's medicines and checked one person took their own medicines. Although records that medicines were given were maintained, the Medication Administration Records was not signed to confirm who had given them, which the provider said they would document in future.

#### Preventing and controlling infection

- People were protected from cross infection. Staff understood importance of handwashing and good food hygiene practices.
- The service was clean and odour free, daily cleaning was carried out.

# 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

- A detailed assessment of each person's needs was undertaken, and was reviewed and updated regularly as their needs changed.
- The service used evidence based assessment tools to identify people care needs. For example, in relation to skin care, and nutritional needs.

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

- People had their healthcare needs met, and staff worked closely with local health professionals. People visited their local surgery to see their GP and community nurse, and attended other health appointments regularly.
- Where a person experienced periods of anxiety or other changes of mood, staff knew how to respond effectively. They recognised triggers, and used positive behaviour support methods, which distracted the person and minimised their distress.
- Staff encouraged a person to lose a significant amount of weight which significantly improved their health and fitness. For example, by getting person to reduce their sweet treats and snacks, and encouraging them to move more and use a pedal exerciser machine. A staff member said, "He has reaped the benefits, he is a lot healthier, and more able bodied." A health professional said, "I think what they have done with [person's name] is nothing short of amazing."
- Each person had a 'hospital passport' which provided key information about their communication, health and wellbeing needs and any medicines. This meant hospital staff had relevant up to date information about each person, in the event they needed a stay in hospital.

Staff support: induction, training, skills and experience

- People received effective care from experienced and knowledgeable staff who had the relevant qualifications and skills to meet their needs.
- Both staff had qualifications in care and did online update training, for example, in safeguarding, mental capacity act and health and safety. They kept up to date with people's health needs through training and working with local health professionals. For example, they attended a Parkinson's Awareness training course, (Parkinson's is a neurological condition).
- Staff had ongoing support and supervision through daily handover meetings. These provided opportunities to discuss any concerns and identify further training needs.

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

- People were supported to improve their health through good nutrition. Staff encouraged people to eat a



well-balanced diet and make healthy eating choices.

- People were involved in meal planning, shopping and in some food preparation. For example, making pizzas and baking.

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

- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes.

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, and found they were. There were no DoLS applications for people who lived at Norwyn House, and there were no restrictions on their liberty.

- The registered manager had undertaken training in meeting the requirements of MCA and DoLS. Where people lacked capacity to make some decisions, mental capacity assessments had been completed. Relatives, advocates and health and social care professionals were consulted and involved in making best interest decisions, as appropriate. For example, about health treatments.

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

- People with mobility difficulties had specialised equipment to help them move around independently. For example, a tilt chair that was easy to get in and out of, and a wheeled walking frame.
- Improvements had been made to the outside space to make it level, and safer for people with mobility issues to access. Further improvements were planned in response to decreasing mobility of two people who lived at the home. For example, installing a wet room, to provide more accessible bathing facilities.

# 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

- People received care from staff who developed positive, caring and compassionate relationships with them. There was lots of chatting and laughter and the atmosphere was homely. People's comments included; "I enjoy living at Norwyn House," and "I'm happy here."
- The provider said, "We live as a family, we call it the Norwyn family." The ethos of the home was captured in positive messages displayed all around the home. For example, "It's all the little moments that make life a big adventure."
- Staff spoke about people with respect and affection. Speaking about a person who lived there, a staff member said, "She is my princess." The provider described how a person liked a family member to say goodnight to them each evening before bed. They said, "He likes a kiss." One person had a big smile when the provider gave them a hug, staff noticed when another person became anxious and gently reassured them.

