Norwood

Tova

Inspection report

Ravenswood Village
Nine Mile Ride
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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

Tova 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. Tova offers care and accommodation for up to eight people with learning disabilities and physical disabilities. At the time of our inspection there were six people living in the home.

The inspection took place on 17 October 2015. This was announced inspection. As we were visiting the service on a Saturday we rang the day before the inspection to ensure that there would be someone at home on the day of our visit.

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

Summary of findings

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.

We observed staff interacting with people in a kind and friendly manner, involving people in choices around their daily living. Staff sought permission before providing care and support and ensured people knew what was going to happen at all times.

Staff monitored people's physical and emotional wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any concerns they had. Staff we spoke with were confident that any concerns raised would be fully investigated to ensure people were protected.

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

Staff told us they felt supported. Staff received training to enable them to meet people's needs.

There were enough staff deployed to fully meet people's health and social care needs. The registered manager and provider had systems in place to ensure safe recruitment practices were followed.

The registered manager and the provider had systems in place to monitor the quality of the service provided. The legal requirements on the service, such as protecting people's liberty, were understood and met by the management team and staff. People's rights were therefore recognised, respected and promoted.

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.

Plans to manage risks contained up to date information and guidance to staff on the support that people needed.

Medicines were managed safely.

Staff treated people well and responded promptly when they requested support. Systems were in place to ensure people were protected from abuse.

Good

Is the service effective?
This service was effective.

People had access to healthcare services and received on going healthcare support.

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

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards.

Good

Is the service caring?
This service was caring.

People were treated with kindness and respect. We saw they appeared comfortable with staff, smiling and laughing.

Staff had detailed knowledge of people's needs and preferences. This meant that people were treated with dignity and as individuals.

People's preferences for the way they preferred to be supported by staff were clearly recorded.

Good

Is the service responsive?
This service was responsive.

People received care and support which was individual to their wishes and responsive to their needs. Support plans recorded people's likes, dislikes and preferences.

People were supported to access opportunities within Ravenswood community and take part in activities within their home. Staff provided support to meet people's social and spiritual needs.

There was a system on place to manage complaints. Family members were regularly asked to provide feedback on the service their relative received.

Good

Is the service well-led?
This service was well-led.

There was a registered manager in post.

Good

Summary of findings

There were systems in place for monitoring the quality of the service to ensure people received a good standard of care and support.

Emergency plans were in place which included a 24 hour on-call system for staff to be able to seek management support.

Tova

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 17 October 2015 and was announced. 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 we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed 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.

We used a number of different methods to help us understand the experiences of people who use the service. 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 three 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 care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager and five support workers.

Good

Is the service safe?

Our findings

People were not able to verbally tell us if they felt safe living at Tova. During our inspection we saw that people did not hesitate to seek support and approach staff when required. This indicated that people felt comfortable with staff.

There were processes in place to protect people from abuse and keep them free from harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager who investigated the concerns and reported them to the local authority safeguarding team as required.

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. Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in activities around the home and in their community. They included moving people safely, supporting people who may be at risk of choking whilst eating and how to support people in the event of a fire.

Only staff who had completed a medicines administration course were able to administer people's medicines. Safe practices for the administering and storing of medicines were followed. All medicines were stored safely and in a locked cupboard. Medicines that were no longer required were disposed of safely. Systems were in place for auditing and controlling stock of medicines.

People were supported to take the medicines they had been prescribed. We reviewed the Medicines Administration Records (MAR) for two people using the service. We saw these had been correctly completed and initialled by a staff member. Each person had a separate file for recording their medicine administration. These contained information on the medicines, the reasons for them being prescribed and potential side effects for staff information.

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. All staff were subject to a formal interview in line with the provider's recruitment policy. Staff files for recruitment were not available during our visit as these are held centrally at head office. The registered manager explained appropriate checks were carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before they started working. 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. Staff we spoke with confirmed this.

There was enough qualified, skilled and experienced staff to meet people's needs. Staff explained there was always a minimum of six staff on duty during the day. There would always be two waking night staff. Timings for staff being on duty would be flexible depending on what activities people were taking part in. For example some people required emergency medicines should they experience an epileptic seizure whilst out in the community. To ensure that people could be appropriately supported there would always be two staff available. The rota's were compiled by the assistant manager and registered manager to ensure there was the right mix of skilled staff each shift.

Staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. Staff could explain the procedures they would follow to minimise the spread of infection and how they would handle soiled laundry. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. On the day of our inspection the home was clean and tidy and free from odours.

Good

Is the service effective?

Our findings

People had access to food and drink throughout the day and staff supported them as required. Where people had complex nutritional needs identified, appropriate external advice and support was sought and appropriate risk assessments were in place. For example, one person using the service had a PEG (percutaneous endoscopic gastrostomy) which is used when people are unable to swallow or to eat enough. This person had been reviewed by the Speech and Language therapy team and nutritional plans were in place in line with their advice.

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.

Where necessary staff contacted health and social care professionals for guidance and support. Each person had a health action plan and hospital passport that identified their health needs and the support they required to maintain good health. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals.

The premises had been adapted to meet people's needs; necessary overhead hoists and ramps were in place. Door frames were wide enough to ensure people who were in wheelchairs could access rooms safely. One person had an epilepsy sensor alarm in place so staff would be alerted should this person need assistance whilst in their bedroom or at night time.

Staff received regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Records also demonstrated staff had completed training that was specific to people's needs, including autism and epilepsy.

