

Methodist Homes Norwood

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This report was written during the testing phase of our new approach to regulating adult social care services.

After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Summary of findings

The inspection was unannounced, which meant the provider did not know that we were coming.

Norwood provides accommodation and personal care for up to 46 people. At the time of our inspection there were 46 people living in the home. There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

There were systems in place to provide safe care for people who used the service. People told us they felt safe.

The provider ensured staff were supported to develop the skills and knowledge to provide effective care and support for people who used the service. People were complimentary about the care and support they received.

People were supported by staff who were polite and caring. People said staff treated them well and were happy about the way they were treated.

The service was led by an effective management team who were committed to providing a good service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood the process of safeguarding and were aware of what they should do to keep people safe. There were sufficient staff, who had been appropriately recruited and trained, to provide care for people who lived there. People told us they felt safe.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and there were processes in place to assess people's capacity to make decisions and any associated risks.

People received care and support in an environment that was safe and well maintained.

Good



Is the service effective?

The service was effective.

Staff knew people well and understood their individual care and support needs. There was an effective process in place to provide staff with the training they needed.

There was an effective process in place for developing and reviewing care plans that took account of people's needs and preferences.

People's needs in relation to nutrition were met effectively.

Good



Is the service caring?

The service was caring.

Staff treated people well, listened to them and gave them time to respond. Staff were attentive to people's needs and mindful of their wellbeing.

People who lived at Norwood were satisfied with the care and support they received. Staff treated people with respect and delivered care in ways that maintained people's dignity.

People were involved in making decisions about their care and their diverse needs were met.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and the information was used to plan care and support in ways that people preferred.

The service responded to people's social needs by offering opportunities to take part in diverse social activities that they enjoyed. There were processes in place to find out people's dreams and aspirations and to find ways of helping people fulfil their wishes where possible.

People were confident that staff would listen to concerns would take them seriously and respond to them to the best of their ability.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an effective and enthusiastic management team who were committed to providing the best service possible. The management team promoted an open culture and people were happy that they were kept informed.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Staff felt well supported and staff morale was high.

Norwood

Detailed findings

Background to this inspection

We carried out a visit to the service on 8 August 2014. The inspection team consisted of an inspector and an expert by experience who has experience of using or caring for someone who uses this type of care service.

Before the inspection 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. Before our inspection we reviewed the information included in the PIR along with information we held about the service.

Before the inspection we looked at all the information we had available about the service. This included information from notifications received by the Care Quality Commission and the findings from our last inspection. A notification is information about important events which the service is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

At our last inspection of the service on 30 August 2013 we looked at a range of standards which included people's consent to care and treatment, care and welfare of people, cleanliness and infection control, requirements relating to staff recruitment and how the provider monitored the quality of the service at Norwood. There were no areas of concern identified at the last inspection.

During our inspection the inspector and the Expert by Experience carried out observations of care in each of the two dining rooms to see people's experience of the lunch time meal. We also carried out informal observations in other communal areas such as the lounges. We observed how people who lived in the home interacted with one another and with members of staff who were on duty during our inspection. We spoke with 12 people who lived in the home, three visiting relatives, the deputy manager, the administrator and five members of staff.

We examined records which included four people's care plans and risk assessments as well as records that related to the management of the service such as staff recruitment and training records, quality audits and maintenance records.

Is the service safe?

Our findings

We spoke with seven people who lived at Norwood and they all told us they felt extremely safe. One person said, “This is a good place to live. I feel comfortable and secure” and another said, “We have a completely relaxed way of living, we are not regimented in any way.”

Two people told us that sometimes it could be “too safe.” They explained that they would prefer to have their windows wide open in the summer but, for safety reasons, there were restrictors which only allowed them to open half way. The person expressed some opinions about health and safety and then told us that the manager had come to discuss the frustrations and to explain and explore the reasons. One person said, “The manager listened very sympathetically and respected the views that I expressed” and the second person agreed.

People told us that, when they needed support, call bells were answered “fairly quickly”. One person said, “I know that if I ring my bell they will come but it sometimes takes longer at night”.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA code of practice. We looked at whether the service was applying DoLS appropriately.

Care records confirmed that MCA assessments of people’s capacity to make day-to-day decisions were carried out. We saw that, where people did not have the capacity to make a particular informed decision, there was a record that a decision was made in the person’s best interests. Those involved in the decision making process included

relatives and health professionals such as the GP and the community mental health team. For one person where a best interest decision was made about administering medication a pharmacist was also involved in the process. The deputy manager demonstrated a good understanding of MCA and DoLS. We saw that staff had received training in MCA and DoLS and a further training session was booked for September 2014.

