

Norwood

Norwood - 159a Station Road

Inspection report

159a Station Road
Hendon
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Norwood – 159A Station Road is a residential care home providing accommodation and personal care for up to eight people who have a learning disability and/or autistic spectrum condition. At the time of the inspection there were seven Jewish women living in the home with an age range of 31 to 96.

People's experience of using this service:

People living in this home were safe. They had good support with their health needs and prescribed medicines. People were fully involved in planning their daily lives and choosing how to spend their time. Staff spent time teaching people skills to support them to be as independent as possible.

Staff knew people's needs and preferences well and provided a person-centred service. Relatives were very happy with the personalised support that people had in the home. The service worked to the principles and values of registering the right support. The service was exceptionally caring. People had excellent support with their communication.

The service provided people with good support for their religious, cultural, relationship and sexuality needs. Staff were well trained and supported and enjoyed working for Norwood. The provider managed and monitored the service well. The provider organised celebrations of Jewish festivals where people from this service and all their other services could meet up. The provider ensured specialist support was available to people in this home with their religious, cultural, communication and behaviour needs.

The service was well led with a programme of audits carried out by the registered manager and the provider to ensure a high quality person-centred service was provided. There were ongoing improvements to the service. The provider engaged well with relatives of people using the service and worked in partnership with them.

The service met the characteristics of an outstanding service in the way the care was responsive to people's needs and the characteristics of a good service in all other areas. More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Good (last report published 18 March 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

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

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 exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Norwood - 159a Station Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Norwood – 159A Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. This home can accommodate up to eight people in one adapted building.

The service had a manager registered with the Care Quality Commission. 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 unannounced.

What we did:

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with two people living in the home and met all seven people. We spent time observing people's day including interactions between them and six different staff members, two mealtimes and an activity. We spoke with two operational managers, two assistant managers and two support workers. We looked at three people's health and care records. We looked at health and safety, quality assurance records, staff training, supervision and medicines management records. We also looked at records of complaints, accidents and incidents.

After the inspection we spoke with relatives of six people living in the home and had a telephone call with registered manager who had been on leave on the day of the inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were good systems in place to protect people from risk of abuse and staff were trained to spot signs of abuse and knew how to report any safeguarding concerns. They had a good understanding of types of abuse and knew the whistleblowing policy.
- People had individual financial care plans to minimise the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risks were assessed and steps were in place to minimise risks to each person's safety while still respecting their right to independence.
- Each person had a personal emergency and evacuation plan and the equipment to support them with prompt evacuation was kept in their bedrooms.
- The building was safe and suitable and specialist equipment was available to people.
- The water in one bathroom was above safe temperatures but this was fixed on the day of the inspection.
- Staff kept a record of any unexplained bruises or marks a person had and reported this to a senior member of staff. The investigation and outcome of unexplained bruises was not always recorded on the form but when we raised this the provider immediately acted to ensure that the action staff had taken would be recorded on the form as evidence that they had addressed the issue.

Staffing and recruitment

- Staffing levels met people's needs including one to one support for three people who had high needs. Staff worked well as a team to ensure people's needs were met.
- People could choose which staff supported them and were informed by a photographic rota of which staff were on duty each day.
- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS check helps prevent the employment of staff who may be unsuitable to work with people who use care services. The provider operated a recruitment procedure which included obtaining references confirming staff conduct in the previous five years' employment.

Using medicines safely

- Medicines were stored and managed safely. Staff were suitably trained and assessed as competent to administer medicines and two staff signed the medicines administration records to reduce the risk of any errors. The service was innovative in the way people were supported to have meaningful involvement in taking their prescribed medicines. Three people were supported to prepare, take and sign for their medicines with staff supervision.

Preventing and controlling infection

- The service was kept very clean and staff were trained in infection prevention and control. Staff had access to personal protective equipment such as disposable gloves and aprons and used this when supporting people with personal care.

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.

Good: 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

- The service had assessed people's needs and wishes comprehensively so that a person-centred care plan could be formulated for them.

