Norwood

Norwood - 55 Edgeworth Crescent

Inspection report

55 Edgeworth Crescent,
Hendon,
London,
NW4 4HA.
Tel: 020 8203 4707
Website: www.norwood.org.uk

Date of inspection visit: 30/07/2015 and 05/08/2015
Date of publication: 18/09/2015

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

This unannounced inspection took place on 30 July and 05 August 2015. Our previous inspection, of 01 October 2013, found there to be no breaches of regulations.

'Norwood - 55 Edgeworth Crescent' is a residential care home for up to six people. The service's stated specialism is people who have learning disabilities. There were two vacancies at the time of our visit.

There was a registered manager in place at the service at the time of our inspection. 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.

Summary of findings

We found the service to have a strong focus on empowering people using it. People made decisions about their care and support. Whilst the service assessed risks around people's needs and preferences, people were encouraged to develop skills and their freedom was respected and supported. People were supported to access a range of community activities in line with their preferences and abilities.

Staff understood people's different ways of communicating, encouraged people to express their views, and acted on people's choices. There was a range of positive feedback about the service, and we saw evidence of how the service was effective at promoting people's well-being and reducing instances of behaviours that challenged the service. Positive relationships had been developed between staff and people using the service, and there were enough staff deployed to meet people's needs.

Regular safety checks took place in the service. There were safe systems of supporting people with their medicines and money, and appropriate safeguarding procedures were in place. The service took appropriate action if they believed a person needed to be deprived of their liberty for their own safety.

Staff received appropriate supervision and appraisal at the service. Most staff had up-to-date training, and there was evidence of management oversight of training that was addressing any shortfalls.

There were a variety of quality and risk audits used at the service, and by the provider, that helped to drive service improvements. The provider promoted a positive, open and empowering culture. People's comments and complaints were listened to and acted on. We found the service to be well organised, and people to have good outcomes.

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?

Good

The service was safe. There were safe systems of supporting people with their medicines. There were appropriate safeguarding procedures in place, and safe systems of looking after people's money where needed.

Regular safety checks took place in the service. Each person had comprehensive assessments in place in respect of risks to their health and welfare, and this was balanced well with enabling people freedom and choices.

Although there were vacancies in the staff team, there were sufficient numbers of skilled staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective. People were supported to maintain good health and eat a balanced diet, and people were supported to access healthcare services when needed.

The service worked in line with relevant guidance and legislation in obtaining people's consent to care and support, and took appropriate action if they believed a person needed to be deprived of their liberty for their own safety.

Staff received appropriate supervision and appraisal at the service. Most staff had up-to-date training, and there was evidence of addressing training shortfalls.

Is the service caring?

Good

The service was caring. People were supported to make choices and develop autonomy. Their privacy and dignity was respected and promoted.

Staff knew how to communicate well with each person, and interacted in a way that empowered people to take control of their own lives.

People were encouraged to express their views, and they were listened to. Consequently, positive and empowering relationships had been developed between staff and people using the service.

Is the service responsive?

Good

The service was responsive. People received personalised care that reflected their needs and preferences.

People were supported to access a range of community activities in line with their preferences and abilities.

There were comments and complaints processes that were used by people. The provider took action in response to people's complaints.

Is the service well-led?

Good

The service was well-led. The provider promoted a positive, open and empowering culture. We found the service to be well organised, and people to have good outcomes.

Summary of findings

There were a variety of quality and risk audits used at the service, and by the provider, that helped to drive service improvements.

People using the service benefitted from a knowledgeable registered manager who was accessible to anyone involved in the service.

Norwood - 55 Edgeworth Crescent

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.

The service was inspected unannounced by two inspectors on 30 July 2015. One inspector then arranged to visit the service again on 05 August 2015 to meet with the registered manager who was previously on leave.

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 visit, we considered the information in the PIR and any other information we had about the service.

During the visits, we spoke with the four people using the service, two staff members, and the registered manager. We observed the support being provided in communal areas of the service, and looked at the accommodation provided.

We looked at care records for two people using the service along with various management records such as quality auditing records and staffing rosters. The registered manager sent us documents on request in-between the inspection visits.

Following our visit, we spoke with the relative of one person for their views on the service.

