

Norwood

The Firs

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

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13 February 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

The Firs is set in the grounds of Ravenswood village. Ravenswood was set up in 1953 to provide education and accommodation for people with learning disabilities. People living at Ravenswood come from many different backgrounds, with the Jewish culture being at the centre of Ravenswood's ethos. The Firs offers personal care and accommodation for up to 11 people with learning disabilities. It specialises in supporting people who are on the autistic spectrum. Autism is a lifelong condition that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection there were nine people living in the home. The bedrooms are arranged over two floors. There are communal lounges with dining areas on the ground floor with a central kitchen and laundry.

The inspection took place on 13 February 2016. This was an announced inspection which meant the provider knew we would be visiting. As we were visiting the service on a Saturday we rang the day before the inspection to ensure there would be someone at home on the day of our visit. We also wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was employed by the service. 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 and registered manager did not have effective systems in place to monitor the quality of service being delivered. Some internal audits had not been completed to identify any shortfalls within the service.

People told us they liked living at The Firs and felt safe living at there. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare. Staff had received training in how to recognise and report abuse.

We observed staff showed concern for people's wellbeing in a caring and compassionate way, and responded to people's request for support and assistance promptly.

People's needs were assessed and care plans were developed to support people with everyday living skills, support them to access their local and wider community and to help people live their lives as independently as they were able. Staff had knowledge of people's preferences and needs. They received training and supervision to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. Day to day staffing levels were varied and set to meet people's needs. The registered manager and provider had systems in

place to ensure safe recruitment practices were followed.

People had access to food and drink throughout the day and were encouraged to maintain a healthy diet.

Where required people were supported to access healthcare services to maintain and support good health. There were safe medication administration systems in place and people received their medicines when required.

Staff and the manager had an understanding of the Mental Capacity Act (2005). Staff were knowledgeable about the rights of people to make their own choices and decisions.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and addressed in people's care plans.

When people had accidents or incidents these were recorded and monitored to look for developing trends or patterns.

There were safe medicine administering systems in place and people received their medicines as prescribed. □

Is the service effective?

Good ●

The service was effective.

Staff told us they had the training and skills they needed to meet people's needs.

People told us they liked the food and were able to make choices about what they had to eat and drink.

Records confirmed people had access to health and social care professionals as needed. □

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support they received.

People's bedrooms were personalised and decorated to their taste.

People were treated with kindness and compassion in their day to day care. □

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and detailed daily routines specific to each person.

Handover between staff at the start of each shift ensured important information was shared.

People had a range of activities they could be involved in within the home, village and local community.

There was a system in place to manage complaints. Information was available to people in an 'easy read' format.

Is the service well-led?

This service was not always well- led.

The provider and registered manager did not have effective systems in place to monitor the quality of service being delivered. Some internal audits had not been completed to identify any shortfalls within the service.

There was a registered manager in post who was responsible for the day to day running of the service.

People benefitted from being supported by staff who understood and were confident about using the provider's whistleblowing procedure. □

Requires Improvement ●

The Firs

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 13 February 2016. This was an announced inspection which meant the provider knew we would be visiting. As we were visiting the service on a Saturday we rang the day before the inspection to ensure there would be someone at home on the day of our visit. We also wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. One inspector carried out this inspection. During our last inspection in July 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with five people about their views on the quality of the care and support being provided. We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed how staff supported and interacted with people who use the service for part of the day.

We spoke with the registered manager and five care staff, including an agency worker.

Is the service safe?

Our findings

We spoke with five people using the service who had no concerns about the service. Comments included "I like living here. Yes I feel safe" and "Staff help me keep safe".

Assessments were undertaken to identify risks to people who used the service. When risks were identified appropriate guidance was in place to minimise potential risks. For example, assessments had been carried out in relation to people accessing the community, falls prevention and the safe moving of people. Personal evacuation plans had been completed for people using the service. Staff explained that where risks had been identified assessments still promoted people's independence whilst maintaining their safety. For example one person who was at risk of falling had equipment provided to support them to move around independently. Appropriate referrals had also been undertaken to health professionals to seek guidance and support.