Staff support: induction, training, skills and experience

- Staff completed suitable training for their role. As well as mandatory training staff completed the Care Certificate and other nationally recognised qualifications for working in health and social care. The provider ensured staff had training in relevant topics related to the needs of the people living in the home. This included epilepsy and administering emergency medicines for epilepsy, training in supporting people whose behaviour challenged services, autism awareness and Makaton (sign language system for people with a learning disability).
- Staff said they had all the training they needed. One said, "They are really on the ball". A virtual reality dementia training was mentioned as an example of very beneficial training to help staff understand a person's experience.
- Staff had regular supervision and appraisals and felt well supported by the provider.
- The provider had introduced a staff recognition scheme since the last inspection where staff with long service were given a personal letter, small gift and an extra day holiday.
- There was good use of assistive technology in the service, both to help people to communicate and to alert staff where care was needed so that they could respond effectively. Some people had sensors in their beds that alerted staff to movement or moisture so staff could support them immediately in the event of a seizure or incontinence.

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

- People enjoyed their meals which were freshly prepared daily. People were encouraged to help prepare the meals for example by peeling and chopping vegetables. They chose the menu each week. Staff supported people at mealtimes. One person had written guidelines from a Speech and Language Therapist for eating and drinking. We observed that these were generally followed well but on occasion not followed exactly as some staff did not wait for the person to finish their mouthful before giving them another. This did not have any negative impact on the person during the meal, but we gave this feedback to the registered manager who said they would ensure all staff refreshed their knowledge of the guidelines.

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

- The service worked with healthcare professionals to ensure people's needs were met. They also had specialist advice and support within the organisation which they could request to help people in the home with their relationships, communication and behaviour. Records showed that communication was regular

and effective in sharing information.

Adapting service, design, decoration to meet people's needs

- The building was accessible and homely. Good quality décor and furniture was provided. People each went shopping to choose their items for their own rooms.
- There were a range of spaces for people to use including a sensory room so people could choose to spend time alone or in a group.
- There was a Kosher kitchen as required by people's religion as this home is for Jewish people.

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

- Staff supported people to see healthcare professionals promptly if they showed signs of ill-health. Good clear records were kept of the outcome of appointments with healthcare professionals.
- Relatives told us that staff were very attentive to people's health needs and we noted that staff observed small changes in a person and took action to make a GP appointment.
- Hospital passports and health action plans detailed people's health needs. One person's hospital passport did not include some recent health concerns. The registered manager said that this was because the person's tests were recent and the diagnosis not confirmed but that the information would be added so that hospital staff would be aware if the person had to go to hospital.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Five of the seven people living in the home had a DoLS which had expired. The staff team had contacted the relevant local authorities to inform them of this but two authorities had not reviewed two DoLS for five years. This was not the fault of the home.

- Staff understood the importance of consent and ensured people had choices and respected their decisions if they then changed their mind, for example about taking part in a planned activity they had chosen. Where a person had been assessed as not having the capacity to make certain decisions there were records showing that decisions had been made in their best interests, for example to undergo medical procedures. Care plans were written in people's best interests where they did not have capacity to consent and this was clearly recorded.

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.

Good: 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

- There was a consistent longstanding staff team who knew people living in the home well. We saw all staff interact positively with people throughout the day and people told us they liked staff. One person said staff were "good" and, "very very nice", another signed that staff were good and another person showed us photographs and signs of their favourite staff.
- Staff demonstrated an exceptionally caring approach when working with people. Their comments included; "We love them. They love us", and "The quality of care we give here is really beyond."
- The service recently held a large party to celebrate the birthday of a 96-year-old person and invited families and people in the provider's other local homes. Families told us that the party was enjoyable and staff had worked hard preparing food and ensuring people enjoyed the party.
- The service supported people well with their relationships. Staff had requested specialist advice from within the organisation to help two people living in the home improve their relationship. Staff were following the advice of the specialist and keeping records of the work they carried out to help the two people communicate better with each other. Staff supported people to maintain their family relationships including helping them to buy birthday cards for family members. One relative told us they took their daughter on holiday and staff had offered to go with them to help if they wanted this support. Relatives said that staff were very caring and also gave them good information about how to support people with their medicines and/or communication.
- The home manager had recently left and the staff team had helped each person prepare for this change in their lives in a personalised way. One person had a social story (an easy read story with photographs) explaining that the manager was leaving. Staff recognised that the person was missing the manager and were able to talk with her using sign language about their feelings about this.
- Relatives told us they would not want their family member to live anywhere else other than this home.
- We saw that people felt very comfortable with staff and enjoyed their company.
- Staff showed respect for each person as an individual and supported them in doing things the way they wanted to. For example, staff told us that one person could take a few hours to carry out a task as they liked to go off and have regular breaks. Staff respected this choice and allowed the person to work at their own pace.
- There was a happy friendly welcoming atmosphere in the home. Families told us they always felt welcomed.

