Norwood Trust Limited

Norwood Trust

Inspection report

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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

This inspection was carried out over three days on the 8, 9 and 10 May 2017. Our visit on 8 May 2017 was unannounced.

At the last inspection on 16 and 17 February 2016 we rated the service as requires improvement. At that inspection we identified one regulatory breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to staff not receiving regular on-going training to enable them to maintain their knowledge and skills when carrying out the duties they are employed to perform.

Following the inspection the registered manager sent us an action plan detailing how the identified breach would be addressed. This inspection was to check improvements had been made and to review the ratings.

Norwood Trust was established in 1985, is a registered charity and functions within the regulations of the Charity Commission.

Norwood Trust is a care home providing accommodation without nursing for up to 15 adults, with a learning disability. Eleven people can be accommodated in the main house and four people can live in a purpose built bungalow in the grounds.

Accommodation comprises of all single rooms. No en-suite facilities were provided. Facilities in the main house included a lounge, a lounge/dining room, a bathroom, a walk in wet shower room and three separate toilets. In the bungalow there was a lounge, a kitchen, a laundry room, a separate toilet and a walk in shower room.

There were 15 people living at the home at the time of our inspection.

The home is located in Marple, a suburb of Stockport and is situated within easy walking distance of local services and amenities. The main house is a three storey Victorian semi-detached building.

Since the last inspection in February 2016 the manager had registered with the Care Quality Commission (CQC) and was present throughout the three days of inspection. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

At this inspection we found that the breach identified in February 2016 in relation to the gaps in staff training had been met and further improvements had been made to the quality of the service being delivered to people. At this inspection we did not identify any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered manager and the deputy manager were responsive to our feedback and were fully committed to further improving the service delivered to people living at Norwood Trust.

The medicines were managed safely and people were receiving their medicines in line with the prescriber's instructions.

Staff spoken with understood the need to obtain verbal consent from people using the service before a task or care was undertaken and staff were seen to obtain consent prior to providing care or support.

There were no restrictions in place to prevent people's movement within the home and we saw people coming and going throughout the three days of inspection.

Although some internal areas of the home were tired and dated in appearance, the home was clean and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection to people. We saw that some refurbishment had been undertaken since the last inspection and was ongoing to improve the environment for the people living at Norwood Trust.

Detailed and comprehensive care records were in place which reflected peoples identified health care and support needs. Information about people's dietary requirements, how people wanted to be supported, when support was required and how this was to be delivered were clearly detailed in the care files we examined. We saw that people were encouraged to be as independent as possible and were supported to make choices about how they wanted to live their life.

Since the last inspection the personalised activities that people participated in had been reviewed with the person and some changes had been made based on the preferences expressed by people during the care reviews undertaken. We saw that people were encouraged and supported to undertake a wide range of activities that were of interest to them.

Staff working in the home understood the individual needs of the people who lived there and we saw that care was provided with kindness, respect and dignity. We saw that people who used the service looked clean, well dressed, relaxed and comfortable.

We saw staff had good relationships with people and had an excellent understanding of the individual needs and personal preferences of the people they were caring for.

We saw that there were sufficient numbers of staff on duty at the time of the inspection to provide safe care.

We saw people could make choices about their food and drink and where to eat their meals. We saw a good choice of alternative meals that were available if people did not want what was on the menu.

We saw robust recruitment processes were in place to ensure only suitable staff were employed and staff were receiving on-going supervision and annual appraisals as required.

Staff understood how to recognise and report abuse which helped make sure people were protected.

Newly employed staff undertook a thorough induction process and were enrolled to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

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.

There were appropriate systems in place for the effective ordering, control, management and administration of medicines.

The home was clean and personal protective equipment was available to staff to help reduce the risk of cross infection.

People told us they felt safe and there were appropriate procedures in place to protect people from abuse and maintain their safety.

Is the service effective?

Good

The service was effective.

Staff members had received an annual appraisal, supervision and training to help make sure people were provided with care and support that met their needs.

Staff understood the need for and sought consent from people before providing care or support.

Other health and social care professionals were appropriately accessed for advice when needed.

Is the service caring?

Good

The service was caring

Staff were seen to be kind and caring in their interactions with people.

People looked happy, content and well cared for.

Relatives spoken with told us they thought their loved ones were well cared for.

Is the service responsive?

Good

The service was responsive

Staff were very knowledgeable about people's individual care and how they wanted to manage their health and support needs.

A system was in place for receiving, handling and responding appropriately to concerns and complaints.

People were encouraged and supported to engage in meaningful activities according to their individual interests.

