

Norwood Trust Limited

Norwood Trust

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out over two days on the 16 & 17 February 2016. Our visit on 16 February was unannounced.

We last inspected Norwood Trust on 2 & 4 March 2015. At that inspection we found that the service was not meeting four of the regulations we assessed. These related to the management of medicines, the recruitment of staff, staff not receiving an annual appraisal and there were not effective processes to monitor all aspects of the quality of the service. During this inspection we checked to see if those regulations had been met.

Norwood Trust was established in 1985 and is a registered charity. Norwood 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, a three storey Victoria semi-detached building, 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 14 people living at Norwood Trust at the time of our inspection.

Norwood Trust is located in Marple a suburb of Stockport and is situated within easy walking distance of local services and amenities. .

At the time of this inspection the manager was not registered with the Care Quality Commission (CQC). The acting manager had applied to CQC for registration and her fit person interview was arranged for 4 March 2016. 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.

During this inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We found there were gaps in staff training which meant that not all staff were suitably trained to meet the needs of the people living at Norwood Trust.

The staff we spoke with were able to describe how to keep people safe from harm and understood their role

in protecting people and making sure people remained safe although not all staff had undertaken safeguarding adults training.

We have made a recommendation that the service considers accessing the Mental Capacity Act and Deprivation of Liberty Safeguards awareness training for all staff as a priority.

During our tour of the building we saw some areas of the home were tired and worn in appearance but there were no unpleasant odours and all areas were found to be clean. We have made a recommendation about the need for more detailed cleaning schedules and regular internal checks of the levels of cleanliness.

Medicines were managed and safely administered by staff that had received appropriate training.

Newly employed staff were undertaking induction training, which followed the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

Personalised activities for people using the service were encouraged and provided on a daily basis.

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 that there were sufficient numbers of staff on duty at any one time 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 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 staff asked people's permission before any care was undertaken.

People who used the service demonstrated that they liked the management team in the home and felt able to discuss any issues with them. Relatives we spoke with spoke highly of the acting manager and told us they found them approachable.

Members of staff we spoke with told us that the management team were very approachable and supportive.

The systems in place to monitor the quality of service being provided were greatly improved from the last inspection. However it was acknowledged by the acting manager that further improvements were needed. We made a recommendation that service consider implementing a more formal process of systems and process such as regular audits to monitor and improve the quality and safety of the service provided.

The acting manager explained to 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. This meant that every effort had been made to support people's individual needs should they need to access external healthcare services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff working in the home had been recruited following an appropriate selection and recruitment process.

Arrangements were in place to make sure that medicines were managed safely.

A recommendation has been made in relation to the cleaning schedules and internal checks of the levels of cleanliness.

Staff were aware of how to safeguard people from abuse, although not all staff had undertaken safeguarding adults training.

Is the service effective?

Requires Improvement ●

The service was not effective.

Not all staff were appropriately trained to do their jobs effectively and safely.

A recommendation has been that the service considers accessing the Mental Capacity Act and Deprivation of Liberty Safeguards awareness training for all staff.

We observed staff gaining people's consent and cooperation before any care or support was offered or given.

People could make choices about their food and drink.

The health and wellbeing of people using the service was monitored and they were supported to access other healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People's individual preferences and independence was promoted by the staff team and we observed care staff encouraging people to make choices about their daily life style.

The atmosphere in the home was calm and relaxed and we observed positive interaction between staff and people who used the service and their visitors.

Care staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for.

Is the service responsive?

Good ●

The service was responsive.

People's changing needs were responded to quickly.

Care plans, risk assessments and associated care documentation were regularly reviewed.

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

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

At the time of this inspection the manager was not registered with the Care Quality Commission although they had submitted their application and had a fit person interview date of 4/3/16.

A recommendation has been made that the service consider implementing a more formal process of systems and processes such as regular audits of the whole service in order to monitor and improve the quality and safety of the service provided.

The home promoted a positive and close relationship with the people who use the service and encouraged an open and friendly, family atmosphere.

