Norwood

Pamela Barnett

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 17 & 18 October 2016 and was unannounced.

Pamela Barnett is a care home which is registered to provide care (without nursing) for up to sixteen people with a learning disability and physical disabilities. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. It is situated some distance from local amenities and public transport. There are four self-contained flats and at the time of the inspection sixteen people were living in the home.

The registration certificate was on display and was up to date. There was a registered manager for the service who worked full time hours. 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 recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with highly effective care from a core of dedicated staff who had received support through supervision, staff meetings and training. People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with their families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were supported to receive the training and development they needed to care for and meet people's individual needs. People received very good quality care. The provider had taken steps to periodically assess and monitor the quality of service that people received. This was undertaken by the home manager and the deputy manager through internal audits, through care reviews and requesting feedback from people and their representatives.

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.

Relatives felt that people were very safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had relevant skills and experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly together and with their line manager for support to identify their development needs and to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were encouraged to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

The staff team worked very hard to make sure they understood

people and they understood them.

People responded to staff in a highly positive manner. Staff knew people's individual preferences very well.

Staff knew the needs of people extremely well and used this understanding to enhance their quality of life and sense of well-being.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans which provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People's relatives and staff said the manager was very innovative, open and approachable.

People had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and had acted on these.

Pamela Barnett

Detailed findings

Background to this inspection

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

This inspection took place on the 18 and 19 October 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. The manager had sent us a copy of the 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.

During our inspection we observed care and support in people's own flats. We spoke with three people who lived in the home although only one was able to provide verbal feedback. The majority of people living in the service were unable to provide us with any verbal feedback about their experience of the care provided. We received written feedback from three relatives and saw recent survey results from a further six relatives. We spoke with the manager of the home, two assistant managers and seven staff in private. We also spoke with the quality and compliance manager for the village. We contacted a range of health and social care professionals and received information from a local authority commissioner and a learning disability nurse. We also spoke with local authority representatives on the day of the inspection and a contracted activities specialist who worked with individuals in the home several times each week.

We looked at four people's care plans and records that were used by staff to monitor their care. We also looked at duty rosters, menus and records used to measure the quality of the services and included health and safety records and audits.

Good

Is the service safe?

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 staff in the office. 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 of the home. In discussion with staff they were certain that people were kept safe at all times.

The provider had robust recruitment practices which helped to ensure people were supported by staff who were of appropriate character. We looked at three recently appointed staff member's recruitment files. 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. Employment histories were checked for any gaps and explanations were recorded.

The staff rota was seen and it demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. This included one to one support where appropriate. Each of the four flats had either three or four staff allocated each day dependent upon the needs of the people. There was an additional support worker allocated to float between the flats and provide support where required. There were six assistant managers who led shifts on a rota basis. One of the assistant managers had duties equivalent to a deputy manager role. There were currently seven support worker vacancies although two of these had been created by acting assistant manager roles. This was in the context of a staff team in excess of 50 personnel. In addition to support staff there was a team of six covering administration, kitchen duties, cleaning and laundry. Shortfalls in the care staff hours were covered by regular overtime and the providers own bank staff facility. Agency staff were used to cover short notice absences but we were told that this had reduced significantly over recent months. All absences were recorded and managed through recognised procedures. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe. However, some staff felt that the service would benefit from additional staff hours at times of peak activity.

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 provided detailed information on how to manage and reduce the risks associated with individual's needs, activities and everyday situations. However, appropriate risks were assessed to ensure that people participated in activities of their choice. Each person had a substantial number of risk assessments and support plans. Recently a statement of support had been implemented which gave a summary of needs, risks, activities and preferences. A copy of this quick reference tool had been placed in each person's care plan and daily report book. This provided a quick overview of each person, their needs and important information relevant to them. Risk assessments relating to the service and the premises including those related to health, safety and use of equipment were in place. The fire risk assessment was up

to date.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. Thermostatic control valves had been fitted to hot water outlets to reduce the risk of scalding. 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 more frequently recently as a result of an audit which identified that some staff were not fully conversant with all fire procedures. For the time being fire drills were carried out monthly for day and for night staff. We saw that a contingency plan was in place in case of unforeseen emergencies. This document provided staff with contact details for services which might be required together with guidance and procedures to follow if events such as adverse weather or interruption to services occurred.