Staff told us they had received training in safeguarding people and understood their responsibilities in keeping people safe and free from harm and abuse. Staff recognised the different types of abuse and knew how to report abuse should they suspect it was taking place. Staff said they felt supported to raise their concerns and were confident the registered manager and deputy would take any appropriate action required. The registered manager was aware of the need to report any concerns to the local authority safeguarding team and to inform the Care Quality Commission as required by their registration.

Staff had received training in how to support people if they became anxious or distressed. For example they had completed training in de-escalation and intervention techniques including physical intervention. Staff attended yearly refresher training in the use of these techniques and the plans were reviewed annually or as required.

People's medicines were managed so they received them safely. Medicines were ordered, stored administered and disposed of in line with the provider's medicines management policy. Staff had been trained to administer medicines safely and training records confirmed this. Staff told us they were also observed, on a minimum of three occasions, administering medicines to people by a senior member of staff before being signed off as competent. Medicines were dispensed from a monitored dosage system (MDS). This is a storage system designed to simplify the administration of solid, oral dose medicines. The medicines were dispensed into the MDS by a pharmacist, which reduced the risk of errors. Staff removed the medicines from the dosage system and gave them to the person at the required time. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. Protocols were in place for people who required 'as and when' (PRN) medicines. A staff member informed us they would check with the person's doctor before purchasing over the counter medicines to ensure they did not conflict with any of the person's current medicines. Where medication errors had occurred these would be recorded and reported to a member of the management team immediately. The staff member explained this would then lead to the member of staff being re-trained in the safe management of medicines and being observed to ensure they were competent. They would be stopped from administering medicines whilst they were undertaking the training again.

There were systems in place to support people to safely manage their finances. There was clear guidance for staff to follow. The registered manager explained when people who were supported, made any purchases this was logged and signed for by the staff member. Receipts were required as proof of purchases made. They told us monies were checked by staff to ensure the correct amount was there.

Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to meet people's needs at all times. Day to day staffing levels were varied and set to meet people's needs. There were enough staff on duty to ensure people's needs were met and they were supported to take part in planned activities either within the home or the community. The registered manager explained where some people's needs were changing as they got older, reassessments of their needs had been undertaken and additional funding for an increase in support hours had been applied for with the person's funding authority. The service had access to an on-call service to ensure management support could be accessed at any time.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. Appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The provider had systems in place to make sure the premises were safe and to respond to emergencies such as fire, flooding and the loss of utilities.

Is the service effective?

Our findings

People told us they liked the food and were able to make choices about what they had to eat and drink. Comments included "I like the food here" and "I can choose what I eat. I have the menu here". People chose each day what they wanted to eat for breakfast and lunch and met on a Friday to discuss and plan the evening meal menu for the week ahead. Alternatives were offered where people did not want to eat what was on the planned menu. The menu was available on the noticeboard so people could see what was planned for that day and request an alternative if required. One person had their own menu in their room to reduce their anxieties about what meals they were having. During the meetings staff would explain any upcoming religious festivals that would affect what foods would be available, such as Passover. During Passover people in the Jewish community do not eat any food which contains leavened grain such as wheat, barley or rye. This means foods such as bread, cake and cereal will be excluded from people's diets for the period of Passover. Staff explained for some people this change in routine could cause distress and anxiety. They said where this happened people were afforded a dispensation which meant they would still be able access these foods. The registered manager explained they had got quite creative with sourcing alternatives to these foods and trying out new recipes.

The Jewish culture is at the centre of Ravenswood's ethos. This meant staff were required to follow specific guidance when preparing food in line with the Jewish dietary laws. For example kosher menus separate dairy from meat products and they require separate preparation areas. Staff explained they had all received training in how to prepare food. We saw the kitchen had separate areas available for food preparation.

Staff told us they supported people to see a health professional such as a doctor or optician when they needed to. Contact with health professionals were recorded in people's records which showed people's day-to-day health needs were met. It was also evident from care files that people were referred to relevant health professionals and specialists as required. Where people were anxious about visiting health professionals plans had been put in place to support people with this. For example, one person was anxious about attending a hospital appointment. Their plan to support this included initially visiting the hospital and accessing the café and shops. They would then build up to going and just sitting in the waiting area of the department they needed to visit. It was hoped by doing this the person would become familiar with hospital and this would lessen their anxiety. If this was not successful then the consultant had agreed to a possible home visit so they could assess the person's medical needs.