Good

Is the service safe?

Our findings

People using the service told us they had no concerns about safety. One person told us that staff were "careful" with them, and we saw staff to provide support to people safely.

There were systems of documenting regular safety checks in the service. For example, there were daily and weekly checks of premises security and fire safety, some of which people using the service helped with. Occasional fire drills were documented in good detail and demonstrated that people in the premises followed appropriate evacuation procedures. The local fire authority last visited the service two years ago. Their report found there to be no concerns with fire safety standards. There were certificates to show that a number of professional safety checks had taken place, for example, for electrical appliances, gas safety and emergency lighting. Where people had specific equipment such as a wheelchair, professional checks confirmed the safety of these too.

We saw stocked first-aids kits easily available in the service, along with a list of most members of the staff team who had up-to-date first aid training. A person using the service showed us a specific bag that was for quick access in an emergency. It contained various items for that purpose, including a business continuity plan, emergency contact details, and fundamental information on each person using the service. A senior manager told us that the provider has started implementing business emergency drills, whereby mock emergency situations were set up without notice, by which to measure the effectiveness of the service's response. This all helped assure us that the provider had set up systems to minimise risk to people in an emergency.

Each person had comprehensive assessments in place in respect of risks to their health and welfare, for example, for handling money and community safety. Risk assessments for one person included about them being unsteady and liable to have minor injuries in consequence. Staff we spoke with were aware of this and told us they made a record if injuries were seen. We saw a body map record demonstrating this. Records and feedback indicated that people's freedom was also supported and respected whilst aiming to provide a safe service.

The provider had accident and incident policies which demonstrated a principle of recording, investigating, and learning from each event. Records of these processes captured a wide range of risks to the service and people using it, for example, around security, injuries, and medicines errors. There were also specific charts for recognised incidents specific to people's individual needs, such as for falls and behaviours that challenged the service. We saw that action had taken place to minimise the risk of reoccurrence, for example, in acquiring GP advice. Summary reports of these events were sent to senior managers on a monthly basis, for further oversight and scrutiny. This all helped assure us that people at the service were protected from foreseeable risk.

People were supported to be independent with their medicines where possible. One person's care file showed this was an agreed goal for which staff monitored progress daily using a task analysis sheet. A risk assessment was in place that was reviewed and updated to reflect the findings of the task analysis by adding additional safeguards. For example, it was agreed that the person would collect their medicines by themselves, and measures were put in place to support them to do this safely.

People's medicines administration records (MAR) were accurate and up-to-date. We checked one person's medicines stock against MAR and found no discrepancies. There were records of regular stock checks, and of medicines coming into and leaving the service. There were occasional documented assessments of each staff member's competency with safely administering medicines to people. This all helped assure us that people received their medicines as prescribed.

We noted that a small amount of unused medicines were in storage for one person, including two used ear-drop treatments from late 2014. The registered manager told us the person no longer used these medicines, and made arrangements for them to be returned to the pharmacist.

The service had appropriate safeguarding procedures in place including a detailed safeguarding policy. Information on safeguarding and whistleblowing processes was available in the service. Staff knew what to do if they had concerns about people being at risk of abuse. They showed us, for example, that the service had an on-call system by which a manager was available at all times should support be needed, such as if there was an allegation of abuse. We

Good

Is the service safe?

saw that safeguarding was discussed in staff members' supervision meetings from time to time. The service had appropriately reported one safeguarding concern since our last inspection.

There were safe systems of looking after people's money where needed. This included clear records of people's finances which were signed by both staff and people using the service, and regular audits. People's finance folders had a clear statement of the provider's and staff responsibilities around handling people's finances. One person told us of a recent bank withdrawal that they made with staff support. Records confirmed that the money was being looked after by the service. Incident reports were written where events took place that put people at financial risk. There were detailed records of people's possessions which staff kept up-to-date. This all minimised the risk of financial abuse.

People told us there were enough staff working so that, for example, they got support in the community when needed. One person said that the registered manager helped out if needed, but this was not needed often. Staff told us that the rota was organised to meet people's needs. For example, shifts started earlier when people needed support to be ready earlier in the morning because they were going out. Recent staffing rosters showed the service had five permanent care staff along with one bank staff member who worked when needed. Two care staff were on duty during the day, with one sleeping at the service at night. The registered manager told us that there were vacancies within the staff team, however, permanent staff were choosing to work overtime pending recruitment, which helped to provide a consistency of support to people.