There was a maintenance contract in place with a private company who employed a range of trade professionals some of whom were located on the same site as the care homes. They were able to address maintenance issues including those that required urgent attention. The manager told us that despite a recent change of the maintenance company their experience had been that maintenance concerns were addressed in a timely manner.

People were given their medicines safely by staff who were now receiving face to face training which was supplemented by six monthly e-learning. Competency assessments in the safe management of medicines were in place as per the provider guidance. There had been a rise in the number of medicine errors over the last 12 to 18 months. The vast majority of these errors had caused no harm and often related to missed second check signatures. The local safeguarding authority had required that all such errors were raised as safeguarding incidents which had resulted in quality monitoring visits being undertaken by them. We saw the report from the last local authority (LA) visit to the service which had provided recommendations and required actions relating to medicines management and other areas. On the day of the inspection the LA quality monitoring officer was conducting a follow up visit. They reported to us that improvements had been made in all areas including medicines management. There was now confidence in the services' procedures and that of the provider across the village location.

This service managed a very high volume of medicines. There were regular and frequent medicines audits undertaken by members of the management team. The medication administration records (MARs) and stock was checked and recorded regularly. Additional checks included weekly fridge temperature checks, people's medication records and staff signing sheets. All medication administrators and medication checkers were identified at the start of each shift on a shift planner. We saw a pharmacy audit report from the supplying chemist dated 17 December 2015 which raised no serious issues.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Staff knew people very well and understood their needs and preferences. They obtained people's consent before they supported them and discussed activities with them in a way people could understand. One relative told us, "The home is highly effective. My (family member) would not be the person he is today without the dedication of the manager and staff at Pamela Barnett".

The registered manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received a six week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. The induction package had been tailored to the service and included familiarisation with individual people and their needs. The registered manager told us that agency staff also received an induction into the home which included an overview of each person living there. They too 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 such as epilepsy, autism and understanding behaviour that challenged the service. Training was refreshed for staff regularly and further training was available to help them to 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. We noted that there were a significant number of e-learning based refresher courses which were overdue. We were told that some staff struggled with keeping up with e-learning because of their duties and that the system could only be accessed whilst in the service. However, staff were allocated periodic paperwork time.

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. We were told that the service tried to achieve monthly meetings for all staff but the frequency had slipped due to the focus on other aspects of the service, primarily medicines management. However, it was the case that all staff received at least near to the provider's requirement of six per year. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These had been scheduled to commence in April but the service was still undertaking some in order to catch up. Staff told us that they felt well supported and the manager was very approachable and they could always speak with her or one of the assistants to seek advice and guidance.

Staff meetings were held regularly and included a range of topics relevant to the running of the home. These were held each month and each was repeated approximately three times in order to provide all staff with as much opportunity to attend as possible. Staff told us they found these very useful. At the meetings staff were provided with an opportunity to discuss peoples changing needs and suggest ideas for more effective interventions and support. We saw the last three meeting minutes. There were regular topics including safeguarding, communication, changes to risk assessments or support plans and general business matters. All staff were required to sign the minutes as read whether they attended or not.

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 manager, feedback from one local authority and records showed that appropriate referral's for DoLS applications had been made in respect of individual's capacity to make particular decisions. Where authorisation was awaited for particular individuals we saw evidence that these had been chased.