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 two days on the 16 & 17 February 2016. Our visit on 16 February 2016 was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted Stockport Health Protection and control of Infection Unit, Local Authority (LA) Commissioners and the Stockport safeguarding team to seek their views about the home. They told us they felt big improvements had been made at Norwood Trust and were confident that the new acting manager would continue to make improvements.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

Since we completed our last inspection CQC had received a number of concerns about the service. We shared these concerns with the Local Authority and Stockport safeguarding team.

During our visit we spoke with the acting manager, the deputy manager, one senior carer worker, three care workers, a member of domestic staff, the senior administrator, one committee member, three relatives who visited the home regularly and five people living at Norwood Trust.

We looked around both buildings and looked in 14 bedrooms, all the communal areas, toilets and bathrooms.

We examined three people's care records, the medicine administration records, five staff personnel files, the

supervision and training records for five staff and records relating to the management of the home such as auditing records.

Is the service safe?

Our findings

All of the relatives spoken with told us they felt confident that their relative was safe and well cared for. One person said, "The staff are brilliant and keep [the person's name] safe." An incident was described to the inspector and how the home had quickly responded and taken action to keep the person safe. Another relative said they felt their relative was safe and said "The staff are absolutely lovey with [their relative]."

During our last inspection we found a breach in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not protected people against the risks associated with unsafe use and management of medicines. At this inspection we found that the regulation had now been met.

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

We were told that care staff were not allowed to administer medication until they had received training and undertaken a competency assessment. During the inspection we looked at the overall staff training matrix (record) and saw evidence of this.

There was not a list of staff signatures available to show those staff with the responsibility for administering medication. Such a list would enable the manager to identify staff who had administered medicines or made an error. The acting manager made assurances this would be implemented.

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 four people were administering their own medication. We saw that they had appropriate risk assessments in place 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 doctor.

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 also been undertaken. At the time of our inspection nobody was prescribed controlled drugs.

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.

We saw audits of medicines administered and stored in the home were undertaken on a regular basis. However we discussed with the acting manager that these could be further developed to ensure a more robust audit which clearly identified any shortfalls and the specific action taken in response to the shortfall.

During our last inspection we found a breach in regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered person had not ensured that all the information specified in schedule 3 was available in respect of a person employed at the home.

During this inspection we looked at a sample of five staff personnel files all of whom had been recruited since the last inspection. We saw that staff had been recruited following an appropriate recruitment process. We saw that there was recruitment and selection policy dated 2015.

This process required the applicant to complete an application form and attend a face to face interview. Each file we examined contained a completed application form with details of the person's education and previous employment history. We also saw evidence that gaps in peoples employment history and been explored by the acting manager. We saw a job description and two appropriate references including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address in the files we looked at. It was discussed with the acting manager that these photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity.

Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of 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 acting manager operated a recruitment process that was open, transparent and effective when selecting a suitable person for the available vacancy.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained as safe as possible. Staff spoken with explained how they would recognise and report abuse. Staff knew how to report poor practice by their colleagues.

Staff had access to the Local Authority's multi-agency safeguarding adult's policy, which included details of how to make a safeguarding referral. The staff team also had access to a 'Whistle Blowing' policy which was included in the staff handbook which all staff were given a copy of. A Whistle Blowing policy supports a person to raise concerns about a wrongdoing or poor practice in their workplace.

We saw procedures were in place to make sure any concerns about people's safety were reported using the safeguarding procedure in line with the local authority policy. One concern had been reported and the home had taken appropriate action.

Since the last inspection CQC had received four anonymous concerns. We shared these concerns with the Local Authority and Stockport safeguarding team who had investigated them. None of them had been upheld. CQC had liaised with the local authority and the safeguarding team who at the time of this inspection did not have any concerns.

Relatives of people living at Norwood Trust said they thought people were well cared for. One person said their relative was looked after "Exceedingly well" and told us "This home is phenomenal". Another person said "The place is absolutely lovely and I wouldn't mind living here myself, you get so well looked after."