Is the service well-led?

Good

The service was well led.

The service had a manager registered with the Care Quality Commission (CQC).

The registered manager was very clear about their responsibilities and had developed a strong value based culture where people who lived at Norwood Trust were at the heart of everything the service and staff did.

Staff and people living at Norwood Trust spoke positively about the registered manager and deputy manager, who they told us had made improvements, was supportive and approachable.

Systems were in place to monitor the quality and safety of care provided.

Norwood Trust

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 to provide a rating for the service under the Care Act 2014.

This inspection was carried out over three days on the 8, 9 and 10 May 2017. Our visit on the 8 May 2017 was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 9 and 10 May 2017 the inspection team consisted on one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications that the provider is required to send to the Commission, previous inspection reports and the action plan the Commission received following the last inspection in February 2016.

We sought feedback from Stockport Healthwatch, Stockport's Local Authority Quality Assurance team and the Control of Infection Unit and they shared reports of their most recent monitoring visits to the service. All information received was positive and no concerns were raised. We considered this information as part of the planning process for this inspection.

During our visits, we spoke with the registered manager, the deputy manager, the administrator, the housekeeper, one of the four trustees, six members of the staff team, eight people living at Norwood Trust and a visiting Healthcare Professional. We also spoke on the telephone with four relatives.

We looked around both buildings and looked in a number of bedrooms, all the communal areas, toilets and bathrooms.

We examined the care records for four people living at Norwood Trust. We reviewed a sample of medicine administration records, the recruitment and supervision records, training records and records relating to the management of the home such as the quality assurance systems.

Good

Is the service safe?

Our findings

People who lived at Norwood Trust told us they felt safe and well cared for. One person when asked said "The staff are always on hand to help." Another person said "The staff are nice." They went on to say they felt safe, well cared for and liked living at Norwood.

A visiting healthcare professional we spoke with during the inspection told us they thought people living at Norwood Trust were safe and well cared for. They said "I have no issues or concerns and I have never seen or heard anything of concern."

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. Staff had access to a copy of the local authority's multi-agency safeguarding adult's policy which included details of how to make a safeguarding referral and all relevant contact details.

We saw staff had access to a Whistle Blowing policy and staff confirmed their understanding of the policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. Staff spoken with said they would feel confident to report poor practice.

The Care Quality Commission had received no allegations of abuse since our last inspection of the service in February 2016. We saw there was a system in place to record and review any raised safeguarding allegations which would help identify any trends or lessons learnt. The registered manager was aware of the appropriate action to be taken should an allegation of abuse be made and had copies of the harm level logs that would be sent to the local authority should a safeguarding incident occur or if an allegation was made. In addition they were aware of their responsibly to notify the Commission without delay if any allegations of abuse were made. This would enable the Commission to assess if the appropriate action had been taken and the relevant agencies alerted.

During the inspection we looked at the recruitment files of four members of staff all of whom had been recruited since the last inspection. We saw that recruitment and selection procedures were in place to ensure a safe and effective process was followed. The staff files were organised and contained a completed application form, two references, interview notes, and proof of identity, proof of address, a job description and a health declaration. Pre-employment checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that all appropriate checks had been undertaken to ensure all the people working at the home were suitable to work with vulnerable people.

We saw that set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and answers demonstrated that the registered manager operated a recruitment process that was open, transparent and effective when selecting a suitable person for the available vacancy. The registered manager told us that some of the people living at Norwood Trust

were encouraged to be part of the interview process. For example, they were included in the meet and greet process with the candidates and following the formal interview their opinions of the candidates were obtained and included in the overall decision process.

Staff members had been provided with an employee handbook which contained information about the home, policies and procedures and the providers expectations of staff.

We looked at the systems in place for the management of medicines. We checked the systems for the receipt, storage, administration and disposal of medicines in the home.

We saw there were appropriate policies and procedures in relation to medication administration which staff had access to and helped ensure the safe storage and administration of medicines. Medicines were administered by care staff who had received appropriate training in storing, checking, administering medicines and disposal of medication. We saw that care staff were not permitted to administer medication until they had received the appropriate training and had been assessed as competent. We saw that staff underwent three competency assessments undertaken by the deputy manager or a senior member of care staff before they administered medication unsupervised.

We saw a list of staff signatures to show those staff with the responsibility for administering medication. Such a list would enable the registered manager to identify staff that had administered medicines or made an error.

Medication for people who lived in the bungalow were stored in locked cabinets in people's bedrooms and in the main house they were in a locked trolley, secured to the wall unless the person was self-medicating and then they had a lockable space in their bedroom.

