

# Birmingham Supported Living (2010) Limited

## Norwood House

### Inspection report

87-89A Bunbury Road  
Birmingham  
West Midlands  
B31 2ET

Date of inspection visit:  
25 February 2019  
26 February 2019

Date of publication:  
18 March 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: Norwood House is a domiciliary care agency. It provides personal care to people living in their own home or supported living service. At the time of the inspection 27 older and younger adults with mental health needs and learning disabilities were receiving personal care.

People's experience of using this service: People told us they felt safe with the support they received. Arrangements were in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Recruitment processes ensured the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to protect people from risks associated with the management of medicines and the spread of infection.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge. People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs.

Support workers had developed caring relationships with people they supported. People took part in decisions about their care and treatment, and their views were listened to. Staff respected people's independence, privacy, and dignity.

People's care and support considered all aspects of their abilities, needs and preferences. People were made aware of the complaints procedure.

Effective management systems were in place to monitor the quality of the care provided and promoted people's safety and welfare.

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

Rating at last inspection: This was the first inspection since the service registered in November 2017

Why we inspected: This inspection was a scheduled inspection.

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

## 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.

# Norwood 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 (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:** The inspection team consisted of two inspectors and an Expert by Experience who made phone calls to people in their home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:**

Norwood House is a domiciliary care agency. It provides care to people living in their own homes or supported living environments.

Not everyone using Norwood House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For these people we also take into account any wider social care provided.

The service had a manager who was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:**

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider would be available to support the inspection.

The inspection site visit started on 25 and ended on 26 February 2019.

**What we did:**

**Before inspection:** We reviewed the information we had received about the service since the last inspection. The provider had 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.

The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report. We also sought feedback from the local authority and professionals who work with the service.

During inspection: We looked at three care files, three staff files to review recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager and four support workers. We spoke with four people who used the service over the telephone and six people face to face.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and had access to the provider's safeguarding policies.
- People and relatives felt safe. One person said, "I feel safe here, we have a concierge who makes sure people don't come in at night" and "I feel safe with the people who live here with me, we look out for one another."

Assessing risk, safety monitoring and management.

- Risk assessments covered health, safety and environmental risks; these were all in place and documented. This ensured, as far as possible, people were protected from avoidable harm.
- Other risk assessments included risks relating to financial abuse, self-neglect and drug and alcohol abuse.
- An on-call system provided staff with advice or support from management outside of office hours.

Staffing and recruitment.

- There were sufficient trained and experienced staff to meet people's needs. One person said, "Staff are here all the time."
- Staff had been recruited safely.
- People saw the same consistent staff team.

Using medicines safely.

- The systems in place for medicines management kept people safe.
- Staff received a medicine competency check at least annually or more often if required.
- Audits of people's medicines took place monthly.

Preventing and controlling infection.

- Staff knew how to reduce the risk of infection spreading; they had received training in this area.

Learning lessons when things go wrong.

- The registered manager learnt lessons when things went wrong. For example, supporting one person to change how they received their medicines to ensure they were taken at the right time.

# 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.

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.

- People's needs were assessed before commencing with the service. This covered previous medical conditions and people's preferences.
- People's needs and wishes were considered before new people moved to their new house. The registered manager said, "We go through referral assessments and see where the person would fit in best and at which property, we interview the person to see what they want, where they want to live, such as in a shared property or their own flat"

Staff support: induction, training, skills and experience.

- Staff training was up to date; training was effective and gave staff enough information to carry out their duties safely.
- Staff were encouraged to do their own research on topics and present this in peer support/training sessions. For example, one staff member had done research into Bipolar Disorder.
- New staff were provided with a comprehensive induction.
- Staff were supported by in-depth supervisions and a yearly appraisal. Staff could say how they felt and had full support from management.

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

- People were supported to have their choice of food, including meeting their cultural needs. Care plans described people's preferences and how best to present their meals.
- Staff supported people to choose healthy eating options.

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

- We saw staff worked closely with external healthcare professionals such as district nurses, GPs and social workers..
- People were supported to attend to hospital appointments or to doctor's appointments.

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 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. Applications must be made to the Court of Protection when people live in their own homes. None

were required for the people supported by the service when we inspected.

- We saw evidence of signed consent in peoples care plans.
- People could make individual choices and decisions about their daily life.



# 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.

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 were very positive about the care and support they received. Comments included, "I am looked after by staff, I would not change anything, I am happy" and "I am happy there is nothing I don't like, and the staff are nice to me."
- Each person's care plan documented a brief history of the lives, such as where they had lived and a medical history.

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

- The registered manager and staff supported people to make decisions about their care.
- Staff knew people well and knew their individual likes and dislikes. One staff member said, "We talk to them (people), take time to listen. When we get a new citizen, we sit and do a person-centred care plan with them and talk to family, so we get to know the person."
- Where necessary, staff sought professional help, to support decision making for people.
- The service used a range of accessible ways to support people's communication needs. The service was aware of the need to comply with the Accessible Information Standard (AIS).
- One person struggled with English language and if they were unwell this would become worse, if family were unavailable an interpreter was brought in.

Respecting and promoting people's privacy, dignity and independence.

- Staff promoted people's independence. One staff member said, "Sometimes people will try and get us to do everything, but I encourage them and say come and help me and say I will do this if you do that" and "We ask them what they want we don't tell them." One person said, "I can do my own shower."
- People's privacy and dignity was respected. One staff member said, "I always give them their personal space, always knock before entering, listen to them not talk to them, hear what they are saying. If they need to talk about something, I go somewhere private."
- People were supported to learn new skills. For example, someone had done a distance learning computer course.

# Is the service responsive?

## Our findings

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

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.

- Care plans were personalised; they contained people's life histories and how the person wanted to be supported.
- People were involved in developing their care plans. One staff member said, "Care plans are easy to follow, we do them with the person and the staff team, we are all included."
- Care plans were reviewed and updated monthly or more often if needs changed.
- People's needs were identified, including those related to age, disability, ethnicity and gender.
- People were supported to access activities of their choice, in the community or within their home environment. People said, "I go shopping, and to the cinema", "I go shopping" and "There are socials here, and I go shopping, I go out for a meal, not to the cinema though."
- People were planning a birthday party for another person based around their interests.

Improving care quality in response to complaints or concerns.

- People had access to information on how to make a complaint.
- Complaints were dealt with robustly following the provider's complaint procedure.

End of life care and support.

- An end of life care policy was in place should this be needed.

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# 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.

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

- The registered manager conducted a comprehensive list of audits; action plans addressed any areas where improvements were needed.
- Management were aware of their duty of candour requirements.
- There was a business continuity plan; this included information about how to ensure people received support in extreme circumstances. For example, in the event of severely bad weather.
- The registered manager actively supported the care staff in their roles. They said, "Being fair with staff is very important, we are flexible. We go out and care and support. Staff know that there is nothing we won't do."
- Staff felt supported by management. One said, "They [management] are there, they are a phone call away. If anything urgent they come straight away, they are approachable and available."
- Staff knew what the provider's values were. One staff member said, "Our values are to support people to move on and live independently, we have done this for three people so far."

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

- Staff at all levels of the service understood their roles and responsibilities.
- The provider understood the legal requirements and their responsibilities in providing a service to the people they supported.

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

- People had been asked their thoughts via a survey. The registered manager was in the process of updating the questions prior to sending out another survey.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff and people had house meetings every three months.
- Staff enjoyed working at Norwood House. One said, "We have the support and we are genuinely here for the people. It is nice to come to work and know we have support to change what is not working."

Working in partnership with others

- The registered manager worked professionally with external agencies, such as the local authority and

social workers.