People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. We spoke with a specialist learning disability nurse who was employed by the provider two days each week to provide support and guidance to homes across the village in relation to people's physical needs. They provided recent examples of where Pamela Barnett staff had sought appropriate advice with regard to particular health issues for people.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented. Each person's preferences and dietary needs were recorded in their care plan and within the kitchen. Activities sometimes included eating out or cooking in the home where individuals continued to make their own choices. The three full time kitchen staff had received safe food handling and nutritional awareness training in addition to holding a wide range of industry qualifications to support people to maintain a balanced diet.

The home had been specifically designed and purpose built in 2008. Each person had their own bedroom with an en-suite and shared a bathroom with one other person. The bathrooms were equipped with assistive equipment appropriate to the people who were using them. The premises were clean and well ordered. It was noticed that the entrance area for each flat, which were not used to enter the building, were being used to store unused equipment and effects. Although fire exits were not hampered in anyway the areas were not aesthetically pleasing. The standard of the fixtures and fittings throughout the home was good.

Good

Is the service caring?

Our findings

People were not able to provide a view about the staff team and their experience of living in the home. However, the feedback from relatives and survey results were highly complementary about the registered manager, staff and the standard of care that people received. Comments included, "The carers are very kind and patient with my son. They go over and above the call of duty to make life happy and meaningful for (name)." and, "Staff are so kind and helpful when we visit especially when (name) is going through a difficult time." Another said of the staff, they are "always good, always lovingly welcoming". Yet another commented, "Staff are always polite, and appear very skilled and professional in answer to any questions." Comments about the registered manager included, "(name) is excellent and really cares about the residents." Further comments received were, "I would definitely say this is the best organised, clean and loving home she has lived in."

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. Care plans were written by the registered manager and assistant managers and were updated by key workers. A daily report book was completed for each person and included recently updated prompts for staff to comment on activities, well-being and any changes in the person's needs. These were reviewed regularly by senior staff and fed into quarterly reviews which formed the basis for formal annual reviews.

Staff were clearly very committed to their role and were proud of the standard of care that was provided. Staff told us that they provided highly person centred care which ensured that the support was excellent. It was apparent through discussion with the manager, assistant managers and care staff that people's individual needs and preferences were very well understood. This ensured that any changes in a person's needs were quickly acted upon in a calm and professional manner. We saw staff interacting with individuals calmly and appropriately and according to the communication needs of the individual.

Each person had an identified member of staff who acted as their keyworker together with a second named staff member who could provide support. 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. All staff within the service had received great interaction training from a specialist team from within the provider organisation. This training was designed to ensure that individual's communication needs were fully understood by all staff. In addition, it ensured that agreed procedures and communication methods were used consistently with individuals by the staff team. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating to a high standard.

Each person using the service had particular and very specific communication and support needs, however staff ensured that they were involved in making decisions about their care as far as possible. Information was provided in different formats such as pictures and photographs to help people understand such things as activities and meals. Staff provided examples of how individuals communicated their needs and feelings.

These included gestures or facial expressions which could only be interpreted and understood by people who knew the individuals extremely well and were sensitive to their moods. We saw examples of this in action during our visit. The use of assistive technology had been utilised exceptionally well by the service to promote independence for people as much as possible. We saw that some people benefitted from technology which allowed them to do things such as switch their TV on, change channels or choose videos by using hand and eye operated equipment. Also some people could open or close their curtains and doors by using this technology. Other people communicated with relatives or people important to them through the use of tablets by means of skype or other software.

Policies and procedures were in place to promote people's privacy and dignity and to make sure they were at the centre of care. Staff made reference to promoting people's privacy and clearly 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. 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 in each flat and general updates through daily discussion. Relatives told us that they were always updated on a regular basis as to their family member's activities, wellbeing and any changes that occurred.

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. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. All sixteen people living in the home were supported by appropriate levels of staffing including one to one where appropriate. Staff were able to quickly identify if people needed help or attention and responded immediately. Staff accurately interpreted people's body language or communication methods. One relative told us, "The staff are very caring, and always respond to any needs." Another provided feedback which stated, "Pamela Barnett is a very welcoming home to us as parents - we can discuss anything with her carers or with the management team and when we had any concerns (the manager) has always responded very quickly and met with us if necessary."

