

Speciality Care (Rest Homes) Limited

Norwood

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

About the service

Norwood is a supported living service providing support to four people, aged between 18 and 25 years at the time of the inspection. Supported living is provided currently at one property consisting of three flats; two single occupancy and another with two people sharing.

People's experience of using this service and what we found

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Care plans identified the intended outcomes for people and how their needs were to be met.

People received support from staff who had received training for their role. There were enough staff to support people when they needed it. Staff knew people's identified risks well and were able to support people both in their homes and when out in the community

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm.

Systems for assessing and monitoring the quality and safety of the service were effective in identifying areas of improvement within the service. People and their family members described the registered manager and provider as accessible and supportive. Systems were in place to gather people's views on the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with the Care Quality Commission on 16/07/2018 and this is the first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Norwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection; people who received support are often out and we wanted to be sure they would be available to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, senior support worker, and a support worker.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and quality checks.

After the inspection

We spoke with a relative of a person who used the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to report safeguarding concerns.
- Family members told us they were confident that their relative was safe from harm. Their comments included, "If I didn't trust the staff [name] wouldn't be there. I can't ask for any more from the staff. They know him, communicate well with him."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks for staff to keep people safe.
- Staff knew people's identified risks well and were able to support people when out in the community in a safe way.
- People were supported to take positive risks to ensure they were able to access the community and live fulfilling lives.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.

Staffing and recruitment

- Policies and procedures were in place for the safe recruitment of staff. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient numbers of suitably trained and experienced staff were employed to meet people's needs. The number of staff required to support people was based on the individual needs of each person.
- Support workers from some of the provider's other services were used to cover additional shifts that could not be carried out by the permanent staff team. This ensured consistency and familiarity.
- People told us that they were happy with the staff that supported them.

Using medicines safely

- People were encouraged, when appropriate, to manage their own medicines safely.
- Staff responsible for managing people's medicines had received training and had their competency to give medicines regularly assessed.
- Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.

- Regular checks and audits took place of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff received training and procedures were in place to deliver safe care to people.
- Staff supported people to clean and maintain their homes.

Learning lessons when things go wrong

- Accidents and incidents which occurred were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences. The registered manager was able to give examples of changes that had been made to people's support following incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.
- Family members felt involved in care planning; they told us they were always kept informed of any changes or concerns. One person told us, "There is good communication between us and staff."

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs.
- Training records showed staff training was kept up-to-date. Staff received regular supervision and appraisal to support their developmental needs.

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

- People were supported to eat and drink appropriately, healthily and regularly.
- Staff supported people to prepare shopping lists and accompanied them to a supermarket, if required. Staff advised and supported some people to prepare and make meals.

Staff working with other agencies to provide consistent, effective, timely care

- The service planned a comprehensive transition from previous care providers.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. Regular appointments were made with local dentists and GP. People and their family members told us that if required the service would assist with arranging medical appointments and attending the appointments if people wished them to.
- The registered manager and senior support staff sought professional guidance relating to people's individual needs when required; this included seeking advice from community health professionals and supporting people to make referrals when their needs changed.
- A person who received support told us, "I walk to most places I go to now; staff have helped me to do this, instead of getting taxis." A relative told us, "Staff pay good attention to [name] health. I receive emails or texts from staff keeping me up to date."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. 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 had the appropriate legal authority and were being met.

- We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staff had a clear understanding of the MCA.
- People were given choice and control of their day to day decisions, in line with the principles and values of Registering the Right Support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, dignity and respect. People's comments included, "Staff are great, they give me the time I need, don't rush me" and "Staff support me when I need it".
- People's protected characteristics under the Equality Act were respected to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- People were given the chance to achieve their potential.
- People received good support from staff who clearly knew them well.
- Staff spoke positively and compassionately about the person they supported.
- A relative told us, "Staff are consistent in their approach and encourage [name] to socialise. They have become more sociable and confident."
- Staff understood and supported people's communication needs.

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

- People met with staff regularly to discuss their support and any changes they wished to make.
- Staff supported people to take up hobbies and try new activities. People were supported to socialise with friends and keep in touch with their family.
- A family member commented, "[Name] does what he wants; he has choice and control over everything he does. He has a really great life."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible with aspects of daily living; staff worked with people to regularly set targets to increase their independence skills.
- Staff were familiar with the level of support people required as well as being familiar with their likes, dislikes and preferences.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely at the office.
- A relative told us, "Staff pay good attention to personal care and grooming. When I see him, he is always neat and tidy, clean presentation, clean clothes. Staff know [name], communicate well with him, knows his likes and dislikes."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was working with the principles and values that underpin Registering the Right Support.
- The support people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to support people in the way they wanted.
- People were supported to access a range of activities in the community on a regular basis. Activities were planned around people's needs and preferences. These included visits to family members.
- A person told us, "The best thing about living here is having independence, but staff are there to support me when I need it." A relative said, "[Name] has choice and control over everything he does."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their family members told us that staff knew them well and how best to communicate to support their understanding.
- People's care planning documents included people's needs and wishes in relation to their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities in their local community. They told us of the many activities they did, which included music, singing, sports and meals out.
- People were supported to access education and learn a trade at the local college; some people attended work opportunities locally.
- People were encouraged and supported to maintain relationships with people who were important to them. This included friendships they had made with people also supported by the provider.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. However, no complaints had been received.
- People and relatives told us they had no complaints about the service received. People met with their key worker regularly to discuss their service; relatives were in regular contact with the staff and said they would feel confident raising any issues or complaints they had with them.

End of life care and support

- The service does not support people at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager and staff promoted a culture of person-centred care by having a clear set of aims and values, engaging with everyone using the service and family members.
- People and relatives gave very positive feedback about the staff and registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well led by a registered manager and team of support staff. They understood their role and what was required to ensure the service provided good support to people.

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

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff received supervision and support from senior staff to develop their practice.
- Information related to people who used the service was stored securely and treated in line with data protection laws.
- Governance was fully embedded into the running of the service. There was a strong focus on continuous improvement.

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

- The registered manager engaged and involved people using the service. Staff used communication aids when needed, to support people to make and communicate the preferences to staff.
- People were integrated into their community. Staff encouraged them to access local services including local shops, cafes, a local disco, pubs and leisure centres.
- Staff were engaged and involved through regular team meetings.

Continuous learning and improving care

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.

- The registered manager and the provider worked together to make and sustain improvements.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Staff meetings and daily handover meetings were opportunities to discuss any incidents or ways to improve the support people received or increase people's independence.

Working in partnership with others

- The service continued to involve people and family members in discussions about the support provided.
- The service worked closely with other agencies to achieve good outcomes for people. This included liaising and having regular contact with local colleges, employers, and consulting health care professionals.