Miss B J Anning

Norwyn House

Inspection report

Charmouth Road
Raymonds Hill
Axminster
Devon
EX13 5ST

Tel: 0129735111

Date of inspection visit:
18 August 2016

Date of publication:
04 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 18 August 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults. As they are often out during the day, we needed to be sure that someone would be in. The service was last visited on 21 May 2015 and two breaches of regulations were found in relation to consent and record keeping. At this inspection the required improvements had been made.

Norwyn House is a small residential care home for people with learning disabilities, that is registered to provide accommodation with personal care for a maximum of five people. Four people lived there when we visited. It is a family home and the registered provider is in day to day charge of the service. 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.

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). Mental capacity assessments were completed, and identified how people could be supported to make as many day to day decisions as possible. Where more significant decisions were made about a person's care and treatment, there was evidence that relevant professionals and relatives were consulted in decision making in their best interest.

People who lived at the service felt safe living there. Staff knew about their responsibilities to safeguard people and to report suspected abuse. People received their medicines on time and in a safe way.

Staffing levels were sufficient to ensure people received appropriate care and support. The provider had increased the hours of a member of staff, which meant people had more one to one support to go out and undertook a wider variety of activities. The service managed risks in positive ways to enable people to lead fulfilling lives and to be involved in their local community.

People were supported by staff that had the necessary skills, knowledge and experience to support their care needs. They had access to ongoing healthcare support and were encouraged to lead a healthy lifestyle. Care records were up to date, care plans and risk assessments were reviewed and updated as people's needs changed. Daily records captured in detail how each person spent their day and details about their physical and emotional wellbeing.

People had their needs met by staff who had an in-depth knowledge of their communication, care and health needs. Staff knew people well, and cared for them as individuals and were kind, caring and compassionate towards people. They promoted people's independence, respected their dignity and maintained their privacy. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with each person's wishes and preferences. People were supported to express their views and be involved decision making.

People felt confident to raise concerns. Any complaints or grumbles were listened and appropriately responded to.

The service was well-led. The culture of the home was open, friendly and welcoming. People, staff and professionals expressed confidence in the provider. People's views were sought and taken into account in how the service was run. The provider made changes and improvements in response to feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were assessed and actions taken to reduce them as much as possible. They were managed in positive ways to enable people to lead more fulfilling lives.

People received care and support at a time convenient for them because there were enough staff.

People who lived at the service felt safe at the home and in the community.

People were protected because knew about their responsibilities to safeguard people and to report suspected abuse.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005).

People were supported by staff that had the necessary skills, knowledge and experience.

Staff knew about the support needs of the people they cared for.

People had access to ongoing healthcare support and were encouraged to lead a healthy lifestyle.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people.

Staff promoted people's independence, respected their dignity and maintained their privacy.

People were supported to express their views and be involved in decision making.

Is the service responsive?

Good

The service was responsive.

People were protected because accurate records of care and treatment were maintained.

People were supported to have a range of interests and activities and accessed their local community regularly.

Staff knew people well, understood their needs and cared for them as individuals.

People felt confident to raise concerns. Any concerns were listened to, and addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, friendly and welcoming.

People, staff and visiting professionals expressed confidence in the provider.

People's views were sought and taken into account in how the service was run.

The provider made changes and improvements in response to feedback.

Norwyn House

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 checked 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.

The inspection took place on 18 August 2016 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with all four people who lived at the service to hear about their experiences of the service. We met the provider and another member of staff and observed staff interactions with people during the day. We looked in detail at two people's care records and at various records relating to the health and safety of premises. We also looked at two staff files and at staff training records and a communication diary.

After our visit we sought feedback from commissioners and health and social care professionals involved with people who live at the home to obtain their views of the service. We received response from one of them.

Good

Is the service safe?

Our findings

People who lived at the service said they felt safe and happy living at the home. One person said, "I would speak to [provider] if I was worried about anything."

People were protected because staff had good awareness of how to keep people safe and protect them from avoidable harm. For example, staff had information about a historical concern, so they could plan and supervise visits. People said they would talk to the provider, staff and other family members if they were worried or felt frightened and were confident they would help them. Staff received training in safeguarding adults and were familiar with the types of abuse that should be reported. Staff knew how to report concerns and were confident any concerns would be addressed. No safeguarding concerns had been reported since the last inspection.