At the time of our visit to the service five people were administering their own medication. We saw that they had appropriate risk assessments in place and weekly checks were carried out to ensure medication had been taken appropriately.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. A visual check of the cassettes demonstrated that medication had been given to people as prescribed by their General Practitioner (GP).

We found no excessive stocks of medication being stored.

We found that appropriate arrangements were in place for the storage of controlled drugs which included the use of a controlled drugs register. We also saw that a weekly stock, balance check had been undertaken. Controlled drugs are prescribed medicines frequently used to treat conditions such as severe pain. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. Part of the control requires services to make entries of any controlled drugs stored and administered in a separate register as well as on the Medication Administration Records.

There was a system in place for recording the daily temperature of the medication fridges to monitor that medication was stored at the correct temperature.

We asked how the home stored and recorded any medication that was to be disposed of. We saw that there

was a record kept of medication that was waiting to be disposed of and medicines for disposal were stored securely in a tamper-proof container until they were collected or taken to the pharmacy. This is in line with the current National Institute for Health and Care Excellence (NICE) guidance which provides national guidance and advice to improve health and social care. It develops guidance, standards and information on high quality health and social care.

We saw audits of medicines administered and stored in the home were undertaken on a monthly basis. Since the last inspection we saw that the audit tool had been further developed to ensure a more robust audit which clearly identified any shortfalls and the specific action taken in response to the shortfall.

In the four care files we examined we found that risks had been identified relating to people's health and wellbeing including moving and handling, communication, finances, access to the kitchen and going outside the home. During the inspection we saw risk assessments were implemented for the use of the stairs for the people who lived on the second floor in the main house. This was because the stairs up to the second floor were rather steep. The risk assessments identified guidance for staff to follow about how to manage the risk(s) in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence wherever possible.

We reviewed the safety certificates for the building and found all relevant safety and maintenance checks had been carried out, and safety certificates were in order. This meant that the building was well maintained and safe to use. For example we saw evidence of gas and electric safety certificates, Legionella testing and portable appliance testing (PAT).

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment. Since the last inspection we saw that the monthly water temperature delivery testing had lapsed. However during the course of the inspection we saw that this safety check had been implemented. We saw documentation which indicated that regular checks carried out included the fire alarm system, emergency lighting, and means of escape and door guards. In addition during the inspection we saw that alarms had been fitted to two fire exit doors which would alert staff if anybody opened the fire exit door and weekly checks of these had been implemented.

We saw a personal evacuation plan (PEEP) was in place for each person and these plans provided information and directions to staff in order to keep each person as safe as possible should an emergency evacuation of the home be required. We saw a fire drill exercise had been undertaken on 28 November 2016 and 1 February 2017. This meant in the event of an emergency evacuation, staff would be able to effectively evacuate the home and any risk to people being evacuated would be reduced.

During the course of the inspection we saw that window restrictors were fitted to all windows and a weekly check was implemented to ensure they remained in good working order.

During our inspection we looked around the bungalow and the main house. We looked at all the communal areas, toilets, bathrooms, the kitchen, and a sample of bedrooms. All the bedrooms seen contained lots of personal belongings, with people enjoying personalising their rooms in their own tastes and fashion.

As at the last inspection we saw that some of the paintwork particularly around door frames, the bedroom doors in the bungalow and door frames and skirting boards in the main house were chipped and dull in appearance. We saw that the decor in the hall, stairs and landing in the main house was tired and worn in appearance as were some of the carpets. However we saw that this refurbishment work was included in a maintenance plan set out for 2017.

There was evidence of some refurbishment at Norwood Trust since the last inspection. For example we saw that the dining room in the main house had been repainted and new soft furnishings had been purchased. In addition we saw two bedrooms in the main house and one bedroom in the bungalow had been redecorated and new soft furnishings had been purchased. We saw that one person living at Norwood Trust was in the process of choosing new fitted furniture for their bedroom. We also saw that the laundry had been redecorated and a new sink had been fitted.

We saw the kitchens were clean and there were adequate supplies of food. We saw that appropriate safety checks had been undertaken. For example fridge and freezer temperatures were recorded and there was a cleaning schedule in place. We saw colour coded chopping boards were in use to reduce the risk of cross contamination. Although we did not see any opened food in the fridge the care staff told us that any opened food stored in the fridge would be covered and would have a date of opening to ensure that people were not put at risk of eating out of date food.

We were told that the registered manager was the infection control lead for the service. This meant they were responsible for ensuring a high standard of cleanliness was maintained throughout the home and that staff were following the Department of Health prevention and control of infection in care homes guidance.

