Norwood

The Firs

Inspection report

Ravenswood Village
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Date of inspection visit:
23 April 2018

Date of publication:
29 May 2018

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

The Firs is a care home without nursing which is registered to provide a service for up to ten people with learning disabilities and some with physical disabilities. There were nine people living in the service on the day of the visit. All accommodation is provided within a two story building within a village style development.

We carried out a focussed inspection on 2 February 2017 to follow up concerns about how the service was managed which we had found at the previous inspection on 13 February 2016. We found that whilst there had been improvements some concerns remained.

This unannounced inspection took place on 23 April 2018. At this inspection we found the service was Good overall. We found considerable improvements with the management of the home which had positively impacted on all aspects of the quality of the service provided.

Why the service is rated Good overall:

There is a registered manager running the service. 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.

People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General operational risks and risks to individuals were identified and appropriate action was taken to eradicate or reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely. The service now had a stable staff team. The provider had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a range of activities, according to their needs, abilities,

health and preferences. Care plans were reviewed by management regularly. Care plans contained up to date information and records demonstrated that risk assessments were usually reviewed within stated timescales.

The registered manager was well regarded and respected. The quality of care the service provided continued to be reviewed and improved, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? Improvements had been made. The service is now rated good.	**Good**

The Firs

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 unannounced and took place on 23 April 2018. It was completed by one inspector.

The provider was not asked to send us a provider information return (PIR). This document is designed to provide key information about the service, what the service does well and improvements they plan to make. We gathered this information as part of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at documentation for three people who live in the service. This included care plans, daily notes and other paperwork, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with people who live in the home. Some people had limited verbal communication but were able to express their views by facial expression, body language or staff interpreted the meaning of their individual communication methods. We spoke with five staff members, the registered manager, a peripatetic manager who was supporting the registered manager and the operations manager briefly following the inspection. We requested information from a range of other professionals, family members and staff. We received five responses from family members and four visiting professionals. In addition, we received written feedback from six staff members, three of whom whilst employed by the provider had roles such as communication/engagement and health/welfare and supportive responsibilities across the village site.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been nine safeguarding issues in the previous 12 months. They had been appropriately dealt with and several did not meet the revised local authority safeguarding threshold.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and challenging behaviour. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. The local authority quality team visited the service in December 2017 to carry out a quality assurance assessment. We noted from the report that no issues in relation to safety or safeguarding of people were found. We received a report from a member of the providers engagement team which stated, "Yes – staff are trained in best practice and then observed by my team; staff have demonstrated that they are treating people we support with respect. I have not encountered any safety concerns." No relatives who responded to our request for feedback raised any safety concerns about their family member.

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk or the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed mainly at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. There had been two medicine administration errors reported in the previous 12 months. Neither had resulted in any harm to people and both had been appropriately investigated and action such as additional staff training had been undertaken. We noted from the staff training record that that the majority of staff who were medicines administrators

were up to date with their medicines training. There were three staff who were overdue for medicine e.learning refresher training, two of whom were waking night staff. It was acknowledged that there had been issues with the electronic recording of training when completed and the manager undertook to check whether in fact these staff were overdue or not.

The service continued to provide enough staff to meet people's needs and keep them safe. There were, generally a minimum of five staff during the day with the majority of staff working long days. There were two waking night staff on duty each night. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours, bank staff or staff redeployed from neighbouring homes. In any event staff who were familiar with the people in the home were used wherever possible. The service sometimes used agency staff but always tried to use workers who knew and were known to the people using the service.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff new to the service who confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

A family member sent us information which included, "[Name's] physical and medical care are attended to promptly and with consideration." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. This was confirmed in discussion with staff. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who used the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were supported with their health care needs. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. An on-site nurse employed by the provider told us, "The home are confident to phone the GP when required and recently the GP said they did not feel a home visit was required but the home remained assertive and insisted a visit was undertaken."

Staff received formal supervision every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff confirmed they had regular supervision and said they generally felt supported by their manager and the assistants. They felt they could go to the registered manager at any time if they had something they wanted to discuss. The frequency of supervision had increased since the appointment of the current manager.

People were involved in choosing menus as far as they were able. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for identified choking risks and weight management meal plans. The advice of speech and language therapists was sought, as necessary. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet peoples' diverse needs and preferences.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and was well maintained. We received written feedback from a relative which was, "I do believe the

staff have my sister's best interests in mind and I am quite certain that Ravenswood Village is the optimal living space for her." We noted that there were plans for some redecoration of communal areas and re-flooring. The service had adaptations/facilities and made use of technology to meet the needs of people. Examples were provided by the in-house assistive technology team, "We provided a wrist worn pendant that the person can use to call for help or support if they had fallen on the floor." And, "Panic buttons were also installed in the bathrooms for residents use." On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. A member of the provider management team told us, "[The registered manager] has developed a good tool to ensure that decisions that are being made for those people that lack capacity are done so in the person's best interest. All people involved in an individuals' life be it family, professionals or staff are consulted with and a systematic process to review the positive and negatives of the decision are looked at before a decision is reached."