In the three 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 of the home. The risk assessments identified guidance for staff to follow about how to manage and minimise the risk(s) in order to promote and maintain people's safety and independence wherever possible.

During our inspection we looked around the bungalow and the main house. We looked at 14 bedrooms and all of the communal areas. All the bedrooms seen contained lots of personal belongings, with people enjoying personalising their rooms in their own tastes and fashion.

We saw that some of the paintwork particularly around door frames, the bedroom doors in the bungalow and the 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. In addition we saw some mould around the sealant of the bath in the main house. The acting manager told us that one of Norwood's Trust committee members was due to undertake a full audit of the bungalow and the main house to identify and prioritise areas of improvements.

There was evidence of some refurbishment at Norwood Trust since the last inspection. For example we saw that the lounge/dining room in the main house had been repainted and new soft furnishings had been purchased. In addition the shower in the main house had been replaced to provide a wet room and walk in shower. We saw that carpets and soft furnishings had been steamed cleaned by an external company in October 2015 and were booked in again for March 2016 to ensure cleanliness was maintained. On the day of our inspection the acting manager had been due to attend a meeting to discuss the on-going refurbishment of the home.

We saw that the home had infection control policies and procedures in place although the review date of October 2015 had been missed. During our inspection we saw personal, protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser which would help reduce the risk of cross infection.

During our tour of both buildings there were no unpleasant odours detected and all areas were found to be clean. All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers.

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 course of our inspection we saw that the Control of Substances Hazardous to Health (COSHH) Regulations were being followed and the provider had obtained from the suppliers of the cleaning materials used in the home the safety data sheets. COSHH is the law that requires employers to control substances that are hazardous to health.

We saw that the kitchen areas were clear with no spillages or greasy build-ups on equipment such as the cookers, microwaves and fridges were kept clean. Fridge temperatures were appropriately monitored and recorded on a daily basis and stored food was labelled, covered and dated.

We saw that cleaning schedules were in place to evidence that cleaning had taken place. However the schedules were basic and were completed using a tick box system. The documentation did not describe individual responsibilities for cleaning so therefore did not evidence exactly what cleaning was required and what cleaning had been undertaken. We were told although Stockport Health Protection and control of Infection Unit undertook an annual audit the service did not undertake any audits or regular checks of cleanliness.

We recommended that the service consider current guidance from the Department of Health code of practice on the prevention and control of infections and related guidance.

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment. We reviewed documentation which indicated that regular checks carried out included the fire alarm system, means of escape, door guards and water temperature testing. We saw a personal evacuation plan (PEEP) for each person. These plans provided information and directions to staff to follow in order to keep each person as safe as possible should an emergency evacuation of the home be required.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people. For example portable appliance testing (PAT), gas and electricity safety, firefighting equipment and the fire alarm system.

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 confirmed the staffing numbers and skill mix as described were sufficient to meet people's needs.

We saw the service was staffed according to the needs of the people living at the home. The staffing rotas confirmed that levels of staffing were consistent on a day to day basis. The acting manager used a staffing tool to determine the levels of staff required based on the occupancy of people in the home at any one time and any changes in people's care needs. It was discussed with the acting manager that they should keep all of the completed tools rather than discarding them which was the current practice.

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

The acting 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.

Is the service effective?

Our findings

Visiting relatives we spoke with told us they thought the level of care was very good. One person said "[person's name]" is definitely well looked after. Other people told us they thought the food was very good and there was plenty of it. One person we spoke with said "The food here is excellent".

During our last inspection we found a breach in regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not ensured that staff were receiving annual appraisals. At this inspection we found that major improvements had been made and that the regulation had now been met.

In the four staff files we looked at we saw that staff had received supervision. We saw that each member of staff was due to receive a supervision and appraisal record. This included the initial appraisal, detailed agenda items for six supervision sessions and a midyear review and an annual appraisal. There was a schedule for all supervision and appraisal dates for 2016 and each member of staff had been given a laminated copy of the schedule. One member of staff said "We get regular supervision as well as lots of informal supervision too."