Since the last inspection the registered manager had implemented a recorded visual check of all rooms in the main house and the bungalow which was undertaken three or four times a week. We saw cleaning schedules were in place to evidence exactly what cleaning had been undertaken and where.

We saw that the home had infection control policies and procedures and a waste management contract. During our inspection we saw personal, protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was liquid soap dispensers in the communal toilets and bathrooms. Paper handtowels and hand sanitiser which would help reduce the risk of cross infection were also available.

We saw the use of colour coded mops for cleaning and we saw good stocks of cleaning products which helped staff to maintain good standards of hygiene and cleanliness throughout the home.

During the inspection we saw that Substances Hazardous to Health (COSHH) Regulations had been obtained from the suppliers of the cleaning materials used in the home. COSHH is the regulation that requires employers to control substances that are hazardous to health.

During our tour of both buildings there were no unpleasant odours detected and all areas were found to be clean and tidy.

We saw that Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit had undertaken an audit in October 2016 and re-audit in March 2017. No significant issues had been identified.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff on duty to meet people's needs. Observations of the staffing levels during the inspection confirmed the staffing numbers and skill mix were sufficient to meet people's needs.

We saw the home was staffed according to the needs of the people living at Norwood Trust. The staffing rotas confirmed that levels of staffing were consistent on a day to day basis. We saw the registered manager used a staffing tool to determine the levels of staff required based on the occupancy and dependency levels of people in the home at any one time and any changes in people's care needs.

The registered manager told us that currently in the main house there were two care staff on duty from 07.00 until 22.00. In addition they had one night carer who slept on the premises and one carer who provided night care support in order to maintain one to one care to a specific person. In the bungalow they employed one member of care staff over a 24 hour period. However during the inspection we saw the registered manager was in consultation with Stockport Clinical Commissioning Group and Stockport Local Authority with a view to securing funding to enable employing a second night carer who would provide waking night duties.

The registered manager and deputy manager provided leadership throughout the day time and regularly worked at evenings and weekends if needed.

The registered manager, the deputy manager and two senior care staff provided 24 hour, seven days a week on call support should staff need it and their contact details were available in the office.

Good

Is the service effective?

Our findings

At the last inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because staff were not receiving regular ongoing training to enable them to maintain their knowledge and skills when carrying out the duties they are employed to perform. At this inspection, we found improvements had been made and the requirements of the regulation were being met.

The registered manager told us they actively encouraged and supported staff to undertake all necessary training and staff spoken with confirmed this. We saw that staff had an individual training record that included certificates of achievement and evidence of training attended. In addition we saw an up to date training matrix (record). We saw staff had undertaken training in moving and handling food hygiene, fire safety , health and safety, infection control , first aid , medication administration , dignity in care, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In addition we saw evidence of training for epilepsy, dysphasia and percutaneous endoscopic gastrostomy (PEG) feeding to meet the individual needs of some people living at Norwood Trust. A PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate for example, because of a swallowing impairment.

We saw that out of the twelve permanent and six bank staff employed, eight staff were enrolled or had completed National Vocational Qualifications (NVQ) level two, three, four or level five. The registered manager confirmed that the majority of staff training was completed on line and where possible they accessed training provided by Stockport Metropolitan Borough Council or training provided by the Clinical Commissioning Group for example, PEGS feeding training.

The registered manager told us that staff received an annual appraisal and a three monthly formal one to one supervision and staff spoken with and records reviewed confirmed this. In addition we were told that senior care staff also had group supervision approximately every eight weeks. Appraisals and supervision are important as they ensure staff are supported and are able to discuss in private their personal development and further training needs. Staff we spoke with told us they found supervisions useful and said they felt they received good support from the registered manager and the deputy manager.

The visiting healthcare professional we spoke with told us they thought the registered manager "Was a very good teacher." They told us they had seen the manager undertake one to one direct supervision of care staff and had coached them through some very individualised care needs for people.

We were told by the registered manager and staff spoken with confirmed that the service operated an open door policy for staff as well as the people living at Norwood Trust and their relatives. Staff said they could speak to the manager at any time formally or informally. We saw evidence of this during our inspection. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

We saw that all newly employed staff undertook an induction to the service. All staff completed four days formal induction training when they commenced working at the home. This included familiarisation with the policies and procedures for the service and being given a staff handbook. A staff handbook is a good introduction to inform newly employed staff about the culture of the home and provided them with a clear understanding of their role and responsibilities.