The provider undertook individual risk assessments and from this identified each person's care and support needs. For example, a person's falls risk assessment had been updated to show they had started to use the mobility frame previous provide for them. This was because the person's mobility had deteriorated, which had increased their risk of falls. This provided them with more support and reduced their risk of falling and was helping them maintain their current level of mobility by exercising regularly. The provider said, "The frame is a huge success, [person's name] loves using it and is doing a lot more walking." Three people had been risk assessed as able to go for a walk locally and to visit local shops where they were well known and knew how to cross the road safely and were accompanied when going further afield.

People were supported to understand what keeping safe meant and were enabled to take risks in order to lead more fulfilling lives. For example, previously a person who lived at the home had to be accompanied at all times when outside. Since we last visited, the person had been supported to take a short walk independently along a footpath near their home, within sight of a staff member. They were very proud of their achievement and enjoyed this increased level of independence. Another person could use the bus and the train independently, when staff wrote down their instructions for them, and arranged for a relative to meet them at their destination. Staff made sure the person had the provider's contact details with them, so they could ask for help if they got lost or frightened.

People were supported by a stable, skilled and experienced team skilled in caring for people with learning disabilities, who knew each person well and provided continuity of care for them. Staffing levels were sufficient to support the needs and preferences of people living at the home. The provider employed two part time staff, and had increased one staff member's hours from one day a week to three, since we last visited. The increased staffing levels meant there were two staff on duty more often. This meant people had more opportunities to go out one to one with staff or in smaller groups, and meant some people could choose to remain at home, if they wished. One person had recently been shopping with a staff member to choose some new clothes and proudly showed us their new jeans and shirt. Having two staff on duty more often also meant people were better supported to keep busy and occupied during the day. At night, the provider lived in the home and was available if anyone needed anything. No new staff had been recruited since we last visited.

People were supported to receive their medicines safely and on time. Each person's medicines were kept in their bedroom in a locked cupboard. The home used a monthly monitored dosage system for each person. Medicine administration records were well completed and showed people always received their medicines. Where, as needed medicines (known as PRN) were used, the reason for their use and the effect was separately documented in a notebook. The provider said the consultant psychiatrist had praised this system and found this information particularly helpful, whenever they saw the person for their regular appointment.

Individual risk assessments showed each person needed staff support to take their medicines. A person, who had previously stopped managing their own medicines because they hadn't managed them safely, had been supported to try again. Previously they kept dropping their tablets, so the provider suggested they put their medicines on a tray, to catch any dropped tablets, which was working very successfully. The person was very pleased about this achievement, which boosted their confidence and increased their independence.

There was a programme of ongoing repairs, maintenance and redecoration of the building. A plumber had been called recently to fix the toilet flush in the upstairs bathroom. A thermometer was used to check water temperatures before bathing, although these checks were not recorded. One person's bedroom had recently been redecorated and another person's was due to be done soon. Records showed gas, and electrical equipment was regularly tested and serviced. Regular checks of the, fire alarm and fire extinguishers, smoke alarms, emergency lighting and fire exits were also undertaken. People and staff completed fire training and fire evacuation drills, the most recent one was done in April 2016. An accident book was used to report any accidents and none were reported since we last visited.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had access to hand washing facilities and used gloves and aprons appropriately. Staff used suitable cleaning materials, which were securely stored. Daily fridge temperatures were checked to ensure food was safely stored at recommended temperatures. The most recent environmental health visit had awarded the home a top rating level of five (good).

Good

Is the service effective?

Our findings

Improvements had been made in relation to documenting consent for decisions where people lacked capacity to make those decisions. Staff sought people's consent for all day to day support and decision making. People were offered choices, in every aspect of their day to day decision making, such as what time to get up, what to wear, food choices and how they wished to spend their day.

People's consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act (MCA) 2005 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found they were.