Good

Is the service effective?

Our findings

People told us they were happy with the service. Comments included, "I like it here" and "They look after me well." A relative told us they would recommend the service to others.

People told us they were supported to attend medical appointments such as for GPs, dentists and psychologists. Records showed that advice from these was disseminated to staff and acted on. Follow-up visits took place where needed. There were health action plans that provided detailed information on each person's specific health needs.

One person's file showed that staff had raised a concern with a healthcare professional about the person's well-being in a specific community situation. This resulted in advice being given on managing the situation without the person's preferences being compromised. This demonstrated effective healthcare whilst valuing the person.

Staff told us how they recognised if someone was having an epileptic seizure and what support they provided in these circumstances. For example, equipment was used to monitor someone at night in case of them having a seizure. There was a risk assessment in place for the management of this person's epilepsy. Staff had signed to demonstrate they had read this. A record was kept of any seizures, and there was evidence of monitoring frequency, duration and impact. Staff had received training on the management of epilepsy. This all helped assure us that this person's specific healthcare needs were being supported.

People told us they were happy with the food provided. A menu was displayed in the kitchen, including statements on allergens to assist people with safe food choices. People told us they made group choices for the menu at a weekly meeting, one person saying that they each had specific days that they were responsible for helping with preparing the meal. People also told us they often went out to lunch.

Some people told us they were following diets and trying to eat healthily. There was a large bowl of fruit available that people told us they could access, and watermelon was served mid-afternoon. People's care files had evidence of dietitian advice and regular weight monitoring along with specific guidance on nutritional support within people's care plans. The registered manager told us and showed recorded evidence of involvement of the provider's specialist nurse in advising the service on supporting people with healthier diets.

The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty for their own safety. We saw that a time-limited DoLS authorisation was in place for one person following assessment by independent health and social care professionals. We found the service to be operating in line with this authorisation. The registered manager explained why the authorisation was necessary, as the approach to working with this person could sometimes result in restrictive practices that were agreed as in the person's best interest. There was recorded evidence that this authorised approach was having a positive impact on the person's well-being.

People's feedback, and our observations, indicated that they were consulted on their wishes about their care and support. Care files had evidence of people being involved in decisions about all aspects of their daily lives. People's care records included consent forms for some specific care circumstances such as for the management of their personal finances. These included capacity assessments and records of best interest processes where applicable. This all helped assure us that the service worked in line with relevant guidance and legislation in obtaining people's consent to care and support.

There was evidence of staff being supported to provide effective care. Records showed staff had individual supervision meetings with the registered manager at appropriate intervals, often monthly. Supervisions involved discussion on a range of pre-determined topics such as care practice issues and training needs, and staff were given feedback about their performance. Staff confirmed that the meetings were useful, and that they received a copy of the meeting minutes. There were also annual appraisals of staff members' capabilities and progression, which were kept under review.

The registered manager told us that new staff followed a structured induction process across their first few weeks of work, depending on skills and experience. They worked additional to the rostered staff during that period, until

Good

Is the service effective?

assessed as competent to work. We saw records showing that the provider was about to introduce the new national care certificate, including further training for all staff in line with it.

Staff told us that they stayed up-to-date with training, giving examples of recent courses attended and what further training was planned for them. The staff communication book included reminders for staff to stay up-to-date, and messages from staff informing the registered manager of online training that they had completed.

The registered manager told us that the provider sent her an oversight document of completed staff training on a monthly basis, by which to help ensure that staff were kept up-to-date on essential skills. It showed that staff had completed recent training on appropriate topics such as safeguarding adults from abuse and food safety. Amongst the five permanent staff, training was out-of-date relative to the provider's expectations, for one or two staff in some areas such as equality and diversity, medicines management, and practical manual handling. However, records showed that further training had been booked or was being taken online.

Good

Is the service caring?