We were told by the acting manager and staff spoken with confirmed, 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 looked at how the provider supported and trained staff to carry out their job roles effectively. All staff completed the homes three day induction training when they commenced working at the home, including familiarisation with the policies and procedures for the service. In addition to the homes induction we saw that newly employed staff were undertaking the skills for care 15 standards in the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

During the inspection we saw that the staff training matrix was not up to date. However two days following the inspection we received an updated copy. We saw that staff training included food hygiene, moving and handling, safeguarding adults, infection control, fire awareness and first aid. However we did see there were gaps in training. For example, out of the 17 staff employed, the domestic member of staff, the care apprentice and seven care staff had not attended safeguarding adults training, 14 members of staff had not attended fire safety training, no staff had completed Deprivation of Liberty Safeguards (DoLS) or Mental Capacity Act 2005 (MCA) training, 12 members of staff had not attended moving and handling training and although infection control and first aid training had been booked for March 2016 the majority of staff had not previously attended the training. In addition three people who use the service had been identified at risk of choking and staff had not received specific training in what to do in the event of a person choking. This meant that people could not be confident they were being cared for by staff who are properly trained to meet all of their assessed needs and minimise identified risks to their health and safety.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that out of the 17 care staff employed one member of staff had achieved a National Vocational Qualification (NVQ) level two and two members of care staff had achieved a NVQ level three. We saw that two members of staff had been registered to undertake a NVQ level 2, two members of staff had been registered to undertake a NVQ level 3 and one member of staff had been registered to undertake a NVQ level 5.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The acting manager confirmed that they were the only member of staff who had undertaken MCA and DoLS awareness training. We were told that three members of staff had been nominated to attend training in September 2016 provided by Stockport LA. During conversations with the acting manager we found that they had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that they had a copy the MCA and DoLS code of practice for reference.

We were told by the acting manager the home did not have policies and procedures around MCA or DoLS.

The acting manager told us four DoLS applications had been applied for but had not yet been authorised.

We recommended that the service consider accessing MCA and DoLS awareness training for all staff as a priority.

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 who we asked about the food served in the home told us they liked the food. A relative said "The food is really good, first class and cooked on the premises."

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 menu. As part of our inspection, we observed the evening meal which looked appetising and was well presented, with good portions.

We observed 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 if there were any concerns and we saw advice had been sought from the community dietician. Where people may have had swallowing difficulties referrals had been made to the Speech and Language Therapist (SALT). We saw evidence that records of diet and fluid intake were kept if there were any identified issues or concerns, for example somebody who had a poor appetite or had experienced weight loss. We saw that people's weight was regularly monitored and recorded.

We saw that people were fully included in choosing the meals provided. There had been a meeting on 27/1/2016 where meals had been discussed and people's favourite meals had then been included in the next menu produced. We saw there were laminated cards with various pictures of meals to aid people who may have difficulty verbally communicating their meal choices.

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. We saw that the home and the GP practice, where all the people living at Norwood Trust were registered, were part of project piece of work to develop a "care plan for adult patients" for all the people using the service. The GP practice and the acting manager had included personal information about each person and their learning disability in the care plan, identifying issues that other clinical staff would need to consider when supporting a person living at Norwood Trust. To ensure the person receives the right care and support and understands what is happening to them.

In addition the acting 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. This meant that every effort had been made to support people's individual needs should they need to access external healthcare services.

Is the service caring?

Our findings

Relatives we spoke with told us they felt confident about the care their relative received living at Norwood Trust. One person said "I can't speak highly enough of the care here, the staff are brilliant." They said they are very good at maintaining independence, Norwood is a real family home." Another relative said "[their relative] gets treated with dignity and respect and gets treated like a prince."

The relatives we spoke with told us they could visit at any time and were always made to feel very welcome.