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 meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported and could raise any concerns They felt confident action would be taken where required to resolve any issues.

Staff demonstrated a good understanding of supporting people to make choices in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We found in care plans necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by Tova. The process had included input from the person, their family, health and social care professionals and staff at the service.

Good

Is the service caring?

Our findings

People who use the service had good relationships with staff members and those who were able did not hesitate to ask for support. Staff members spent time with, and anticipated the needs of, people who were unable verbally to ask for help. We observed this was done by staff interpreting their mood, the sounds they made, their expressions and behaviour. The happy atmosphere was enhanced by humour from both staff and people; a staff member was observed laughing and joking with one person who in turn laughed and smiled back.

We observed one person who was being quite vocal being supported by a member of staff. The member of staff entered the room carrying a bag of sensory equipment. They explained that these items were used to support the person when it was felt they were becoming anxious. The sensory items were used as a distraction as it was felt the person enjoyed the interaction using them. Staff were patient and asked if the person wanted to use a certain item before introducing it. The staff member also checked the person was not thirsty and offered them a drink. The person became less vocal during this engagement.

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. We observed people being supported to eat their breakfast. Staff supported people at a pace appropriate to the person, checking they were ready before offering more food.

People's needs in respect of their age, gender and disability were understood by staff. Staff had recorded important information about people including personal history and important relationships. People were supported to maintain relationships which were important to them. Staff told us how they were supporting one person to keep in contact with their relative who had recently moved in to a care home. Staff were supporting them to attend a family get together with other family members.

Halacha regarding modesty and community customs dictate the dress code for women. As a member of the Jewish community one person liked to wear long sleeved tops and long skirts in keeping with the dress code. As this person liked to relax by lying on the sofa, staff encouraged the person to wear leggings under their skirt to ensure their modesty and dignity was protected.

People using the service were able to make daily decisions about their care and support and we saw people chose how they wanted to spend their time. During our visit we noted that people who were able moved freely around the home choosing which area they wanted to be in. One person liked to sit in the dining area on a settee. We saw that staff respected this and sat at the other end to the person to respect their need for space. This was in line with guidance in the person's care plan.

People had been encouraged and supported to make their rooms at the home their own personal space. Each room was individually decorated, there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

Good

Is the service responsive?

Our findings

People's care plans reflected how they would like to receive care and support. They included people's individual preferences, interests, and goals to ensure they had as much control over their lives as possible. Care plans included people's preferred routines, for example what time they liked to get up, how often they liked to shower, what support the person required and what they were able to do independently. Care plans were detailed and person centred. For example we saw in one person's plan it was important to them that they attended the synagogue on a weekly basis. This usually took place on a Friday and sometimes on a Saturday. It also noted that the person liked to have things in their room in certain places.

To ensure staff could respond appropriately to one person who required a hospital visit, staff explained how they used photographs to explain to the person what they could expect. In the days leading up to the visit staff had showed the person pictures of a car, the hospital, a nurse and the X-ray machine that was to be used. They explained this had helped to alleviate the person's anxieties and had made the trip less stressful for them. This information was also included in their care plan.

Risk assessments were in place which enabled staff to keep people safe and maintain their independence. Positive behavioural support plans were also in place which included the involvement of other health professionals who provided guidance and support to staff on supporting people to manage behaviours that may be seen as challenging. Staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted. Care plans had been reviewed on a regular basis and when people's needs changed.

Staff were trained to support people with communication difficulties using the 'Great Interactions' approach. The technique facilitates specific skills that ease communication difficulties and enable people with a learning disability to take increasing control of their own lives. Staff were also trained in the use of Makaton which is a form of sign language. Where people liked to be kept informed of which members of staff were on duty there was a notice board which had staff members' photographs on it.

People were supported to follow their interests and take part in social activities. The registered manager explained most activities took place in Ravenswood village. Activities included swimming, arts and crafts and music therapy. One person liked to visit the Jewish community in London and was supported to do this periodically throughout the year. They were able to have lunch in a Jewish eatery and purchase any specialist foods they liked. On the day of our visit people were supported to go for a walk or to take part in activities of their choice within the home.

The registered manager told us they were also looking for more opportunities for people to attend outside of the village. One person liked gardening and they had sourced an opportunity for them to attend a sensory garden at a local project.

We spoke with five members of staff who demonstrated a good understanding and awareness of people's needs. Staff told us they read care plans and held daily handovers to ensure consistency of care.

There was a process in place for dealing with complaints. Family members were asked for their views on the service their relative received periodically throughout the year. Comments included 'X could not be loved more or better taken care of' and 'I am extremely happy with the care'. Whilst people could not verbally make a complaint, staff told us people would indicate if they were not happy. People also had annual reviews where any concerns around care and support could be discussed.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by two assistant managers. Staff were aware of the organisation's visions and values. They told us their role was to provide people with safe care and support. Regular staff meetings were held to make sure staff were kept up to date and they were given the opportunity to raise any issues that may be of a concern to them. All staff spoken with provided positive feedback about the provider and the support they received. Comments included “I really enjoy working here” and “I like having lots of time to spend with people.”

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. Staff we spoke with 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.

The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These audits included health and safety, management of medicines, care plans and training.

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. 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.

We discussed with the registered manager any plans they had for improving the service in the coming year. They told us they planned to support staff with continuing to develop communication and interactions with individuals.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. 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.