Staff records confirmed that staff received training in recognising and understanding what constitutes abuse or poor practice. Staff spoken with understood what they should do if they saw or suspected abuse or poor practice. Staff also had access to guidance about whistle blowing policies and bullying and harassment. The management team took a very serious view of any incidents or suspicions of poor practice and records confirmed that processes to protect people were followed promptly and robustly.

We examined three personnel records and saw that they contained all the necessary documents to confirm that a robust recruitment process was in place.

We saw that there was a passenger lift in place and there were also stair lifts. Staff explained that the stair lifts were not routinely used, but were there as a back-up in case something went wrong with the passenger lift. We saw that both the passenger lift and the stair lift had been checked as part of the maintenance routines in the home. We also saw that the maintenance person had received training in portable appliance testing, legionella awareness and the prevention of disease, fire policies and specialists in fire safety training. There were records to confirm that health and safety checks were carried out regularly to identify any areas for improvement.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care. Comments included: “They do whatever they can to make you happy”, “This place takes a lot of beating”, and “I am very comfortable here”, “I couldn’t ask for better,” and “It’s my sort of place.”

One person told us that they had moved to Norwood because they had been tending to fall a lot. They said, “They (staff) really keep an eye on me.” and went on to explain that on an occasion when they had had a fall, “The ambulance was here sooner than you could say Jack Robinson.” Another person said, “I tell them (staff) if I don’t feel well and I know they will take the appropriate action.”

Someone told us that they had occasional difficulties with their knee which sometimes made it difficult to stand. They said some staff were more knowledgeable than others but “help is always called for immediately”. Another person told us, “On the whole the care is excellent, the seniors are very good, but I do feel more confident with some carers than others.”

We saw that Norwood was a large building with long corridors which ended in different choices of direction. The décor was pleasant, although there was not much signage to help people who orientate themselves. Staff told us that people’s individual rooms used to have different coloured doors but they had been replaced with newer wood-effect doors. Some people with dementia had particular images on their doors that they recognised to enable them to distinguish their rooms. For example one person had a picture of an owl on their door which was meaningful for them. We asked some of the people we spoke with whether they had difficulties finding their way around and they told us it did not worry them unduly. We noted during our inspection that people appeared to have a good understanding of where they were going and staff constantly checked whether people were all right or if they needed anything, which appeared to lessen any anxieties people might have had.

We carried out informal observations in the two dining rooms during the lunchtime meal. People told us they could choose what they wanted to eat and we saw records

of meetings where people had the opportunity to discuss the food. For people with dementia we saw in the care plans that relatives had provided information about their family member’s specific likes and dislikes.

During the lunch time meal staff asked each person what they would prefer from the choices on the menu. We saw that staff gave people time to make their decision and if the person could not decide they showed them each of the dishes to help them make their choice. Two people told us that if the menu choice was not to their taste then alternatives would be provided. One person said that they had mentioned to the chef that they rather liked sardines and that “Sardines were available for me at almost the next meal.” We saw that the food was well presented and people told us they enjoyed their meal.

In one dining room, where people required assistance to eat, support was provided in an unhurried manner. We saw that staff were obliging and kind and the atmosphere was calm. In the other dining room the atmosphere was livelier, staff chatted to people and the meal was sociable. During the meal we saw staff regularly checking whether people needed anything.

Following the meal the chef spoke with everyone individually to get feedback about the meal and to discuss what was wanted for the evening meal. The chef took time to find what the person would like as well as how they would like it served. For example they discussed options with one person about whether they would like their prawns served with salad or in a sandwich.

Throughout the home there were several seating areas and we saw there were jugs of squash and tempting selections of fruit, biscuits and cakes that people could help themselves to at any time. We also saw staff encouraging people to eat and drink.

There were care plans in place for people’s specific health needs and also for staying healthy. A care plan for health promotion aimed to help the person adopt and maintain a healthy lifestyle. The first step was to highlight what the person considered to be important. They then recorded how they were to be supported and any health conditions were taken into account when planning the care and support. We saw a range of health related care plans that included tissue viability, nutrition, mental health needs and

Is the service effective?

promotion of continence. Daily living care plans included relationships and expressing sexuality, communication, maintaining a safe environment, falls, recreation, spiritual wellbeing and end-of-life final wishes.

Staff spoken with were able to tell us about people's care plans and clearly demonstrated a good understanding of people's needs and preferences. They were able to give us examples of what people liked to eat, their preferences around recreation and activities as well as their past history.