We saw that the home actively encouraged people to maintain contact with family and friends. We saw that for one person the home liaised with their mother and sister and approximately every month organised transport for them to go and visit their mother. Appropriate risk assessment for the visits had been implemented.

It was evident from the discussions with the management team and staff and from the interactions we observed, they knew the people they supported very well. This was confirmed by the relatives we spoke with. One person said "The staff are very attentive and inventive in meeting people's individual needs."

During our inspection we heard staff speak to people in a friendly and kind manner. We observed staff caring for people with dignity and respect. We saw that people living at Norwood Trust had good relationships with the staff and felt relaxed and at ease in the company of the staff.

There was a relaxed, friendly atmosphere in the home and staff we spoke with told us they enjoyed working at Norwood Trust. One member of staff told us that since the beginning of the year "Things have drastically improved, a few members of staff have left recently and residents now seem a lot brighter."

We saw that people's individual preferences and independence were promoted by the staff team and we observed and heard care staff encouraging people to make choices about their daily life style.

In the care files we looked at we saw they included details of people's likes, dislikes and personal preferences. People were also encouraged to express their views through various different methods including one to one discussions, informal meetings and the 'breakfast club meeting.' We saw at a meeting in November 2015 hobbies, interests and social activities were discussed.

Following the meeting we saw a number of people were now engaging in the activities discussed. For example one person now spent time working alongside the gardener, other people were going to the cinema and another person enjoyed walking a dog that belonged to a member of staff.

Two people were using the services of an independent advocacy. Such a service supports a person who may need help in making decisions about important aspects of their life and to support them in making sure their individual rights are upheld. Although the service did not display any advocacy contact details the acting manager said they would be available on request.

Stockport quality team had told us about the excellent care that had been provided by Norwood Trust when a person using the service was at the end of life. We discussed at length with the acting manager the care of this person who had recently passed away at a hospice. We saw that the manager had negotiated with the hospice for the care staff from Norwood Trust to assist with this person's care so that care was being provided by staff they were familiar and comfortable with. Staff personalised the person's room at the hospice so that they were surrounded with familiar and personal items. We saw that the person's family were also well supported by the home and they still come in on a regular basis to share a meal with the people living at Norwood Trust. A communication meeting was held to discuss how to best support the people living at the home during this time and bereavement counselling was accessed for people who required it. We saw 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].

Staff had not undertaken end of life training but the acting manager told us the training was included in the training review that was currently underway.

Is the service responsive?

Our findings

Relatives of people using the service told us that they felt their relative's needs were being met. One person told us, "They have managed [the person's name] changing care needs very well". We were told that the staff team were good at communicating. One relative told us that the staff kept them well informed about any issues either by telephone, email or verbally when they visited.

We heard staff and people living in the home enjoying good communications and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people to enjoy a lifestyle that suited their individual needs and aspirations.

Admissions to the home did not happen on a regular basis and the last admission was in 2013. However we were told that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet their needs. The acting manager said that people would be encouraged to make several visits to the home and spend some time at the home having lunch, meeting staff and other people 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 and the complaints procedure. .

We looked at the care records of four people who used the service. Each file had a photograph of the person and their care plans. The care plans that we looked at were clearly written, and focused on the person as an individual.

The information in the plan included details about the person's preferred life style, personal care needs, medication and nutritional needs. We saw that plans were being reviewed on a regular basis.

We saw care plans that included risk assessments for pressure area care, falls, personal safety, mobility and nutrition and how the risk should be safely managed.

We saw that the home employed the services of a 'day services support worker.' They were responsible for arranging activities in the community based on the personal preferences of each person. We saw that people were 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, socialising with members of Brinnington Social Club, visits to the local senior citizens club, photography club, drama club, regular family visits and occasional church visits.

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

During our inspection we reviewed the policy in relation to complaints, which was on display in the main entrance of the service and included in the statement of purpose. It was discussed with the manager that the policy required amending as it was displaying the Care Quality Commission as the first point of contact for making a complaint. CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find including performance ratings to help people choose care. CQC's role does not include investigating individual complaints because we have no statutory powers to do this. The acting manager made assurances this would be amended.