Staff had undertaken additional training on the MCA and DoLS and demonstrated an understanding of how they applied these in their day to practice. Mental capacity assessments had been completed about people's ability to make day to day decisions for themselves, and included how staff could support people with decision making. For example, for one person, by organising their clothes in their drawers in a way that enabled them to easily choose what they wanted to wear each day. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. Where more significant decisions were made about a person's care and treatment, there was evidence people's capacity to consent had been assessed and relevant professionals and relatives were consulted in decision making in the person's best interest. For example, in relation to a decision about the need to take prescribed medication for an enduring mental health condition. The provider had assessed and concluded no Deprivation of Liberty applications were needed for any of the people who currently lived at the home.

People had their needs meet by staff who had an in-depth knowledge of their care and health needs. All staff had qualifications in care and undertook regular update training such as safeguarding adults, food hygiene, infection control, health and safety and moving and handling. The provider supported staff in their practice through regular informal one to one supervision, when they worked with them and at handover. Staff felt well supported by the provider said they valued the opportunity to talk through any issues. Currently, there was no annual appraisal system through which staff received feedback on their performance and discussed any future training and development needs. When we followed this up with the provider, they said they would address this.

Each person had an assessment of their care needs and detailed care plans informed staff about the care and support they person needed. For example, a person's care records included information for staff on recognising and managing any signs of anxiety and distress. People received regular health care services from their GP, dentist, optician, and a chiropodist. Each person had an annual health check by their GP and

were supported to see other appropriate health and social care professionals when needed, to meet their healthcare needs. For example, a consultant psychiatrist and a physiotherapist.

People's needs were met by staff who knew people well, and were skilled and confident in their practice. A staff member said, "[The provider] knows people really well and is attuned to any changes in a people's mood." Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing, such as by recognising changes in a person's physical or mental health. For example, when a person was singing loudly, they said that could indicate the person was overstimulated and might benefit from some quiet time in their room listening to relaxing music. Care records showed how a person was supported when they showed signs of anxiety, for example, by distracting the person and encouraging them to have a relaxing bath. A mental health professional, providing feedback about how staff at the home were supporting a person with their mental health needs wrote, '[Person] remains stable, a major contributory factor is he is receiving adequate support in a capable environment.'

People were supported to maintain good health, eat a varied diet. Care records included details about people's food likes and dislikes. Staff described how they encouraged people to make healthy eating choices and always had fresh fruit available. The provider prepared the main meal each evening, and people were consulted and involved in meal planning each week. At lunchtime, people chose what wanted they wanted to have, for example, each person chose their preferred sandwich fillings.

Since we last visited, the provider had completed improvements at the home through building an extension. This included a wheelchair accessible ramp, a bedroom and more accessible bathroom facilities, all downstairs. Currently, all four people still had upstairs bedrooms but the provider was planning ahead so these facilities will be available, when needed, if a person's mobility deteriorates further and they are unable to manage the stairs.

Good

Is the service caring?

Our findings

People said they were happy at the home and enjoyed living with the provider and their family. There was a family atmosphere, people were relaxed and comfortable with one another and with staff. One person, speaking about another person who lived at the home said, "She is a princess in this home." In the provider information return, the provider said, 'We are very open and honest with each other and respect each other's privacy.'

When we arrived, a person was very happy and excited as they were about to go out for the day. This was a weekly trip to an arts for health group for people with learning disabilities, which they loved going to. The person was talking animatedly to the provider about the day ahead, and they took us upstairs to show us their room, where some of their artwork was proudly on display. They spoke with the provider about the day ahead, and happily got into the taxi with a driver they knew and travelled with each week.

Staff knew each person well, and treated them as an individual. They made sure each person received individual attention and included them in their conversations. They were patient, and gentle with people, listened carefully to what they had to say and spoke about their achievement with pride and affection. For example, everyone joined in the joke, when a staff member showed us the home's fish tank. This was because people and staff had used a fish tank to make an arts and crafts aquarium, in which people had put various fish they had drawn, coloured in and cut out. A staff member explained what each person had contributed to the aquarium, so they could praise and highlight each person's talents. For example, that one person was particularly good at writing and wrote the sign and that another person was very good at colouring and drawing. People joined in to tell us how much they had enjoyed collecting pebbles and shells at their local beach to put in their aquarium.

The provider promoted dignity and respect and equal rights for each person. This was re-enforced by pictures and messages displayed around the home. One said, "We all have a right to a good life." People enjoyed being part of the family and enjoyed contact with the provider's family, their dog and with other relatives and friends. Staff treated people with dignity and respected their privacy. When entering people's rooms, they knocked on people's doors and waited to be invited in. A person said staff respected their privacy and they could have a bath on their own.

