

# Norwood

# The Elms

## Inspection report

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Date of inspection visit:  
05 January 2016  
07 January 2016

Date of publication:  
15 February 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

This inspection took place on 5 and 7 January 2016 and was unannounced. The Elms is a residential care home for people with learning disabilities and associated physical disabilities. It can provide accommodation and personal care for up to eleven people at any one time. On the day of the inspection nine people were using the service.

At the time of the inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider completed recruitment checks on potential members of staff. Essential maintenance of the property was carried out promptly but more routine issues could take longer and occasionally required chasing by the manager. Checks on fire alarms and emergency lighting had been completed in accordance with the provider's policy and manufacturer's instructions.

There was a system to ensure people received their medicines safely and appropriately. There had been three medication errors in the previous year which had resulted in a complete review of the system for medicines management. The quality of the service was monitored by the acting manager through gaining regular feedback from people and their representatives and periodic auditing of the service. The provider had plans in place to deal with emergencies that may arise.

People who use the service were limited in their ability to give specific views but relatives and commissioners told us they were generally happy with the service they received from The Elms and felt that people were safe using the service. The service had systems in place to manage risks to both people and staff. Staff had good awareness of how to keep people safe by reporting concerns promptly through procedures they understood well. Information and guidance was available for them to use if they had any concerns.

People were treated with kindness, dignity and respect. They were involved in decisions about their care as far as they were able and relatives/representatives told us they had been asked for their views on the service. People's care and support needs were reviewed regularly. The acting manager ensured that up to date information was communicated promptly to staff.

Staff felt well supported by the acting manager and said they were listened to if they raised concerns and action was taken straight away if necessary. We found an open culture in the service and staff were comfortable to approach the acting manager and the assistant manager for advice and guidance. Staff understood their responsibilities in relation to gaining consent before providing support and care, therefore people's right to make decisions was protected. New staff received an induction and training in core topics.

## 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. Recruitment procedures were followed thoroughly, testing of fire equipment was carried out in accordance with policy and maintenance of the property was completed promptly.

There was generally sufficient suitably skilled and experienced staff to meet people's needs. Risks were assessed and monitored regularly and medicines were managed safely.

Staff demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

### Is the service effective?

Good ●

The service was effective. People were supported by staff who received relevant training to enable them to meet their needs. Staff met regularly with their line manager for support and to discuss any concerns.

People's right to make decisions about their care was protected by staff who understood their responsibilities in relation to gaining consent.

People were supported to have sufficient to eat and drink in order to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring. We observed and we were told that people were treated with kindness and respect. People were encouraged and supported to maintain independence.

People's privacy and dignity were maintained and people were involved in their care. Staff knew people's individual needs and preferences well.

### Is the service responsive?

Good ●

The service was responsive. People had their needs assessed.

They and their relatives were involved in planning their care.

People were offered choice and their decision was respected.  
People were supported in a personalised way.

Information on how to make a complaint or raise a concern was readily available.

**Is the service well-led?**

**Good** ●

The service was well-led. We found an open culture in the service. People responded well to the acting manager. Staff and relatives told us they found the acting manager approachable and said he listened to them.

The quality of the service was monitored by the acting manager through periodic internal audits. There was no systematic auditing of the service by the provider which was conducted by personnel who were external to the home. Staff had opportunities to say how the service could be improved and raise concerns if necessary.

People had opportunities to maintain links with the community.

# The Elms

## **Detailed findings**

### Background to this inspection

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

The inspection was carried out by one inspector on 5 and 7 January 2016. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted twelve health and social care professionals including local authority care commissioners to obtain feedback from them about the service. We received three responses and spoke to a local authority commissioner and a relative during the course of the inspection. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

During the inspection we spoke with five members of staff, including the acting manager, assistant manager and three care workers. We obtained limited feedback from people who use the service but spoke with one relative. We observed staff supporting people during the course of the day.