We saw that appropriate action had been taken in response to complaints made. We saw that appropriate investigation, actions and outcomes had been recorded for each complaint. It was discussed with the acting manager that it would be good practice to record informal concerns and issues raised and any action taken not just formal complaints in order to support the continual improvement of services provided.

The acting 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. People we spoke with confirmed this. The relatives we spoke with told us they did not have any complaints. One person said they "Will complain if needs to but not complained recently since [acting manager] took up post." They said they felt if they did make a complaint it would be sorted.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. However the acting manager had received a date of 4/3/16 for her fit person's interview as part of the Care Quality Commission's registration application process. A registered manager had not been in post since June 2014. A manager had been appointed in 2014 but did not complete the registration process and left in July 2015. The current acting manager took up post in August 2015.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team for the service consisted of the acting manager and a deputy manager. The management team is support by Norwood Trusts Committee members.

During our last inspection we found a breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not effectively asses and monitor all aspects of the quality of the service. At this inspection we found significant improvements however it was acknowledged by the acting manager further improvements were still necessary.

The acting manager and the deputy manager were on duty on both days of our inspection.

We asked the acting manager to tell us how they monitored and reviewed the service to make sure people received appropriate levels of safe and effective care. We saw some formal systems were in place to demonstrate that regular checks had been undertaken. For example we saw a monthly medication audit (that was currently under review), there were checks of the finances that were held in the home for people and we saw a safeguarding log that was sent to the local authority on a monthly basis. In addition we saw that the acting manager produced, on a monthly basis, a report for the committee members on quality issues.

We were told that the acting carried out a daily visual 'walk round'. We were told that this was done informally and no written records were kept. After a discussion with the acting manager they said it was their intention to implant a formal recording system.

We recommended that the service consider implementing a more formal process of systems and process such as regular audits to monitor and improve the quality and safety of the service. For example care plan audits, infection control audits, audits of staff training and formally recording all concerns as well as formal complaints and the action taken .

Staff told us that they felt supported by the acting manager and one person said "The management are very approachable, you do get listened to."

Relatives we spoke with told us that the acting manager was very supportive. One relative said "[the acting manager] is great." Another relative said "[the acting manager] is just wonderful, she is extremely person centred in her approach."

We saw the acting and deputy manager were visible in the home and people living at Norwood Trust and visiting relatives were comfortable to approach and talk with them. We saw that they had good relationships with people and were open and transparent in their approach.

An organisational flow chart is available within the home and is included in the service user information pack, which is given to people when they were admitted to the home. This meant that people could gain an understanding of the management and staffing structure of the service. Staff and relatives spoken with were all familiar with the staffing structure in the home.

We saw that staff meetings were held on a monthly basis and minutes were taken and made available to staff. They had family meetings every three months. The acting manager said meetings were very well attended and minutes were sent to all family members. These meeting provided a forum where people could discuss or raise issues regarding the quality of the service being delivered.

The acting manager said she spoke with people living at Norwood Trust every day to ensure they were happy with the service they were receiving. Evidence was seen of this during the two days of our inspection. We were also told that the acting manager spoke regularly with family members regarding the service being provided. However we were told at the next committee meeting the acting manager would raise the possibility of undertaking a more formal quality assurance process in the form of quality questionnaires. It was discussed that the questionnaires could be sent to people living at the home, family members, staff and visiting health care professionals and a short report would be produced on the collated results of the questionnaires.

The acting manager 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 the acting manager said it was their intention to include in future induction and supervisions. This was to ensure staff understood and demonstrated these values in their approach to care delivery.

We saw that the Norwood Trust had developed good links and was working in partnership with key organisations to support individual care provision and joined up care to promote the health and wellbeing of people. For example they had good relationships with the GP, the local hospital, the safeguarding team and had worked closely with the hospice to support the needs of one individual.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving regular, ongoing training to enable them to carry out the duties they are employed to perform.