Each person had their own room and could lock it if they wished to when they went out. People's rooms were personalised with things that were meaningful for them. For example, a person showed us their family photographs and explained who each person was and showed us their 'dinky' toy and 'ladybird' collections which were displayed in their room.

Staff had a caring and compassionate relationship with each person. For example, recently the provider had gone away to London for a few days leave, and another member of staff came to stay with people at the home. During this time, a person using the service became very concerned about the provider's safety because they had been watching the news about security risks in London. The staff member contacted the provider, who spoke with the person to tell them they were safe which reassured them. They arranged to

ring the person every day after that, till they returned, so they could alleviate the person's anxiety.

There was a shared lounge where people could get together. At lunch time, three people chose to eat together and chatted companionably. Staff acted in accordance with the person's wishes and preferences. For example, that a person liked to spend time with others but also liked to spend time alone in their room undisturbed, which staff respected.

In the provider information return, the provider confirmed family and friends were always made welcome within the home and staff supported people to visit friends and family. People were supported to stay in touch with friends and family via phone and by writing and sending them birthday and Christmas cards. For example, staff told us how they were encouraging a person to improve their writing skills by getting them to write to their brother about the things they enjoyed doing. One person told us about how much they enjoyed celebrating their birthday when their mum visited, and they had a birthday cake with candles. The provider made further enquiries about another person's relative, who hadn't responded to their contact with them and found they had moved house, so obtained their new address.

One person had limited speech and had their own way of communicating and used words and simple signs unique to them, which staff understood and explained to us. For example, they used C shape to indicate they would like a cup of coffee. When they wanted staff to listen to them, they would take them by the hand. When they referred to a staff member as 'Mummy,' the provider explained this conveyed their affection for them. This demonstrated staff knew what their non-verbal signals and own language meant.

People were supported to express their views and make decisions about their care and support, according to their ability. In the provider information return, the provider highlighted people at Norwyn were very diverse and individual and this was encouraged and respected. Each person had a personalised 'My life plan' which they were fully involved with developing. These were used on a daily basis and staff chatted to people about what to write in them about the person each day.

Good

Is the service responsive?

Our findings

The provider had made improvements to people's care records. Care plans were regularly updated and accurately reflected people's current care and treatment needs. They included detailed information about each person, their communication needs, what they could do independently and what they needed support with. For example, that a person could brush their own hair and dress themselves but needed prompting with having a shower and washing their hair. That another person liked to dress smartly each day, but needed staff to prompt them to change their underwear. Each person had a daily record where staff wrote about each person's day. This included details about their personal care, meals, how they had spent their day and about their mood and physical wellbeing. Care records showed people were involved and had contributed to reviews of their care plans.

Staff knew people well, understood their needs and cared for them as individuals. For example, staff recognised when a person was worried or upset and responded immediately, by speaking calmly and gently to them. On other occasions, records showed the person was encouraged to have a relaxing bath, listen to soothing music or take extra medication for their anxiety if they remained anxious. The provider explained they had changed the time they gave a person their medicine to earlier in the morning, as they noticed they were quite anxious at breakfast time. They said this meant the person had one to one time with them to tell them how they had slept, and to chat and plan their day. They said the person was much happier and less anxious in the mornings now.

People told us about their interests and hobbies and what they liked to do. One person liked to read the local paper every day and discussed an article about the local sports centre with us. Another person proudly showed us the outside seating area they had made since our last visit. They had planted flowers and vegetables growing in tubs and watered them every day. People's care records included details of their interests and hobbies, for example, that one person liked the guitar and rock music and another liked 80's music and old TV adverts. A staff member told us how they were using the computer to stimulate people's interests and initiate conversations. For example, playing videos of 80's music for one person and researching about Graceland for another person who was an Elvis fan. One person liked to go out for coffee with a member of staff and to choose their own clothes and toiletries. In the provider information return, the provider highlighted that each person had grown in confidence over the years from living a Norwyn House and these examples showed people continued to do so.