Our findings

People's feedback about the approach of staff was positive. Comments included, "Very nice staff" and "Staff are supportive, kind, and generous." A relative added, "Very caring staff… I can't fault them in any way."

We saw staff respecting people's privacy and dignity. For example, staff provided distant support to one person when they bathed, which promoted their independence and enabled privacy whilst ensuring they received the support they needed. Staff encouraged people to talk with us in private. Staff told us of attending recent training on dignity awareness.

We saw that people were always addressed respectfully and staff responded to people promptly, patiently and kindly. If staff were unable to undertake a request, an explanation was given and alternatives offered.

People confirmed that staff listened to them. A relative added, "They are always open to suggestions and ideas from [the person] and me." Staff told us that people were calmer overall in recent months. They said that staff spent time with each person each evening to ask how their day was. The registered manager showed us records confirming that there had been some reduction in incidents of people's behaviour challenging the service. We also saw weekly house meeting records that showed people's opinions were listened to. By enabling people to express their views and listening to them, we could see that positive and empowering relationships had been developed between staff and people using the service.

One person told us of having a new key-worker. That staff member was on leave, but the person knew when they were due to return, which showed a transparent approach to the service. In that staff member's absence, they named another staff member who they felt they could particularly approach. "They talk with me about all sorts of nice things," they said.

We saw examples of people being empowered to take control of their own lives. People told us of household tasks that they undertook, for example, cleaning jobs, checking water temperatures, and fire safety checks. A relative told us that a strength of the service was, "Encouragement of residents to be independent." Some people wrote their own support delivery records and monthly reviews with minimal staff oversight. All care plans were signed or initialled by the involved person.

The service encouraged people to be autonomous. For example, we saw that some people had their own keys enabling them to access the building and their rooms. People told us they could make phone calls, one person saying they had their own phone for this. The service looked after people's money, however, people confirmed that they received their money on request to staff, and we saw this occurring. We saw one person taking their finance file from the office, which indicated they were regularly involved in using it as they knew where to find it. The service balanced people's safety with their autonomy well.

People were encouraged to make choices about their lives. For example, whilst the service upheld Jewish cultural values, people could make decisions about how involved in this they wished to be. One person told us of attending and celebrating specific Jewish events but choosing not to attend Synagogue regularly. These choices were documented within their care plan. In annual reviews, people identified 'Wishes and Aspirations' for the coming year.

People told us of imminent holidays they were going on. They confirmed that they had chosen the location themselves, and it was clear that different locations were planned for different people. There were also records of people requesting who went with them, which we saw was being enabled where possible.

We saw that easy-read information was sometimes available to help some people understand key documents such as a recent survey about the quality of the service.

Good

Is the service responsive?

Our findings

People told us they were supported to engage in a range of activities that reflected their personal interests. For example, one person said, "Sometimes I go on the internet," explaining staff provided support with this. One person showed us the garden work that they were involved in, for example, planting flowers. A weekly volunteer visited to assist people with the gardening. The registered manager told us the volunteer received relevant training, for example, on involving and supporting people.

People told us of having community presence which they enjoyed. For example, some people played and watched football, and went out locally by themselves to cafes to meet friends. One person told us of going to "retail parks, shopping centres, day trips and gardening." Another person told us they were supported to learn to travel independently, for which we saw regular progress records. At the service, some people had professional aromatherapy sessions. One person told us, "We eat together on Shabbat Friday," which they enjoyed. Some people told us of work that they regularly did. They said they liked the work and getting paid.

We saw records of staff being reminded to ask people about planning for educational courses that needed imminent registration. There were documents in the lounge relating to this, and one person confirmed that they were involved in this planning.

People's care files contained detailed descriptions of their support needs and how these would be addressed. Care plans were written in the first person and contained many direct comments from the person. There were goals identified, for which we could see progress updates.

One person's care plan stated that they required careful monitoring and reassurance. We saw staff following the agreed support approach in their responses to the person. For example, they reminded the person of health professional advice and used distraction techniques where appropriate. Staff could tell us how the plan worked, and said that the person received frequent visits from a specialist employed by the provider in support of the plan. We saw team meeting records that included discussion about the plan and how best to support the person. The registered manager told us that further support and recent changes to the plan had been effective in helping the person reduce their anxiety. We saw monitoring records which confirmed this. This all helped demonstrate personalised care that was responsive to the person's needs.