Induction was undertaken on a one to one basis and the newly employed staff were given a one page profile for each person living at Norwood Trust. The registered manager told us this was because they wanted the person centred ethos of the home to start on day one of employment and also before any new employee undertakes any care delivery they would have a clear overview of each person's individual needs and personal preferences.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and whilst undertaking the care certificate is not mandatory it is considered good practice. In addition to the homes induction we saw that all staff employed since the last inspection had undertaken and successfully completed the skills for care 15 standards in the Care Certificate framework.

It was apparent from our observations and speaking with staff that they had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. We observed staff obtaining verbal consent from people and supporting people to make choice around their day to day activities during our inspection. For example we observed people being asked what they would like to eat, if they wanted to go out, where they would like to go or if they would like a bath or shower. Staff were able to clearly describe the importance of getting to know people and how people they liked things to be done.

We observed that staff asked permission from the person before any care or interventions were undertaken and provided full explanations. In the care plans we looked at we saw evidence that they included people's choices and preferences around how they would like their care delivered.

One person living at Norwood Trust told us that that staff always asked their consent before giving medication or any care. They added that they thought staff understood their care needs and they had an active involvement in their own care plans.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need safely and where there is no less restrictive way of achieving this.

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

The registered manager told us, and we saw information to show that seven applications to deprive some people of their liberty had been applied for to the supervisory body (Local Authority). However at the time of the inspection none had been authorised and the registered manager told us there was still a long delay in receiving authorisations. The registered manager was aware that the Care Quality Commission (CQC) had to be notified once authorisations had been granted.

We saw a tracker document had been implemented which included details of when the request had been made, a space for an authorisation date and when the authorisation would be due to expire. This meant there was a central list that acted as a reminder to seek renewals when necessary to ensure that people were not deprived of their liberty unlawfully.

Staff told us they communicated well with each other and staff handover meetings were held at the start of each shift. In addition we saw there were written handover sheets and a communication book available for staff to look at. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood.

The care files we looked at showed people had access to a wide range of health care services and medical professionals to ensure they maintained good health and received appropriate treatment. We found evidence of involvement from health professionals such as their General Practitioner (GP), dieticians, speech and language therapist, opticians, the community learning disability team and the district nurses and people regularly accessed hospital appointments. The healthcare professional we spoke with told us they had worked closely with the staff at Norwood Trust and found them to be responsive to all advice given and were proactive at making appropriate healthcare referrals. During the inspection we saw a person supported to attend the GP practice and then on the advice the GP they were accompanied by a member of care staff to attend the local hospital to see a specialist.

We saw that the home and the GP practice had worked together and a 'care plan for adult patients' that had been produced by the GP practice and the registered manager had included personal information about the person. This meant the completed document would be used to facilitate mainstream healthcare and support the individual's needs entered around their learning disability for example if an out of hours GP was required or the person was admitted to hospital.

In addition the registered manager told us that they had liaised directly with the local hospital and had registered the name and individual details of each person living at Norwood Trust so if anybody was admitted to hospital the hospital system would flag up the need for possible additional support or extra resources to support that persons learning disability needs. In addition we saw each person had a completed hospital passport. This booklet would go to hospital with the person and gives hospital staff important personal information about the person. The booklet states that the booklet needs to remain at the end of person's hospital bed and a copy put in their notes so all hospital staff would have access to it. This meant that every effort had been made to support people's individual needs should they need to access external healthcare services.

The people living at Norwood Trust that we asked said they had enough food and drink and they had choices around what meal they would like.

We saw staff asking each person what they would like for lunch and then later in the day we saw staff ask

people what they would like for their evening meal. We saw that a range of alternative meals were available for people who did not want what was on the main menu.

We saw the dining room was appropriately furnished and tables appropriately set for the meal being served. The atmosphere in the dining room was relaxed and people were seen to be enjoying their meal. We saw other people chose to take their meal in the lounge.

In the care files we looked at we saw people's weight was checked and recorded on monthly basis and if there were any concerns we saw advice had been sought from the GP and the community dietician. Where people may have had swallowing difficulties referrals had been made to the Speech and Language Therapist (SALT). We saw that a record was kept of the diet and fluids taken by each person.

We saw that people were fully included in choosing the meals provided. There had been a meeting on 8 February 2017 where meals had been discussed and some people had made some suggestions for new meals to be tried. For example scotch eggs with salad, a cheese and none alcoholic wine evening, more salmon on the menu and liver and onions. We saw that since the meeting in February all the suggested meals had been added to the menus. In addition we saw that people wanted to have a takeaway on Saturday evening's and this had also been facilitated. We saw there were laminated cards with various pictures of meals to aid people who may have difficulty verbally communicating their meal choices.

