

# Norwood

# The Green

## Inspection report

Ravenswood Village  
Nine Mile Ride  
Crowthorne  
Berkshire  
RG45 6BQ

Tel: 01344755568  
Website: [www.norwood.org.uk](http://www.norwood.org.uk)

Date of inspection visit:  
15 January 2019

Date of publication:  
14 February 2019

## Ratings

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

# Summary of findings

## Overall summary

The Green is a care home without nursing which is registered to provide a service for up to 15 people with learning disabilities and some with physical disabilities. There were 13 people living in the service on the day of the visit. All accommodation is provided within a range of self-contained apartments set in a court yard arrangement within a village style development.

This unannounced inspection took place on 15 January 2019. At this inspection we found the service was Good overall.

Why the service is rated Good overall:

There is a registered manager running 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.

People's safety was upheld by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff clearly understood how to protect people and who to alert if they had any concerns. General building and operational risks and risks to individuals were identified, assessed and appropriate action was taken to eradicate or reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely and effectively. Whilst there had been some turnover of staff the service had a consistent staff team. The provider had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was fully respected. People were provided with a range of activities, according to their needs, abilities, health and preferences. Care plans were reviewed and updated and management maintained an oversight. Care plans contained up to date information and records demonstrated that risk assessments were usually reviewed within stated timescales.

The registered manager was well regarded and respected. The quality of care the service provided continued to be reviewed and improved, as necessary.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# The Green

## 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 was unannounced and took place on 15 January 2019. It was completed by one inspector.

The provider was asked to send us a provider information return (PIR) which they did within the required timescales. This document is designed to provide key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at documentation for three people who live in the service. This included care plans, daily notes and other paperwork, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the service. We interacted with people who live in the home. Some people had limited verbal communication but were able to express their views by facial expression, body language or staff interpreted the meaning of their individual communication methods. We spoke with five staff members, the registered manager and the deputy manager. We also spoke in private with a visiting professional who had regular contact with people living in the service. We requested information from a range of other professionals, family members and staff. We received six responses from family members and none from visiting professionals during the draft stage of the report. In addition, we received written feedback from two staff members.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of all forms of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been two safeguarding issues in the previous 12 months. One had involved a minor medicines error which had not resulted in any harm to the person and the other involved a person being subjected to verbal abuse whilst out of the home. They had been appropriately dealt with and action had been taken to reduce reoccurrence. We noted from the most recent pharmacy audit undertaken by the administering chemist in April 2018 that all recommendations had been addressed without delay.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and challenging behaviour. During our observations we saw staff were aware of the risk reduction plans in place and were carrying out activities in a way that protected people from harm.

People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. No relatives who responded to our request for feedback raised any safety concerns about their family member.

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk or the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed mainly at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. We noted from the staff training record that that the all staff who were medicines administrators were up to date with their medicines training. It was acknowledged that there had been issues with the electronic recording of training when completed and the latest provider audit had picked up omissions in recording. The registered manager confirmed that these had now been addressed.

The service continued to provide enough staff to meet people's needs and keep them safe. There were sufficient staff during the day with some staff working long days. There were two waking night staff on duty each night. Additional staff were provided to cover any special events or emergencies such as illness or activities. Any shortfalls of staff were covered by staff working extra hours or bank staff. In any event staff who were familiar with the people in the home were used wherever possible. The service sometimes used agency staff but always tried to use workers who knew and were known to the people using the service.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff new to the service who confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained. We noted that due to a change in staffing within the human resources department access to recruitment records was only possible on certain days of the week. We brought this to the attention of the head of the providers adult services who undertook to arrange specific key holders.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people.

Family members sent us information which included, "[Name] is very happy there and her health is very well taken care of." And, "[Name] is safe, happy and very well cared for." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. This was confirmed in discussion with staff. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who used the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were supported with their health care needs. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. An on-site nurse was employed specifically to provide health care advice and to assist with liaison with local health care professionals.

Staff received formal supervision every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff confirmed they had regular supervision and said they felt very well supported by their manager. They felt they could go to the registered manager or the deputy at any time if they had something they wanted to discuss.

People were involved in choosing menus as far as they were able. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for identified choking risks and weight management meal plans. The advice of speech and language therapists was sought, as necessary. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and was well maintained. The service had adaptations/facilities and made use of technology to meet the needs of people. On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out. We noted that there was an ongoing redecoration plan which included communal areas and individual apartments on a need basis.



People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. We noted from records that confirmation of receipt of new applications were not retained and efforts to chase assessments were not recorded. The registered manager undertook to ensure that these communications were recorded and kept with the appropriate documentation.

# Is the service caring?

## Our findings

The Green continued to provide a caring service.