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

- Staff supported people to communicate as well as they were able to, so that they could express their views. Staff learned Makaton signs and people's own personalised signs. Eye gaze technology was used for one person and they were supported to practise and develop their understanding of it every day. Staff

helped this person choose their own breakfast every day using the eye gaze technology where they had pictures of food to choose from by looking at the picture. People attended weekly meetings where they discussed and chose meals and activities for the following week. They had photographs of the meals so that they could recognise them and make a meaningful choice. The photographs were then displayed where people could see them and find out what they were having for dinner that day. We saw that people were able to change their mind and staff accommodated their wishes.

- People were comfortable and confident in expressing their opinions. They chose what they wanted to do each day and staff ensured people could make informed choices. If they wanted to go to the cinema staff would print off photographs of the films and tell them about the film so they could decide which film they liked the sound of.
- We saw that people could eat whenever they chose to, join in a group music activity or spend time alone with staff supporting them.

Respecting and promoting people's privacy, dignity and independence

- People had privacy whenever they wished. People's sexuality needs were assessed and supported in a dignified way. Their support needs in this area were documented in their care plan so staff knew how to support people discreetly and respect their privacy. The service supported people to safely explore and express their needs whilst maintaining their privacy and dignity and ensuring their safety.
- People had their own individual shower chairs and mobility equipment to support their mobility and independence needs. They also had their own bathmats which respected their dignity and autonomy.
- Staff were trained in person-centred active support which meant they were able to support people to be as independent as they were able to be in their day to day lives. Staff taught people skills in a structured way (task analysis where the task is broken down into steps) to enable them to carry out tasks independently. The steps for completing the tasks were written clearly with photographs so that there was a consistent approach. People had their own household tasks such as cleaning the lounge, washing the tea towels and weekly checks of the emergency grab bag in the home. The approach used was meaningful to people and helped them learn the skills to succeed at new responsibilities.
- Staff ensured they did not do anything for people but always with them. This helped people feel in control of their day to day lives.
- One person told us that they prepared for the weekly Shabbat celebration in the home. They prepared the table and led the prayers and were proud of this responsibility.
- One person told us they were happy to be able to be independent, taking their own medicines, going to work and having an important role in the home.
- Staff treated people with respect and did not impose rules or routines.
- At night staff used keypads on people's bedroom doors to protect their privacy as one person liked to go in other people's rooms. People could come out of their room but nobody else could enter except staff who knew the keypad code.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person had a detailed care plan setting out their needs and the way they preferred their support to be given in all aspects of their care. One person had a photographic care plan that they could understand showing them in various situations and setting out their needs and wishes. The operations managers told us that the provider was working on making care plans more accessible to all the people they supported.
- Staff ensured people could make meaningful choices in their day to day lives and gave them the means to do so through communication aids. Each person had the support they needed to follow their interests every day. A range of interests were supported including horse riding, swimming, cinema, pottery, music, shopping, visiting the synagogue and in the home there was cooking, karaoke, massage, music therapy, using a sensory room and researching personal interests on a computer. A relative told us that their daughter went out every day of the week to do things they enjoyed.
- One person in the home told us about their weekly programme of activities which they said they were "very happy" with.
- The service ensured people had opportunities for activities out of the home and individual activities so that they did not spend all their time as a group.
- One person told us they had been to Sainsbury's the previous day to buy their toiletries. Staff said that they always ensured people went out to buy things for themselves such as toiletries, clothes and furnishings rather than staff buying items for them.
- The service supported two people to work in a charity shop and a day centre kitchen which they both told us they enjoyed. One person told us they were "proud" to be working. They also showed they were proud of the jobs they had been taught how to do within the home.
- Staff supported a person to go on holiday to place of their choice to Disneyland Paris every year.
- The people living in the home were all Jewish. Their cultural and religious needs and wishes were met. Staff supported people to attend synagogue and to celebrate Shabbat every Friday in the home. There were written and photographic instructions on how to prepare the table for Shabbat. The provider ensured staff, who were not Jewish, had a good understanding of people's cultural requirements through training for all staff in the Jewish culture and Jewish holidays and written guidance in the home for staff to refer to. This had a positive impact on people as their needs were known and understood by staff. The provider also organised cultural events for people in the home to attend. A recent example was a party for 300 people to celebrate the festival of Purim. Relatives told us they appreciated how the provider arranged appropriate events for everybody to attend.
- The provider had also since the last inspection employed a cultural advisor to ensure staff had the knowledge and understanding to meet people's cultural needs. This person also visited the home to meet with one of the people living there and to pray and talk. The person told us they really enjoyed this time