Good

Is the service caring?

Our findings

The people we spoke with who were living at Norwood trust told us they were very happy and felt well cared for. One person said they found the staff, "Caring and friendly. " Another comment was "The staff are nice."

The relatives we spoke with were very complimentary about the care their relative received. One person said "I can't praise the staff highly enough." They went on to say they had seen their relative improve both mentally and physically since moving into Norwood Trust. They added "The home shines out." Another comment was "I can't praise the staff highly enough."

The visiting healthcare professional we spoke with told us the staff working Norwood Trust were kind and considerate towards people and were encouraging and supportive of people without rushing them. They told us they had seen staff spending time with people talking about their memories and looking through photographs.

The staff we spoke with demonstrated they knew people very well and were able to give us detailed information about how people preferred their care and support to be given. From our observations we saw they were very knowledgeable about people's individual and specific, personal preferences, care needs and potential risks and the best to way to manage those risks. We saw these details had been accurately reflected in people's care plans which directed care workers of how to best meet people's individualised care needs.

We saw that staff were kind, patient and respectful in their interactions with people. For example we saw staff over the three days of inspection constantly support and encourage one person who was performing in a show at the home the weekend following our inspection. We attended a dress rehearsal for the show and saw staff took the time to watch the rehearsal and offer praise and encouragement. We saw another person being reassured who was anxious and wanted to go to the shop.

We saw that people were well-groomed and appropriately dressed. The atmosphere was relaxed and happy with a lot of banter and laughing. People were seen to be freely moving around the home and staff supported people and accompanied people to safely leave the home for various activities and trips out. People looked comfortable and content in their surroundings and in the company of staff.

We saw that great lengths had been taken to support one person to visit a family member who was living out of area in a care home. The visit had taken a lot of planning and communication with the person living at Norwood Trust, the staff and other family members to ensure the visit was safe and a success, which it was. We were told that another visit would be planned in a few months' time.

We saw care workers offered assistance promptly when required and supported people discreetly and respectfully when they needed assistance. We observed many good interactions between the care workers and people during our inspection visit. Throughout our inspection we saw evidence that there was a culture of promoting and maintaining people's independence.

We saw that all of the staff were highly motivated and had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect. They understood people's particular communication styles and how to interact positively with them. For example the registered manager had purchased picture cards that were used during the review of their care plans and the annual review undertaken by the funding authority. We observed where people had difficulty verbally communicating care workers remained patient and took time to listen, acknowledge what they were saying and responded appropriately with sincerity and kindness.

Norwood Trust had developed a strong person centred culture putting the people who lived there at the heart of everything. We observed the management team and all the staff who worked there, through their intervention with people, demonstrate a caring and compassionate approach to supporting people living at Norwood Trust.

The registered manager told us the home was able to link in with a local advocacy service and two people currently used the services of an independent advocate. An advocate is a person who represents people independently. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

The registered manager told us that at the time of this inspection nobody was receiving End of Life Care but it was a service they could provide. As recorded at the last inspection, Stockport quality team had told us about the excellent care that had been provided by Norwood Trust when a person was at the end of life. We saw that through excellent coordination and planning the person and their family had been supported to receive dignified and respectful end of life care. A compliment from a Local Authority social worker that said "The support [person's name] received was exceptional" and they were blown away by the dedication [of staff]. End of Life care is centred on the individual person and is geared towards helping the person to have as much control as possible about decisions relating to future care and end of life needs.

We saw that people's belongings were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained and clothes were hung appropriately in wardrobes.

Records and documents were kept securely and no personal information was on display. This ensured that confidentiality of information was maintained. Records showed people and their relatives were involved in decisions about their care and care plans were reviewed approximately every three months or more frequently if necessary.

Good

Is the service responsive?

Our findings

We heard staff and people living at Norwood Trust enjoying good communications with each other and we saw people freely expressing their needs. We saw that staff responded patiently and appropriately in supporting people to enjoy a lifestyle that suited their individual needs and aspirations.

We saw people were assisted by staff at frequent intervals who were attentive to people's individual physical and emotional needs throughout the inspection. Care was responsive and person centred. We saw staff take time to reassure people if they appeared upset or distressed, or just took time out to have a chat and just ask them how their day had been.

During our discussions with the registered manager and staff we found they were very aware of people's individual care needs, preferences, likes and dislikes around their daily lives and the importance of this. Staff were able to give very specific examples of people's personal preferences and how they liked to spend their day. For example one person liked to have a lie in before breakfast and then decide how they would like to spend the day.