A staff member explained they had got the idea for the arts and crafts fish tank from a friend who worked as a teacher, and everyone had really enjoyed making it. They explained that last Christmas they had made a nativity scene in it. Staff used age appropriate 'Colour me mindful' art books with intricately detailed line-art, such as scenes of underwater landscapes which some people found very relaxing and therapeutic.

People went out locally most days, and daily records showed what outings people had enjoyed over the past month. For example, playing skittles, a trip to Honiton agricultural show, to Lynton and to the donkey sanctuary. People had personal goals and ambitions and staff were helping them maintain or increase their independence and learn new skills. For example, one person had been encouraged to develop their writing

skills by writing letters to people. People showed us photographs of them cooking pizzas recently, and told us how each person chose their own topping. People were encouraged to help with household chores, for example, tidying their room, vacuuming, polishing and one person was responsible for the recycling each week.

Three people had regular exercise regimes, recommended by a physiotherapist, which staff encouraged people to do by incorporating them into their daily routines. Staff prompted one person to use their walking stick and put their foot properly onto each step when going upstairs. They encouraged another person to take short walks independently using their wheeled walker. This meant people benefitted from regular exercise, and were encouraged to maintain their mobility and independence for longer.

The provider said a person's language and communication skills had significantly improved now that two staff were regularly spending time talking and listening with them, which encouraged them to speak more.

People said they could speak to staff if they had any worries or complaints and said these were dealt with. Whenever there was any disagreements between people, staff encouraged people to talk to one another and settle their differences. A staff member speaking about the home said, "It's like a normal family, sometimes they fall out, and we deal with it when it arises and get them to talk about what happened and say sorry." The provider had not received any complaints since the last inspection.

Good

Is the service well-led?

Our findings

People, staff and professionals expressed confidence in the provider. The culture of the home was based on the provider's ethos of treating people with fairness, dignity and respect. The service's vision and values centred on the people they supported and this philosophy was embedded in Norwyn House.

In the provider information return, the provider said, 'Due to an extremely low turnover of staff, relationships have been able to develop over many years allowing a depth to the care given and a great sense of belonging to all.' A staff member said, "We all get on well together, it's one big happy family." They confirmed they worked well with the provider and trusted one another, and said, "I'm 100% sure we are doing the best for people."

The provider worked in partnership with health and social care professionals to support people's needs. A health professional said they thought a person at Norwyn House had benefitted from the stability and continuity of care by staff who had known them for a long time. In the provider information return, the provider highlighted compliments from the GP, physiotherapist, chiropodist and families who reported positively on the quality of care, the close relationships between staff and people and how happy everyone was. Next year the provider planned to devise a survey to ask for further feedback.

People's views were sought and taken into account in how the service was run. This happened informally, as opportunities arose. These included discussions about menu planning and about planning individual and group outings and activities. In the provider information return, the provider said, 'People are encouraged to speak up and share their views and opinions and support is given to enable everybody to understand that their opinion is theirs. Other people may not agree but that doesn't make either wrong and often this leads to great conversation for us all as a group, (and has over time built a great respect for each other).'

Staff confirmed they were consulted and involved in decisions about the service and their views were sought and acted on. This happened during handover meetings and informal staff discussion by telephone. A staff member said they could ring the provider anytime to discuss issues or seek support and advice. Each staff member had delegated responsibilities. For example, one staff member took the lead for housekeeping and infection control, and monitored cleanliness.

A communication book was used by staff to pass on important messages to one another. It included reminders such as people's appointments, details of people's daily individual exercises, and any changes to medication. Although there were no formal staff meetings, staff said they worked well with the provider, discussed people's progress at handover, contributed their ideas, and felt able to raise any issues.

The provider had purchased a commercially developed care records system, which meant paperwork was regularly updated in response to any statutory or regulatory changes. Care records and health and safety record systems were well organised and reviewed regularly, although staff records were not kept up to date about the training staff had undertaken.

The provider received update information from the local provider engagement network through an e bulletin. They also had lots of contacts with the local learning disability team and local authority colleagues, which they found helpful in keeping up to date. They received the CQC monthly newsletter to keep up to date with future regulatory changes and developments. They were aware of their responsibilities to notify CQC about certain events, through statutory notifications, although no incidents that needed reporting had occurred since we last visited.