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

- People's views were regularly sought through day to day interactions, and through individual care reviews. Staff spent time sitting chatting with people and supported them to make day to day decisions. For example, when a person said they would like a pedometer to count their steps when they were out walking, the provider ordered it online for them.
- Some people living at Norwyn House had limited verbal communication skills, staff understood people well and were attuned to their needs. One staff said, "Nine times out of ten, I can get what [person's name] is saying, first time. If not, I ask, can you say it again." Each person's care plan included a section about their individual communication needs. For example, that one person had their own vocabulary and what those word meant for that person.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and their privacy and dignity was respected. Staff knew which aspects of personal care people could manage independently and what they needed staff support with. For example, hair washing
- People were encouraged to listen to one another, and treat other with dignity and respect. The provider explained how staff spent time talking promoting people's human rights. They used some easy read books to help tackle difficult subjects in a way everyone could understand. They promoted positive messages that everyone had a right to be who they are and to be proud of themselves, and that nobody has the right to judge or be mean to others. Quotes reinforcing people's human rights were displayed around the home to help people feel empowered.
- Staff promoted people to maintain and develop their independence and do as much for themselves as

possible. For example, by contributing to household tasks, such as vacuuming and polishing, unpacking the shopping and doing the recycling.

- People were supported to maintain and develop relationships with those close to them, and be part of their local community. For example, staff told us about a person who lived and worked locally before they came to live at the home. They helped the person reconnect with neighbours and local people they used to work with, which gave them great pleasure.

# 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

- People received personalised care responsive to their needs. One person appreciated the provider made their night time drink just like their mum. Speaking about a person who came to live at the home more recently, a social care professional said, "They are focusing with him on who he is, Norwyn has been really good for him. Staff are friendly, and have a positive attitude."
- People were supported to pursue their interests and hobbies. One person said, "I like going to Axminster on the bus, going to the library and visiting coffee shops." People spoke with us and shared photographs that captured what they enjoyed doing. Photographs depicted walks and picnics in the local woods, trips to restaurants, the local donkey sanctuary and the cinema.
- Several people had daily exercise programmes. To help motivate one another, people decided to do their daily exercises together to music, with one person acting as the "DJ." Staff joined in, there was lots of fun and laughter and they praised people's efforts.
- People's rooms were personalised with things that were meaningful to them such as family photographs, artwork and favourite musicians, and football teams.
- People's care plans were detailed about their individual needs and preferences, and were reviewed and updated as their needs changed. For example, a person's care plan included ways to minimise their risk of falls and keep their skin healthy.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.

- Staff ensured people had information in an easy to read and understand format. For example, for a person with a visual impairment, staff had arranged a subscription with Royal National Institute for the Blind to deliver a large print TV times each week. Another person had labels on their chest of drawers to remind them where to store various items of clothing.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to. The provider had a complaints policy and procedure.
- People said they felt confident to raise any concerns with the provider and staff member. The service used easy read 'Listen to me' booklets to encourage people to raise any worries or concerns. No formal complaints had been received.

End of life care and support

- The provider had spoken sensitively with people about their end of life wishes and supported people who had lost loved ones. Where people had expressed any advanced wishes about resuscitation, end of life care

or preferred funeral arrangements they were recorded in their care plan.?

# 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

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, staff and professionals expressed confidence in the leadership at the home. A social care professional said, "It's a proper home. I think [name of provider] is lovely."
- The provider and member of staff had daily handover meetings, where they discussed how best to support individuals, reviewed any incidents, or concerns.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The provider and staff member worked well together. Their comments included; "We have total confidence in one another," and "Norwyn House is a lovely place to work, I couldn't imagine working anywhere else."
- The service had a range of simple quality monitoring arrangements appropriate to the size of the service. For example, health and safety and infection control checks, maintenance records, a communication book and daily checks.

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

- People were consulted and involved in day to day decisions about the running of the home. When we visited, people were discussing and planning what they might do for Comic Relief Red Nose Day. To be more environmentally friendly, people decided to paint their noses red, rather than wear plastic ones. They also decided that they wanted to keep some chickens in the garden and preparations were underway, such as arranging a chicken coop.
- The staff member said they were encouraged to contribute ideas, raise issues, and actions were taken in response.

Working in partnership with others; Continuous learning and improving care

- The provider kept up to date with developments in practice through working with local health and social care professionals.
- A Norwyn House set of policies and procedures supported staff in their practice.
- The service subscribed to a social journal, received Care Quality Commission newsletters and used national good practice websites to keep up to date with best practice.