The relatives we spoke with were all very positive about the care provided at Norwood Trust. One person said "[their relative] was doing very well." They told us they believed this to be a good home for [their relative], they said "This is the best one [their relative] has been in."

Admissions to the home did not happen on a regular basis. The last admission was in September 2016 and before that it was in 2013. For the last admission we saw a full and comprehensive pre admission assessment of the persons needs had been undertaken to ensure the service could meet those needs. As part of the pre admission process the person made several visits to Norwood Trust including an overnight stay. This was to spend time at the home having a meal and meeting staff and other people living there before making a decision about moving in.

We saw a statement of purpose and a service user guide was available for people which included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information. The registered manager told us these documents were currently under review and once completed the Care Quality Commission would be sent a copy of the updated Statement of Purpose.

We looked at the care files for four people who lived at Norwood Trust. The care files were comprehensive, neat, orderly and easy to use and contained good, detailed, personal information about each person and sufficient detail to guide staff on the care and support to be provided to the person according to their assessed needs and personal preferences.

Care records included the person's emergency contact details such as their next of kin, and General Practitioner (GP). Each person had unique care plans which were well written and identified people's personal abilities and the support required to maintain their independence while ensuring all assessed care

needs were met in a person centred, holistic way. This meant that care was planned and delivered in a way that considered people's personal preferences and the physical, emotional and spiritual needs of the person.

The assessments and care plans looked at showed that people, their relative and/or independent advocate had been included and involved in the assessment and care planning process. They were well written, contained a detailed personal history and gave clear guidance for care workers to follow.

Care plans were reviewed approximately three monthly or more frequently if the person experienced any health changes. This meant staff could respond in a timely way to help make sure people's health and wellbeing was maintained. We saw that people were actively involved in the review process to ensure they were happy with any changes or any updates made to their care plans. We spoke with one person who was able to talk with us about how they had been involved in updating some parts of their care plan that was of particular importance to them and the positive impact it had on their life.

Since the last inspection in February 2016 all the people living at Norwood Trust had been involved in a formal annual review of their care needs. We saw a large piece of work had been undertaken prior to the reviews to help empower the person. The format of the review process had been completely restructured so that the person having the review was at the centre of the review and in control of it. We saw that a pre review meeting was held with each person to find out what was important to them and what they wanted discussing at the review meeting. It was then discussed with the person where they would like the review to be held, who they would like to attend the review and what food they would like to be provided at the review. We saw that one person wanted stew and dumplings and another person wanted none alcoholic wine and cheese. All requests had been facilitated. This demonstrated that Norwood Trust was proactive in providing personalised care that was responsive to people's individual needs, wishes and personal preferences.

We saw that people were encouraged and assisted to engage in a wide variety of meaningful activities of their choosing. Some of these activities included meals out, garden centre visits, snooker, dog walking and grooming, gardening, visits to the local senior citizens club, art club, drama club, regular family visits and occasional church visits. We saw that the weekend following the inspection Norwood Trust was hosting an afternoon of music and fun. We saw people were busy rehearsing the songs they were going to sing and there was great excitement and anticipation for the event. Relatives and friends had been invited and a barbeque was being provided. Following the inspection we were informed the event was a great success and enjoyed by all.

We saw that activities were discussed at the 'resident meetings.' We saw from looking at the minutes of the meeting held in April 2017 people had wanted to have make up and nail varnish evenings, art and crafts sessions, party evenings and cooking and baking evenings. We saw that all of these requested activities and been facilitated. There was an information board in the entrance area informing people of what in house activities were available and when. We saw there was details of what activities people were doing and when. For example we saw evidence of one person going swimming, lunch out and then gardening, a trip to Asda and art club.

In addition to social activities we saw one person was in paid employment and three people attended Pure Innovations. This is an organisation which supports people with disabilities to get into work and access community and leisure activities and develop new skills and pursue personal interests and hobbies.

During the inspection we reviewed the policy in relation to complaints, which was on display in the

entrance.

We saw that complaints, concerns and informal issues as well as compliments were all formally recorded and appropriate action had been taken in response to these. There was also a comment box in the entrance area if people wanted to raise any complaints, issues, concerns or compliments anonymously.

The registered manager said she operated an open door policy and actively encouraged people living at Norwood Trust, relatives, visitors and visiting healthcare professionals to raise any issues at an early stage so they could be promptly addressed. We saw evidence of this during the inspection.
The visiting healthcare professional we spoke with said they felt confident the registered manager would listen and take any necessary action if any issues or concerns were raised.

Good

Is the service well-led?