People were supported by a dedicated and caring staff team who knew them well. People indicated by telling us, smiling or by their demeanour that they liked living in the Green. People were seen to be comfortable and confident in staff presence. Five family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful.

A relative told us, "Whenever we visit The Green we are very pleased with the atmosphere there and how [name] is treated and everyone is always very friendly." Another relative told us, "[Name] is happy with the staff at Ravenswood and has never commented on any negative interactions with them. They are concerned with his well-being and offer him a variety of experiences." And another told us, "I would add that my brother [name] is very happy under the care of [registered manager] and her staff, so much so, that we had to take him back to The Green earlier than planned during the Christmas period as he wanted to see his friends and carers." Staff listened to people and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These requirements were recorded in care plans and all staff we spoke with knew the needs of each person well. People were supported to make as many decisions and choices as they could. People had communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being. Examples of the caring nature of staff were provided within relatives' feedback and a particular example was, "All together we are very satisfied that [name] is happy and taken care of very well."

People's identified methods of communication were used so that staff could understand how people felt about the care they were receiving and the service. People were treated with respect and their privacy and dignity was promoted. Some comments from staff included, "We always treat everyone with respect and sensitivity." And "I have always felt respected by the management team and I ensure that the people living here are treated in the same way." Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. We saw that staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept locked in the service's office and were not left in communal areas. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

## Is the service responsive?

### Our findings

The service remained responsive to the care and support people needed. We observed the staff team recognising and responding to people's requests or body language and behaviour when they needed assistance.

There had been a number of new admissions and the evidence seen confirmed the service completed a full assessment of each person prior to them moving into the service. The service responded to changing needs such as behaviour or well-being and recorded those changes without delay and in detail. Relatives indicated within their responses that they were mostly confident their family member's health and social needs were met by staff who knew them and cared about them. One relative told us, "They have generally been responsive to our questions within a day or two, and have been very helpful in enabling [name] to come and visit us." Support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary. We noted from the care plans seen that the information available was accessible and well ordered.

People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished with documenting the communication needs of people.

The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went to organised day care activities according to their needs with staff accompaniment, as necessary. There was an acknowledgement within the service that some people were getting older and this needed to be taken into consideration when planning and encouraging activities for individuals.

The service had a robust complaints procedure which was produced in a user-friendly format and displayed in relevant areas in the home. It was clear that some people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that only one complaint had been made about the service during the previous 12 months. This had been related to staff shift changes and had been addressed appropriately and to the satisfaction of the complainant. We saw a number of compliments the service had received.

## Is the service well-led?

### Our findings

The service had benefited from a longstanding and experienced registered manager who knew the service and the people living there extremely well. There was an ethos of continuing improvement where the needs and preferences of people was central to the purpose and focus of the home. All practice and initiatives were conducted in line with the provider's policies and procedures. The registered manager was praised by relatives, staff and the professional spoken with for her approach. The atmosphere of the home was described as homely, warm and welcoming.

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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The service was monitored and assessed by the registered manager, the assistant manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The last comprehensive health and safety audit by the provider was undertaken in June 2018. The registered manager confirmed that all the actions identified were completed prior to the report being received as extensive notes had been taken during the course of the audit. Continuous Improvement Plans (CIP) had been developed by the provider and had been formulated and updated from listening to people and staff and from the formal auditing processes. We noted from the latest CIP that issues raised in the annual provider audit undertaken in October 2018 had either been addressed or were subject to ongoing works. Some issues had been rated as red which are items requiring immediate attention. However, not all of these issues could be regarded as urgent. We discussed this with the operations manager whose responsibility it was to monitor progress on actions required who undertook to raise this at the next managers meeting to clarify.

There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy. The philosophy of the home was one of striving for excellence and this was clearly evident from those staff spoken with. One staff member told us, "The registered manager is really approachable and provides excellent guidance and advice." The registered manager told us that the service had been well supported by the provider and the associated specialists based on the site. This included the operations managers, the assistive technology department, the learning disability nurse and the communications and engagement team.

The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments. Partnership working also extended to the in-house teams located on the site who were there to support, guide and instruct services to question and embrace good practice.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. A recent initiative to engage family members more effectively had been successful. People's views and opinions were acted upon without delay and always recorded in their reviews. Staff meetings were held regularly and minutes were kept. We noted that the registered manager ensured all staff were rostered on duty on the day of the staff meeting. Staff told us they felt included in decisions and they were confident that their ideas and suggestions were considered. A visiting professional told us, "She [registered manager] is so warm and approachable and I love the atmosphere in this home. I have only ever been welcomed and it is a lovely homely environment for the people that live here."

The service continued to ensure people's records were detailed, up to date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as health and safety and maintenance records were accurate and up-to-date.