The service worked in a person centred way. It was apparent through observation and discussion with staff that people's individual preferences in relation to how they spent their time, what they enjoyed and gave them pleasure was well understood. One visiting healthcare professional told us that the service was very responsive to people's needs and followed advice and guidance appropriately. A local authority commissioner told us, "Management at the home make sure the resident's needs are met", and "Management will contact our team for updates/advice regarding our residents." A relative provided an example where their family member had been experiencing swallowing problems and the registered manager had called in the dietician and speech and language therapist for a meeting with all concerned. Yet another visiting healthcare professional told us, "Yes they seem to be very passionate about meeting the needs of the people who live within the home".

Care plans were very detailed and daily records were accurate and up-to-date. Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted. Because people were unable to express their own views fully, family and professionals had been involved in helping to develop support plans. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records described how people had responded to activities and the choices that were given. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why. They 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 inside and outside the service to help ensure they were part of the community. Individuals were able to pursue a wide range of leisure interests including swimming, eating out, concerts and visits to places of interest to the individual. People were supported to have contact with their families and some people stayed with relatives and were helped to do so.

The provider had a complaints policy and a record of any complaints made. At the time of the inspection there had been no complaints over the previous year. The manager told us that any comments or concerns raised or indicated by people themselves or their relatives were addressed without delay. This was

confirmed in discussion with relatives. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy or uncomfortable. Information about how to complain was provided for some 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 so that visitors could access information which would help them make a complaint. It was noted from one relative survey response that the process for raising a complaint was not entirely clear to them.

Good

Is the service well-led?

Our findings

There was a registered manager at Pamela Barnett. The registered manager was present throughout the inspection process. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

Staff described the registered manager as very approachable and very supportive. There was an open and supportive culture in the service. Staff said the registered manager had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the registered manager and worked well as a team. They told us the registered manager kept them informed of any changes to the service provided and needs of the people they were supporting. All staff we spoke with told us that they felt happy working in the service, and were motivated by the support and guidance they received to maintain high standards of care. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the registered manager and felt they could approach her and the assistant managers with issues and concerns.

The registered manager and staff were highly regarded by visiting professionals and the relatives of people living in the service and they said that communication between them and the home was very responsive and effective. Comments included, "The manager and staff are excellent." She (the manager) is dedicated and innovative." And, "The service is well led and we are kept informed of any issues regarding the clients that we are actively working with." The registered manager described being well supported by her line manager. In addition, there was a programme of regular registered managers meetings where best practice could be shared and common themes were discussed.

The views of people, staff and other interested parties were listened to and actions were taken in response, if required. The service had various 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 relatives were sent questionnaires periodically. Staff views and ideas were collected by means of regular team meetings and one to one supervisions.

The registered manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used individual cars and adapted vehicles to access facilities in the community and for day trips. They used the swimming pool, coffee shops and attended social activities of their choice wherever possible. The service promoted and supported people's contact with their families. The service worked closely with health and social care professionals to achieve the best care for the people they supported. One local authority commissioner told us, "Management will contact us for guidance and advice regarding our residents. We work together with the home management team to make sure the residents receive the care they need."

Overall the service had robust monitoring processes to promote the safety and well-being of the people who

use the service. Health and safety audits were completed by the registered manager or assistant managers where actions and outcomes were recorded. A programme of internal audits was completed by the registered manager and managers from other homes on rotation which included medication, care plans, the environment and a range of other records. Monitoring of significant events such as accidents and incidents was undertaken by the management team. In addition to the audits carried out by the manager, the provider completed checks on the service including periodic medication and general health and safety reviews. The Quality and Compliance manager had visited the home in the last year to conduct thorough audits of the procedures for managing medications and for a wider review of care processes and documentation.

People's changing needs were accurately reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People's records were of good quality, fully completed and up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.