The registered manager made sure the needs of people using the service were consistently met by staff who had the right skills, knowledge and experience. Staff received a thorough induction which included shadowing an experienced member of staff. One staff member told us the induction had supported them to carry out their roles and responsibilities correctly. Care staff had the skills and knowledge to support people effectively and this was supported by core training they had completed, such as mental capacity, health and safety, safeguarding, moving and handling and more specific training such as epilepsy and autism. Once completed training was recorded on the training matrix and this was monitored to ensure training was completed as required by the provider. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service.

Regular meetings were held between staff and their line manager. 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 living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and deputy manager. They said they could approach them at any time to seek guidance and support. They also said they could seek support and advice from other staff members.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The registered manager explained capacity assessments had not been undertaken as people were able to make decisions and choices based on their daily living. They said if decisions needed to be made regarding such things as medical interventions, and they were not confident the person understood the choices, then a mental capacity assessment would be carried out with the person. They would then look at holding a best interest meeting, which would include people involved with the person, to support the decision making process. We saw for one person this process had started to support decisions needed for a medical intervention. People were not restricted on when they could leave the home to access facilities in the village.

During the inspection, the registered manager told us, where needed applications for DoLS authorisations had been made. Applications had been submitted by the provider to the person's funding authority. However it was unclear if these applications were being monitored to ensure the practices in place remained the least restrictive option. The registered manager has agreed to address this.

Is the service caring?

Our findings

People told us they were happy with the care and support they received. Comments included "I like it here. Staff are helpful. They will help me go out later" and "Staff help me keep my room tidy, they take me places too".

People looked relaxed and comfortable in the company of staff. They had good relationships with staff members and did not hesitate to ask for assistance when required. Staff showed respect and consideration for individual need when talking with people. We saw people were totally at ease with staff and their surroundings. People moved freely around the home choosing to spend time either in their bedroom or communal areas.

When we arrived people were getting up at their own time and pace. As people went to activities during the week staff explained that weekends were less structured. People chose if they wanted to attend the morning service in Ravenswood's synagogue. Staff asked people if they wished to go. One person did not want to attend the service as it was raining; staff respected their choice not to attend.

Staff used positive behaviour support which is a proactive approach for understanding the cause or 'triggers' of a person's anxiety or distress and consequent behaviours. The approach explores ways of reducing the risk of them occurring and the support required by the person. Staff were knowledgeable and skilled at recognising the signs people displayed when they were becoming anxious or distressed and knew the actions to take to reduce or remove the source of anxiety. We observed staff supporting people in line with this approach. For example one person was shouting. We heard staff calmly asking the person "X can I help you" and "What's upsetting you". This was in accordance with the guidance written in the person's care plan.

People's bedrooms were personalised and decorated to their taste. People had televisions and music systems in their rooms if they wished. One person told us they liked to lie in bed and listen to their music when they first woke up. We saw the person doing this when we first arrived. Another person liked going on buses and their room had a display cabinet containing models of their favourite buses and cars. They told us they were going on a bus trip to Redbridge supported by staff. They also said they went to watch football matches of the team they supported.

People were treated with kindness and compassion throughout our visit. Staff showed a genuine interest in people and their well-being. Any requests for assistance were responded to promptly and people were not left waiting. Before undertaking any care staff sought permission from the person. For example, a staff member asked one person if they could help them before supporting them to change their clothes. On another occasion a staff member asked if it would be alright if they rearranged the person's clothing to promote their dignity.

People were encouraged to maintain relationships with people that mattered to them. Relatives could visit the home anytime and staff would also provide transport so people could visit their relatives at home.

People could also ring and speak to their relative in between visits.

Is the service responsive?

Our findings

Staff knew people's needs and wishes and acted on this knowledge. Each person had a care and support plan with information and guidance personal to them. People's care plans contained details informing staff of when people displayed particular behaviour, what they were trying to communicate and how staff should respond. This also ensured the person received a consistent approach from the staff team with their support. Plans also included people's health conditions and how to meet their health needs. It was evident staff worked with other professionals to review people's care needs. For example, in one person's care plan there was evidence of staff working closely with external professionals in developing positive behaviour support plans. Staff told us they were provided with enough time to read people's care plans and were able to describe people's emotional and physical needs. They told us about the sorts of things people liked to do and people's care plans reflected what we had been told by staff.