We reviewed the care plans and associated records for four people. We examined a sample of other records relating to the management of the service including staff training records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for three of the most recently employed care staff.



## Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available to all staff. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. We saw from the service's safeguarding records that any allegations were taken seriously. There had been two medication errors recently and these incidents had been reported to the local authority safeguarding team and also notified to the Care Quality Commission (CQC) as required. The records contained details of actions taken by the service as well as the outcomes of any investigations.

Two people who use the service were able to tell us they felt safe. One relative told us they felt confident their family member was usually safe when using the service. They said: "I believe the home has [name] best interests at heart". One commissioner told us that: "The staff are happy to contact us immediately if they are worried about any of the residents. The staff ensure that they implement advice/guidelines given by the therapist". Another commissioner when asked if people were safe told us, "Yes, however there were two recent medication errors, which the home has been advised to look into to prevent a re-occurrence".

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff indicated how to manage and reduce the risks associated with situations the person found difficult or distressing, whilst ensuring they participated in activities of their choice. We noted that the risk assessment for one individual who required supervision whilst eating did not make this explicit. However, there were detailed guidelines for this person clearly displayed in the kitchen. Detailed risk assessments relating to the service and the premises including those related to fire, health and safety and use of equipment were in place. A full health and safety review of the service was undertaken by the provider in November 2014. Recommendations from this report had been completed.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. We saw some significant gaps in recording of fridge temperatures in one of the single person flats. The water log provided additional recommendations to flush little used outlets due to recent positive legionella readings. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills had

been conducted twice in the previous year and were arranged at different times of the day to ensure that all staff and people living in the home experienced the evacuation procedures. A fire authority visit had been undertaken in February 2015 which had found the service broadly compliant, however the report had not been received by the service until September 2015. Each person had an individual care plan specifically relating to fire evacuation. An up to date fire risk assessment for the building was in place.

We looked at the recruitment records for the three most recently employed members of care staff. Robust recruitment practices helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment.

Staffing levels were dependent upon the needs of individuals being supported at the service and were flexible where possible in relation to undertaking activities or if people were unwell. Some people were funded and supported on a one to one basis throughout the day. There was provision for a minimum of six staff on duty in the mornings and five for the afternoon/evening shift. Nights were covered by two waking night staff. On the day of the inspection there were five staff on duty for the morning shift. This reduction had occurred due to unforeseen sickness. The home had four and half fulltime care staff vacancies. Shifts were covered by a combination of overtime and regular agency staff. The service had managed to recruit a number of agency staff to their permanent establishment over the previous year. Permanent staff worked morning and afternoon shifts during the week and generally long days at weekends. There were staggered start times to accommodate particularly busy periods of the day to ensure that people could attend the activities and leisure pursuits they were time tabled for. It was evident from talking to staff that when the balance of agency and permanent staff on shift was weighted towards more agency staff the permanent staff worked under increased pressure.

Generally people's medicines were stored and administered safely and staff had received training in the safe management of medicines. Staff who were involved in medicines management had their practical competency tested. The provider had a medicines policy and procedure. Each person had been assessed to ensure the support they required with their medicines was individualised. However, there had been three medication errors over the previous six months. A review of the procedures had been conducted by the providers quality and compliance manager which had led to an action plan for the home. Some of these actions were still subject to review so that trigger points could be clearly identified and reoccurrence could be avoided. In line with a recently implemented medication audit process for the village as a whole the acting manager conducted a monthly audit of the medication arrangements. Consideration was being given to the re-siting of the medicines storage cabinet in order to simplify the process. In addition, communication between the surgery and pharmacy was being reviewed. A pharmacist conducted a review of the medication arrangements on 17 December which identified generally safe practice and included a small number of recommendations.