Good

Is the service caring?

Our findings

The Firs continued to provide a caring service.

People were supported by a dedicated and caring staff team who knew them well. People indicated by telling us, smiling or by their demeanour that they liked living in the home. People were seen to be comfortable and confident in staff presence. Five family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. A relative told us, "The staff at The Firs manage to create an environment that seems like home to the residents, rather than an impersonal and uncaring institution." Another relative told us, "I would like to add that my brother is extremely happy living at the Firs, he adores all the staff who go out of their way to encourage his interests and make his life as full of fun as they can and I feel very lucky that he lives there." Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These requirements were recorded in care plans and all staff we spoke with knew the needs of each person well. People were supported to make as many decisions and choices as they could. People had communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being. Examples of the caring nature of staff were provided within relative's feedback. "During a recent stay of several days in hospital [name's] key worker visited him several times to check that he was OK." And "Recently, the staff team worked tirelessly with [name] in response to fears in relation to attending hospital for treatment…. the care shown towards [name] and the communication with us, was very good."

People's identified methods of communication were used so that staff could understand how people felt about the care they were receiving and the service. People were treated with respect and their privacy and dignity was promoted. Some comments from relatives included, "The current staff team treat [name] with respect and sensitivity." And "I have always felt respected by the staff when I have contacted them." Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept locked in the two offices and were not left in public areas of the service. The staff team understood the importance of confidentiality

which was included in the provider's code of conduct.

Good

Is the service responsive?

Our findings

The service remained responsive to the care and support people needed.
We observed the staff team recognising and responding to people's requests or body language and behaviour when they needed assistance.

There had not been any new admissions for some time, however, the evidence suggested the service would complete a full assessment of any person prior to them moving into the service. The service responded to changing needs such as behaviour or well-being and recorded those changes. Relatives indicated within their responses that they were confident their family member's health and social needs were met by staff who knew them and cared about them. Support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary.

We noted from the care plans seen that the information available was accessible and well ordered. A recommendation from a recent local authority quality assurance review suggested that the most important and up to date information was kept within a separate file for each person. It was suggested that this was designed to support swift access to relevant information. The change was in the process of implementation.

People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished with documenting the communication needs of people. However, they were in the process of checking that this was done in a way that meets the criteria of the standard.

The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went to organised day care activities according to their needs with staff accompaniment, as necessary. We were advised by a family member that, "I would like to see some increased 'work' opportunities so that they can experience greater satisfaction in accomplishments." Whilst another told us, "He is well looked after and has a good quality of life. He has friends, interests and excursions." There was an acknowledgement within the service that some people were getting older and this needed to be taken into consideration when planning and encouraging activities for individuals.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that some people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that only a very small number of complaints had been

made about the service during the previous 12 months. These had been addressed appropriately and to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The service had benefited from the appointment of a new manager who had embedded good practice in line with the provider's policies and procedures. Whilst new to a registered manager's post they had demonstrated they had the skills and knowledge to drive improvements across all aspects of the service provision. The registered manager was praised by professionals, relatives and staff for her approach and the improvements that had been made since her appointment.

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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The service was monitored and assessed by the registered manager, the assistant managers, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Continuous Improvement Plans (CIP) had been developed by the provider and had been formulated and updated from listening to people and staff and from the formal auditing processes. We noted from the last two CIP's that considerable work had been undertaken by the management team to address a range of required actions. The most recent CIP was now focussing on a much lower number of areas due to the successful work that had been undertaken.

There was an open, transparent and inclusive atmosphere with the registered manager operating an open door policy. The philosophy of the home was one of striving for excellence and this was clearly evident from those staff spoken with. All staff reported that improvements had taken place over the past year the current registered manager had been in post. One staff member told us, "(The registered manager) has gradually fixed things and we are now going in a good direction." Whilst it was acknowledged that this had not always been a smooth transition for some the general atmosphere of improvement was welcomed and embraced by those who provided an opinion. The registered manager told us that the service had been well supported by the provider and the associated specialists based on the site. This included the operations manager, a newly appointed peripatetic manager, the assistive technology department, the learning disability nurse and the communications and engagement team.

The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments. Partnership working also extended to the in-house teams located on the site who were there to support, guide and instruct services to question and embrace good practice.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. A recent initiative to engage family members more effectively had been successful.

People's views and opinions were acted upon without delay and always recorded in their reviews. One relative told us, "If I need anyone at the Firs, I can get them easily or leave a message and they always respond. I am always contacted if they have concerns." Another relative told us that, "The Firs is well managed and the home manager is open and communicative with us about [name] and her wellbeing." Staff meetings were held regularly and minutes were kept. Staff told us they felt included in decisions and they were confident that their ideas and suggestions were considered. A health care professional advised us, "[The registered manager] is a good manager who has developed positively over the period she has been in charge of Firs."

The service continued to ensure people's records were detailed, up to date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as health and safety and maintenance records were accurate and up-to-date.