every week.

- The provider ensured staffing levels were high enough that people could have meaningful choice and control over what they did as there was always enough staff to support them with whatever they wanted at any time.
- Staff showed a flexible approach to working with people, changing their plans when people changed their minds which showed staff supported people's rights to be in control of their lives as much as they were able. Examples of this were when people changed their minds about what and when they ate and what they wanted to do.
- A relative told us how the staff team had effectively prepared a person for attending an important family event. Staff had used social stories to tell the person about the event and used photographs to explain who would be attending. They then supported the person to visit the venue several times so that they would be familiar with it. A well thought out programme meant that the person was able to successfully join in an important celebration which they would normally find very difficult.
- The provider had a written complaints procedure and an easy read version for people who were unable to read standard text. Relatives told us they knew how to complain but they all said they did not have any complaints. One relative said, "I don't have any complaints at all." They said that the registered manager and staff team always asked their views and listened to their suggestions.
- Staff responded quickly to any changes in a person's behaviour and made referrals for them to check if the changes were health related and sought specialist advice from within the organisation to interpret and respond to the person's changed behaviour.

End of life care and support

- People's end of life wishes were clearly documented for the future and these met with their cultural and religious requirements. Their families had been consulted and all decisions were clearly documented. Staff provided end of life care and were able to meet the changing needs of people due to age or illness.
- One person's needs had changed significantly due to their age and health issues and the service had been proactive in ensuring they responded to the person's changed needs and provided them with one to one staffing so that their needs were met throughout the day. We saw this person requesting cups of tea, to go to bed for a rest and for regular reassurance. Staff responded immediately in each situation.

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 . Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- All staff demonstrated a commitment to person-centred care. One staff member said, "It is a very good home to work in. Everything is done well."
- The provider encouraged high quality care and had set up specialist teams to help staff support people with their more complex needs. People's needs were complex and varying but the service worked to ensure individual needs were met. Relatives visited frequently and all told us they were very happy with all aspects of the service.
- The provider carried out audits of people's weekly activity programmes and any mental capacity and best interest decision records to ensure people were receiving a high quality individual service.
- The provider's positive behaviour support panel provided specialist support and guidance to the staff team in devising positive behaviour support plans to help people learn the skills they needed to reduce anxiety which caused them to behave in a way that others found challenging. People's progress was monitored. An example of this was a structured activity which aimed to promote good relationships between people living in the home and to help them develop skills such as waiting for their turn. Activities were planned and outcomes for people recorded. The service sent us an example of an activity plan which included guidance for staff on how to communicate with people clearly to offer the activity and enable them to make a choice whether or not to take part as well as how to carry out the activity. An example of this was guidance that for one person staff should use specific words to describe an activity and show a picture of it then wait to see if the person looked at the picture to indicate they would like to take part or looked away to indicate they did not wish to take part.