When appropriate, incidents were recorded by staff before being reviewed and investigated by the acting manager. All incidents that required physical intervention by staff were presented to a panel organised by the provider. Analysis of all incidents was discussed with the staff team to identify actions to reduce them in the future. The incident and accident monthly records recorded what action had been taken. The provider had an emergency contingency plan which included arrangements for alternative accommodation and procedures to follow in events such as fire, flooding, storms and loss of utilities.





## Our findings

People received effective care and support from staff who were well trained and supported by the acting manager and provider. Staff knew people well and understood their needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. For example, we saw one person being prompted to access their money for shopping and this was conducted in a clear and supportive manner. We were told by one commissioner that: "There are always staff around and are happy to talk to us about the residents in the home", and "All the staff know all the residents well".

Staff received an induction when they began work at the service. We were told by agency staff that they received an induction into the home which included an overview of each person living there. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with, for example, epilepsy, dementia and autism. Training was refreshed for staff regularly and further training was available to help them progress and develop. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue.

Individual meetings were held between staff and their line manager on a regular basis. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. Staff told us that the acting manager was approachable and that they could always approach him or the deputy manager to seek advice and guidance.

Staff meetings were held periodically. Minutes seen indicated that meetings had been held in April, May, June and then November. The acting manager told us that it had not been possible to hold them as frequently due to the number of fulltime care staff vacancies. The minutes of staff meetings showed discussions took place regarding individuals using the service, policies and procedures and maintenance of the property.

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 the least restrictive option. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and understood the need to assess people's capacity to make decisions.

Discussions with the acting manager, staff and records showed that appropriate referral's had been made in respect of individuals capacity to make particular decisions. One commissioner told us that, "When required a best interest meeting has been set up for the residents to discuss with their advocate (representative) the best way to move forward in their best interests".

People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. All information about people's health could be easily accessed, including in an emergency situation. One commissioner told us: "Staff in the home are always pro-active in phoning and booking appropriate appointments where needed. If we have suggested that a resident requires a GP, orthotic or wheelchair appointment etc, they have always chased this up".

Staff worked with people to ensure they had sufficient to eat and drink and according to their preferences. Each person's preferences, likes and dislikes were recorded in their care plan. There was a rolling three weekly menu plan which people were supported to be involved with. Activities sometimes included eating out where individuals continued to make their own choices. We observed the lunchtime arrangements and noted that no table mats or napkins were used to enhance the experience for people. We did observe appropriate interactions between staff and the people but we saw that general documentation was being completed whilst people were still eating. We advised the deputy and acting manager that there was a lack of table preparation and they undertook to address this. We noted that one of the fridges in the kitchen required defrosting as a matter of urgency. Also opened food products were not marked with 'use by' dates.

There was a maintenance programme in place and we were told that certain communal carpets including the lounge were being replaced. There had been some difficulties experienced with the heating and water temperature which had led to a replacement boiler being fitted. There were some areas of the home and furnishings which required updating and we were told about plans to replace some curtains etc which would be covered within the homes current budget.



## Our findings

On the day of the inspection we saw that people looked relaxed and calm. We observed positive interaction between people, the acting manager and supporting staff.

We observed people leaving and returning from various activities and we saw that people were treated with respect and dignity. Support was offered in a calm and patient manner. Staff always asked people for their opinion and offered choice and help when required. One commissioner confirmed that privacy and dignity was respected and told us, "I feel that the way that the staff talk with the residents is appropriate and shows respect and dignity". Another said, "staff always ensure the residents are appropriately dressed".

Staff demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. There was recognition that due to the increasing age of some of the people living in the home a more relaxed and less goal focussed approach to activities was appropriate. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion. One commissioner told us, "there are always staff around who are happy to talk to us about the residents in the home".

Most people using the service had particular communication needs, however, staff ensured that they were involved in making decisions about their care as far as possible. Staff provided examples of how individuals communicated their needs and feelings. Information was provided in different formats such as pictures to help people understand such things as activities and meals. Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well.