We saw in one person's care plan they had contracts in place for attending some activities which indicated their responsibilities in these situations. These contracts were signed by the person to say they agreed with the terms of the contract. However, these contracts had been put in place in 2005 and 2007 and there was no evidence that these had been reviewed and the person still agreed with them. In another person's care plan a recently updated positive behaviour support plan had been put in place. However, the care plan still contained a positive behaviour support plan from 2013 which may cause confusion for new staff as to which plan to use. The registered manager has agreed to address these areas.

People were supported to follow their interests and take part in social activities and work opportunities within the home, Ravenswood village and the wider community. People had a range of activities they could be involved in which included bowling, horse riding, swimming and having meals out. One person told us they liked to go dog walking and bowling. Another person told us they were looking forward to going to the coffee shop later in the day. Each person had a timetable of activities for during the week. Shabbat, which is the Jewish rest day and goes from sunset Friday to sunset Saturday, entails people refraining from work activities and engaging in restful activities to honour the day. The day of our inspection was Shabbat and we observed people getting up at their leisure and engaging in a relaxing day. Some people chose to spend time in their rooms or attend the service at the synagogue. Some people chose to go to the café within the village. Some people did this with staff support and others went independently. This was an opportunity for them to also go and meet friends from other homes in the village if they wished.

There was a system in place to manage complaints. Where complaints had been raised we saw these had been addressed and actions taken to resolve the situation. The complaints procedure was available in an 'easy read' format to support people's understanding and ensure everyone using the service could access the information. Staff said people were able to let them know if they were unhappy with any aspects of their care and support. They said if they could not resolve the situation then they would seek management support. We saw in records a complaint from one person living in the home and actions taken to resolve their concerns. People told us if they had any concerns then they could speak to any member of staff or management team.

Is the service well-led?

Our findings

The provider and registered manager did not have effective systems in place to monitor the quality of service being delivered. Whilst some monitoring of the service was in place, for example, medication audits and health and safety checks. Some internal audits such as, the manager's monthly audit report, had not been completed at all to identify any shortfalls within the service. This could lead to omissions or concerns in respect of the quality of the service not being identified by the registered manager. It was also noted that there was no regular monitoring of the quality of the service being undertaken by the provider or other personnel external to the home. We discussed this with the manager who said they were "Teaming" up with another manager in the village to address audits not being completed and to explore how best to go forward.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. The registered manager received a monthly report informing them of what training staff had completed and what training was required or outstanding. If staff had not attended the required training this could then be addressed with them. Staff told us they received the correct training to assist them to carry out their roles.

Accidents and incidents were clearly recorded and reviewed by the registered manager to ensure they had been responded to appropriately. Where required changes had been made to some support plans and risk assessments as a result of reviewing incidents. Appropriate referrals had also been made to health professionals where required.

There was a registered manager in post who was supported by a deputy manager. Staff told us they were listened to by the registered manager and deputy manager and felt they could approach them with issues and concerns. Staff meetings were held to make sure staff were kept up to date and were given the opportunity to raise any issues that may be of a concern to them and make suggestions to improve the service. One member of staff told us "We get the opportunity to discuss what is working well and what is not working well during our team meetings. We are encouraged to make suggestions on how we can improve things". They gave an example of how staff's support of one person had changed at the suggestion of staff.

The registered manager kept up to date with current practices and legislation by attending regular meetings with other registered managers within the organisation to share issues, new ideas and ways of working. They said they had access to a variety of publications on health and social care. The quality compliance manager sent information to managers on best practice which the registered manager said they found useful. They attended any training required of their role and kept up to date with refresher training for those courses already completed.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Staff were aware of the organisations visions and values. They told us their role was to provide people with care, supporting them to be as independent as possible in their day to day lives, whilst respecting the Jewish culture and laws.

In discussion with the registered manager they said their challenge for the coming year was to support people using the home with the redevelopment of the building. They said people were being involved and consulted with regarding the proposed redevelopment.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire or emergencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager did not have effective systems in place to monitor the quality of service being delivered.