We saw that a staff shift-plan was created daily that reflected people's specific support needs, for example, to make arrangements to ensure people's pre-arranged plans were smoothly supported. This helped to underpin a service that responded to people's individual needs and preferences.

People told us they could raise concerns and complaints if they were unhappy with any aspect of the service, including at weekly house meetings. A relative told us, "Any concerns have been raised informally via email, which is promptly responded to." Staff knew to record and report people's complaints to the registered manager, and told us that people were reminded of how to raise concerns and complaints during weekly house meetings. There were 'Something to Say' forms which we saw were used by people to record both service shortfalls and strengths, for example, that an event had gone well, or that the food had not been good enough.

The provider had a detailed complaints procedure in place. Complaints records showed that three matters had been raised, all by people using the service, in the last year. This included dissatisfaction with the lack of timely resolution of one complaint. Records showed that action had been taken to address the initial issue; however, an investigation into the matter had not been completed until two months after the complaint was made, which may not have been a timely response. There was an investigation report and a set of recommendations. The registered manager was required to send a report to the provider showing that actions had been taken in line with the recommendations, and we saw evidence in support of this. The registered manager told us that verbal feedback had been provided to the person making the complaint, which meant they had been provided with an outcome to the complaint they had raised.

Good

Is the service well-led?

Our findings

People fedback positively about how the service was managed. Comments included that the registered manager was “nice” and that they helped out. A relative told us of “excellent management.” One person told us the name of a senior manager within the organisation who they said visited the service from time to time. This included talking with them. The registered manager demonstrated that she knew the service and people using it well.

The provider promoted a positive, open and empowering culture. People using the service were empowered to be involved in how the service operated, for example, in weekly house meetings, helping to undertake safety checks, and making records about the service. Staff told us of good support for their work, and many staff had worked at the service for many years. The registered manager told us she was proud of the teamwork at the service, and that staff had shown capability at taking on responsibilities after her promotion from the deputy manager role. We found the service to be well organised, and people to have good outcomes.

We were told of a recent barbeque celebration of the care home being open for 20 years. Some people told us of having enjoyed living there throughout that time. We saw photos and feedback forms suggesting that the event was enjoyed.

One person told us they had been involved in interviewing prospective staff for the provider. The registered manager said that most of the people at the service had recently been involved in this process, albeit the recruitment drive was for the provider as a whole, not specifically for this service. However, this gave us evidence of the provider operating an inclusive culture.

We saw a recent report of questionnaires sent to people using the service. Everyone using the service replied, and nearly all replies to the questions were positive. The various strengths included the décor of the building, the approach and capabilities of staff, accessing personal monies, and community presence including holidays. An action plan was in place to address the weakest responses. A similar survey of staff members took place with many positive responses.

Recent staff meeting records included reminders to staff about specific service standards and updates on changes to people’s specific care arrangements. Meetings were taking place on a regular basis.

There were clear filing systems in the office. This enabled staff to locate records promptly. Staff were able to tell us the systems for recording information and how information was disseminated between the staff team. This included use of a communication and handover book. There was a ‘read and sign’ file that guided staff on key information and documented that they had read it. This all helped to underpin the quality of care and support at the service.

There were a variety of quality and risk audits used at the service that helped to drive service improvements. A report from a specialist health and safety audit the previous year identified a small amount of actions but good overall standards. We saw that actions arising from the report had been addressed. There were occasional records of unannounced visits by members of the local management team in the early morning, to check that appropriate services were being provided. There were also occasional assessments of how staff interacted with people, for example, to help ensure appropriate and effective communication and that services responded to people’s individual preferences and needs.

We saw minutes of regular meetings for managers of the provider’s services. These considered quality and risk management across the services, for example, on what was learnt from recent inspections. There were updates on each service. This helped to enable the service to deliver high quality care.

We were shown the monitoring spreadsheet that the provider used for all of its services. It kept various aspects of the service under review, for example, complaints management, health and safety, and financial processes. The service’s progress could be measured across time and against other services that the provider operated. These processes therefore helped the provider monitor service quality and risks, and to take action accordingly.