We saw records of staff meetings that were held regularly and gave staff the opportunity to share knowledge and

discuss care practices. At the latest meeting we saw that there had been a discussion about a recent standards and values assessment which was carried out as part of the provider's processes to monitor the quality of services. Norwood had scored 94% and although this was a good result there was a discussion about how minor issues could be improved such as making the entries in daily records less repetitive and more individual. Records of team meetings for domestic staff showed that there were discussions about infection control procedures and night cleaning schedules. We spoke with staff about team meetings and they were enthusiastic about the support they received to enable them to improve practices.

Is the service caring?

Our findings

One person told us they found it “tedious” to read and countersign care notes. They said it was “the bane of my life”. They told us that staff had taken time to explain the reasons for involving them in planning their care. They were satisfied that there were good reasons to be involved in planning their care and they appreciated that staff had listened.

People told us they were satisfied with the care they received. One person said, “Their overall policy is good, they pull out all the stops to make sure our care is up to scratch in all respects.” Another person said, “They go out of way to resolve any problems.” And several people told us a particular senior carer was “lovely” and “always has a smile for you.”

A relative told us that all the staff did their best in their way but noted that some members of staff “convey confidence” whilst others seemed to rush a bit.

We saw that the interactions between people who lived in the home and staff were friendly and relaxed. We saw that staff were polite when assisting people and staff understood that people should be treated with dignity and respect. In particular we noted that when staff were interacting with people with dementia they took time to

acknowledge what the person was saying, were kind and interacted in a positive way. We also noted that staff were discreet when asking people if they needed some support with personal care.

We saw that staff received in-house dementia training and one member of staff had been designated as a facilitator to cascade information to other members of staff, The facilitator explained their role was to lead discussion and make suggestions. They emphasised the importance of listening to a person with dementia and using what they said as the basis for effective communication.

We saw other examples of how well staff knew people and understood how to reduce any anxiety. One person showed signs of distress by pulling at their clothes and a member of staff pinpointed the cause and stepped in to support the person to change into a favourite item of clothing. We saw that this immediately had a beneficial effect on the person’s mood.

Throughout our inspection we saw that staff routinely asked after people’s welfare when passing through communal areas. If anyone wished to discuss a concern we saw that staff took time to listen to the person. We listened as staff explained to one person about audio books and how they might find them useful if they were finding reading difficult.

Is the service responsive?

Our findings

All the people that we spoke with told us they did not have any complaints. One person said that, although they had no complaints, if there was anything troubling them, they would have no problem mentioning it and another person said the managers were “Very approachable.” Other comments included, “There is absolutely nothing to complain about”, “Everything is good really”, “We do what we want, when we want” and “If you feel happy here, which I do, then there obviously aren’t any problems”.

On several occasions people told us that if there was anything that they questioned or if they needed information, whatever it was had been fully and openly addressed by one of the management team. They explored how it could be resolved to the person’s satisfaction or if the situation could not be changed they looked at ways of minimising the impact on the individual. This showed us that the management team listened to people’s concerns and acted upon them.

Two people who told us they had raised some concerns were “very satisfied” with the way that their comments had been dealt with. One person said, “They took what I said very seriously and the problem was dealt with immediately and very satisfactorily.” We examined records of concerns and complaints and saw that issues that people had raised were dealt with promptly and the outcomes were recorded. The management team were able to demonstrate how they used any concerns to re-examine their procedures and learn from incidents to improve the service.

Staff knew people well and responded to their needs promptly. We saw one example of a person who showed signs that they were uncomfortable. A member of staff quickly intervened and gave comfort and support and understood the reason why the person was unsettled.

A pre-admission assessment recorded what the person preferred to be called and gave detailed background information that described the person’s needs, preferences and character. The information was written using positive language and highlighted the things that were important to the person in their daily lives. For example, ‘Is a very sociable person’, ‘Is fiercely independent’, ‘Has a small appetite, is not fussy but prefers to eat at leisure’ and ‘Likes a glass of sherry and drinks red or white wine at meal times. Would rather have wine than a hot milky drink.’

We noted that the forms used to record information took account of equality and diversity. For example there was a section of the person’s personal profile that asked for details of marital status and next of kin, which included asking for the husband, wife or partner’s name.

There was a noticeboard with a display of things that made people’s day. The administrator explained that it was their ‘Seize the Day’ initiative. This aimed to find out what dreams and aspirations people had and look at ways of making them happen. People gave us examples of how ‘Seize the Day’ had had a positive impact for them. One person told us about the village where they had spent their childhood and that they wanted to go there one more time. They thought that it would not be possible due to difficulties with mobility and because they had been diagnosed with dementia. The home hired a wheelchair accessible taxi and a member of staff accompanied the person so that they were able to visit many of their old haunts.