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

- The registered manager was away on the day of the inspection. Two operational managers attended the home to offer any support to staff. The two assistant managers had a good understanding of regulatory requirements. All staff were clear about their roles on the shift and worked well as a team. Staff told us they thought the teamwork in the home was excellent and helped the service run smoothly.
- The provider had a clear quality assurance framework with standards aligned to the CQC key lines of enquiry. The framework stated what the outcomes would be when the standard was met and what evidence they needed to demonstrate the standard was met. The framework required two to five pieces of evidence to show that a standard was met. This helped the management team understand regulatory requirements.

- There were regular meetings for managers and assistant managers from all the provider's local services to share learning.
- Records were well organised and of good quality showing that a high standard of person centred care had been provided.
- Quality monitoring systems included night time spot checks to ensure good care was provided at night.
- The provider had a clear structured quality assurance framework which included the frequency required for all audits and whose responsibility they were. An example of this was the financial audits of people's money. Audits were carried out weekly, monthly, quarterly and six monthly for financial records. Each person in the service had a monthly audit of their medicines records to ensure they were given their medicines safely as prescribed. This was in addition to two staff checking the medicines each time they were administered to people.
- Audits were carried out by the registered manager, operations manager and quality and compliance manager at specific intervals and specialist teams also carried out audits, for example for health and safety.
- The registered manager was responsible for this service and other local services run by the provider. They had a detailed understanding of each person in the service. A new manager was due to start shortly after the inspection who would be trained by the registered manager and they would apply for registration once they had completed their probationary period. The management structure was clear.

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

- People and their families were fully engaged in their care. Staff supported people to complete satisfaction surveys in a person-centred meaningful way with photographs of the person on their survey, recording their responses whether the response was relevant to the question or not.
- The provider had employed a cultural advisor who visited the service to meet with people and to advise and support staff in meeting people's cultural needs. There was written information for staff to refer to and the provider trained all staff in understanding Jewish culture.
- Relatives told us that the service fully met people's needs and that the service engaged with them regularly.
- There was a relatives association which met regularly and the provider shared their future plans with relatives at these meetings.
- There was a residents committee set up by the provider for people using their residential and supported living services which held quarterly open forums and had guest speakers talking about relevant topics including safeguarding and positive behaviour support.
- We saw from relatives meeting minutes that the provider had plans to set up a women's group and also a siblings group for brothers and sisters of people using their services.

Continuous learning and improving care

- The provider and registered manager were continuously making improvements and showed willingness to learn and improve. Since the last inspection, they had employed a cultural advisor in response to families' concerns about how staff could fully understand the cultural requirements of Jewish people. The provider had also set up a safeguarding board to ensure safeguarding concerns were addressed consistently and proactively in the organisation. They were producing quarterly safeguarding reports which reviewed each safeguarding alert made by or against the provider and included learning for the provider and for external professionals. Specialists in positive behaviour support, communication and engagement and assistive technology provided training to staff and worked with individuals to advise staff on how to improve outcomes for people. One person in the home had improved communication skills after this specialist input

and two people had reduced their behaviours which challenged the service following a structured programme to improve their relationships.

- The registered manager informed us of a new initiative, a behaviour and communication and engagement governance panel starting in April where the provider would have better oversight of the specialist communication work going on across all its care homes and supported living services and be able to use the information to plan further improvements.
- The provider had recently implemented a new annual cycle of audits for all their residential and supported living services for each CQC domain (safe, effective, caring, responsive and well-led) and was rating services which led to action plans being produced for any standards not fully met.

Working in partnership with others

- The service worked in partnership with people, their families and healthcare professionals. They asked people and their relatives for feedback as part of their audits of all aspects of the service. They also worked alongside other services providing a service to people living in the home such as the Barnet learning disabilities team and daycentres. The service made good use of a volunteer to support a person in their work experience.
- A relative told us they felt the service worked in partnership with them and they were fully involved in all aspects of their family member's life.
- People's families described being involved and consulted regularly. They told us staff were "professional" and "thorough" and had a very high level of satisfaction with the service. The provider held monthly surgeries for families of people living in all their local services where they could come and discuss any concerns or get advice. They told us this worked well with relatives who lived further away who were not able to visit the service regularly and could instead book an appointment with the registered manager and operational manager at a monthly surgery.