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. The majority of care plans were written by the deputy manager with changes and updates being the responsibility of the key workers. Due to staff shortages there had been a recognition that individual behaviour plans needed to be provided for some individuals. It had become apparent that the detailed knowledge of individual's needs and preferred interventions required documenting so that staff who were less experienced in the home had access to this information. People

were provided with activities, food and a lifestyle that respected their choices and preferences. Plans of care included people's life choices, aspirations and goals. End of life care plans were in place, if appropriate. One commissioner told us, "The residents are given freedom of choice for activities".

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence.



## Our findings

Staff were aware of people's needs at all times. They quickly identified if people needed help or attention and responded immediately. Staff were able to accurately interpret people's body language or communication sounds and acted appropriately. Commissioner's told us that the service always responded to people's needs.

Care plans were detailed and daily records were accurate and up-to-date. Where people were unable to express their own views family and professionals had been involved in helping to develop the support plans. Daily records described how people had responded to daily activities, choices given and communications. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why and were able to offer people individualised care that met their current needs. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. The acting manager told us activities were an essential part of people's support and helped to avoid people becoming distressed or anxious. There had been issues recently with the onsite day services because the lift which enabled people to access the first floor kitchen had not been working. This had placed additional pressure on the staff team to provide appropriate alternative activities for people. The acting manager told us people were supported to attend religious services if they wished to.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection the recorded complaints had been addressed and resolved appropriately. The relative told us they were aware of the complaints procedure and knew how to raise concerns if necessary. Most people were unable to complain without assistance and needed the support of staff or families to make a complaint. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The complaints procedure was displayed in the office and in a communal area of the home so that visitors knew how to make a complaint. Complaints and concerns formed part of the service's and provider's quality auditing processes.



## Our findings

The Elms has been without a registered manager since September 2014. The current acting manager had submitted an application for registration on two occasions during this time but they had been returned by the Care Quality Commission due to inaccurate completion. At the time of writing this report a new application had been submitted by the acting manager for registration.

Staff described the acting manager as, "very approachable, motivating and very supportive". There was an honest and open culture in the service. Staff were aware of their responsibilities and understood how they related to the wider team. Throughout the course of the inspection the manager was observed being approached by staff and people in a relaxed manner and they were responded to positively and with respect. Staff told us they were listened to by the manager and felt they could approach him with issues and concerns. They confirmed there was a good team spirit that encouraged staff to work well together for the benefit of people using the service.

People, staff and other people's views were listened to and actions were taken in response, if necessary, appropriate and possible. The service had a number of ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People's families and friends were sent questionnaires annually. Staff views and ideas were collected by means of regular team meetings, 1:1 supervisions and staff surveys.

The acting manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used mini buses available on the site and individual cars to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice wherever possible.

The service worked closely with health and social care professionals to achieve the best care for the people they supported. They had strong links with the specialist community learning disability health team and relatives. One commissioner told us that staff keep them well informed and they work in partnership with professionals. People's needs were mostly accurately reflected in care plans and risk assessments. People's records were generally of good quality and completed as appropriate. The commissioner said: "Information is good and accurate and recorded appropriately." It was noted that not all staff signing sheets, which were designed to confirm staff had read and understood records, were up to date.

A programme of internal audits was completed by the acting manager. A monthly audit report identified actions needed to manage any issues found. Monitoring of significant events such as accidents and

incidents was undertaken by the compliance manager who was external to the home. This was in order to identify any trends or patterns so that action to prevent reoccurrence could be taken without delay. In addition to the audits carried out by the acting manager, the provider completed additional checks on the service including health and safety and reviews of financial records. It was noted that there was no systematic and regular monitoring of the quality of the service undertaken by the provider by personnel external to the home. This could lead to omissions or concerns in respect of the quality of the service being unidentified by the provider. We saw that in response to the recent medication errors an extensive audit covering several days was conducted by the quality manager in order to identify ways of preventing reoccurrence.