Another person had always wanted to see the Northern Lights. As this was something that they were unable to arrange, the home organised a slide show of the Northern Lights which the person had thoroughly enjoyed.

People had access to a range of activities that they enjoyed and we saw evidence that activities were planned for every morning and afternoon, including weekends. Several people told us about the activities they enjoyed.

We observed a carpet bowls session and saw that the atmosphere was light-hearted and jolly. The activities co-ordinator was kind and encouraging and managed a good balance of giving people individual attention whilst still engaging with everyone and involving them whatever their level of ability. We saw that there was a lot of laughter and everyone appeared to be having a good time.

We saw a display of photographs that showed members of staff taking part in a play to entertain people who lived in the home. The deputy manager told us that one of the maintenance staff wrote plays and members of staff played the cast. This was particularly popular with people who said they enjoyed seeing the staff get dressed up.

We saw that people were well dressed and were supported to have manicures and to visit the hairdresser. There was a

Is the service responsive?

room that was used as a hairdressing salon that had an interesting display of photos of hairstyles over the decades, ranging from the 1940's to the present day so that people could reminisce about styles from their youth.

People told us that visitors were always made welcome and the management team explained that good communication with families was important to exchange information and to help people maintain relationships. We saw that the home kept a relatives' communication book to keep a record of discussions with families. Some people had telephones in their rooms and were in regular contact

with each other as well as keeping in touch with friends and relatives. We spoke with one person who had been out with a relative and another person was entertaining visitors in the garden.

Norwood is run by Methodist Homes, a not-for-profit Christian organisation. The deputy manager explained that some people may choose to come to the home because of their religious beliefs but they catered for people of any faith and for those who did not have any religious beliefs. The deputy manager said, "What matters is our residents' spiritual needs, how they feel inside." At the time of our inspection there were some people in the home who did not practice a religion but others enjoyed the church services that were held twice a week.

Is the service well-led?

Our findings

A newsletter called 'Norwood News' was distributed weekly and people we spoke with were very knowledgeable about what was going on in the home. For example one person told us that they were aware that more staff were being recruited. Other people said, "We always know exactly what is going on and can voice our opinions", "There is a very good flow of information here" and "I really feel a part of what is going on, we are consulted every step along the way."

The deputy manager told us, "There are no secrets here, everything is openly discussed."

We saw that there were regular meetings for people who lived in Norwood to discuss issues about day-to-day life in the home. A recent meeting recorded a consultation about changing the main meal of the day to the evening but people voted against the proposal and the time of the main meal was kept to lunchtime.

During the course of our inspection the management team were enthusiastic and passionate about providing the best service possible for the welfare of the people who lived in Norwood.

We saw that the management team were enthusiastic about promoting a culture where the welfare, well-being and happiness of the people who lived at Norwood was a priority. The deputy manager told us, "We try to give our residents the best experience possible."

We examined a sample of four care plans and we saw that they were written using positive language, for example they discussed promoting continence rather than identifying incontinence. Risk assessments were also positive and, when they identified areas where support was needed to minimise a particular risk, the actions to be taken were about enabling the person. We saw information in care plans that showed the ethos was to encourage people to maintain independence where possible. The care plans contained sufficient information to guide staff to provide consistent care in ways that the person preferred.

A member of staff told us, "I love working at Norwood" and others were equally positive about the home. It was evident that the morale of staff we spoke with was high.

The provider had systems in place to monitor the quality of the service, including processes to ensure the home was environmentally safe and well maintained. Records confirmed that regular audits were carried out to check fire systems, utilities, appliances and other equipment.

The manager, deputy manager and staff spoken with throughout the course of our inspection were enthusiastic about their jobs and passionate about the welfare of people who lived at Norwood. When the inspection team was shown around the home at the beginning of our inspection by the deputy manager, it was evident that they knew people well. We saw respectful and sociable interactions and it was evident from the conversations we observed that the management team were 'hands on' in the day-to-day running of the home and were aware of any current issues affecting individuals.

It was clear from our feedback at the end of the inspection that any minor issues which were raised triggered discussions about how the information could be used to improve things for people. We saw the management team working together looking at current processes and making suggestions about how they could improve.

An example of this was that one person had told us that there were more male staff on duty at night but they would probably prefer female staff to provide personal care. They had not said anything because these staff were "such nice people" that they felt they would be "doing them a disservice" if they requested someone else. The management team were evidently concerned that their monitoring systems had not picked this up and immediately started to work out how they could approach this sensitively and make changes in as subtle a way as possible to avoid anyone feeling uncomfortable.