Our findings

Norwood Trust is a registered Charity and functions within the regulations of the Charity Commission.

A registered manager was in place at the time of our inspection. 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.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager.

There was a clear management structure in place. We also saw that an organisational structure was on display in the entrance of the home. This meant people could gain an understanding of the management and staffing structure of Norwood Trust. The registered manager was supported by a deputy manager and a team of very dedicated, compassionate care workers. The registered manager, and staff employed, understood their role and responsibility to the people who lived at Norwood trust and demonstrated their commitment by having clear visions and values about the home.

In addition the registered manager was supported by a committee of trustees. There were five trustees who were responsible for the overall governance of Norwood Trust. Each trustee had a specific responsibility with regard to the governance with particular reference to their professional background.

There was a chair of the trustees who had overall responsibility and undertook supervision and appraisal for the registered manager and leads on the monthly committee meetings, safeguarding's and clinical guidance for the people living at Norwood Trust. The other areas of trustee responsibility are secretary duties, overall responsibility of the premises, general health and safety, payroll, staff training, general quality audits, people's safety, medicines management, staffing of Norwood Trust, activities, treasurer and finance responsibilities.

Systems were in place to monitor the quality and safety of the service delivered. This included a monthly trustee meeting to discuss any issues raised and a monthly trustee audit visit. We saw evidence that this visit had been undertaken on 20 June 2016. During a discussion with one of the trustees it was acknowledged that the formal recording of the audit visit required further development to clearly evidence exactly what had been audited and any action needed.

We saw that the registered manager reviewed all key functions of the home including accidents and incidents, safeguarding's, complaints, staff training, staff personal files, medication management, and

general cleanliness. This meant the registered manager had implemented effective systems to assess, monitor and improve the quality of the service. The registered manager told us they were in the process of implementing a formal audit for care files, care plans and staff supervision and appraisals.

The visiting healthcare professional, staff and people living at the home spoke very positively about the registered manager's leadership of the service. The visiting healthcare professional said they thought the registered manager was a "good leader." The staff we spoke with told us they felt well supported by the registered manager and the deputy manager and were happy in their work. All staff said they were both supportive and approachable.

The relatives we spoke with told us they knew who the registered manager was and found the manager and the staff team approachable and felt the home was well organised and well led.

We observed throughout our inspection that the registered manager was visible within the home, interacting with people, staff and visiting health professionals.

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The people living at Norwood Trust and staff were all very welcoming on our arrival and the atmosphere felt happy and relaxed.

We found that since the last inspection some of the policies and procedures had been reviewed and updated accordingly. For example, the complaint policy and the dignity in care policy. . The registered manager told us that they and the trustees were in the process of reviewing and updating the remainder of the policies and procedures. Staff spoken with knew where to access the policies and procedures should they so wish.

The registered manager was aware of the importance of seeking the feedback of people using the service, their families and the staff. In an attempt to do this the registered manager told us and staff confirmed that staff team meetings were held approximately every three months. We saw minutes of the last team meeting that was held on the 28 February 2017. The meeting arranged for the 20 April 2017 was cancelled at the last minute because a person had to go to hospital at short notice. We saw minutes were taken and saved to a staff meeting file for staff to easily access. These meetings provided a forum where staff could discuss or raise any issues regarding the quality of the service being delivered. However as already stated in this report the registered manager and deputy manager were very visible and approachable and constantly sought feedback from staff outside of the team meetings.

We saw that there was an annual 'resident forum' and a family meeting twice a year. We were told formal invitations were sent to family members from the trustees and following the meetings minutes are sent to all family members. In addition we saw that the registered manager and deputy manager spoke with all the people living at Norwood Trust on a daily basis and had strong relationships with family members and were constantly seeking feedback about the service being provided.

We saw that a quality questionnaire had been developed for visiting healthcare professionals and they were in the process of being distributed in an attempt to obtain their feedback about the service being delivered. We were told that once these had been returned it was their intention to analysis the results and produce a short report.

Evidence was available to demonstrate that Norwood Trust was working in partnership with other health care organisations to make sure that current good practice was being followed that enabled people to receive a good quality service. These healthcare organisations included General Practitioners, district

nurses, speech and language therapists, the Clinical Commissioning Group, the community learning disability team, the local hospital and commissioners of services and social services and attending the local care home forums.

The registered manager and staff spoken with could describe the values and principles for the home which included each individual being supported to live an ordinary live with the same opportunities as anybody else in the community. As a service they were striving for continuous improvement with a strong desire to promote each person's independence. These values and principles were included in the service user guide and in the induction process and staff supervisions.