

Norwood

Norwood - 54 Old Church Lane

Inspection report

54 Old Church Lane
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection on 26 November 2014 of Norwood – 54 Old Church Lane. This service is registered to provide accommodation and personal care to five people. It caters for older people with a learning disability. The inspection was carried out by one inspector. At the time of our inspection three people were using the service who were all of Jewish faith. Two people were able to understand and

communicate verbally. One person was able to understand but could not communicate verbally and would use specific gestures which staff were able to understand and recognise.

At our last inspection on 10 January 2014 the service met the regulations inspected.

There was a registered manager in post. 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.

The provider had taken steps to help ensure people were protected from abuse or the risk of abuse because there were clear safeguarding and whistleblowing policies and procedures in place to protect people. Care workers were aware of what action to take if they suspected abuse.

People were not restricted from leaving the home and were encouraged to meet their family and relatives. We saw evidence that people went out to various activities and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home.

We saw positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed people were very relaxed, were free to come and go as they pleased, were smiling and were at complete ease.

We saw that people's care preferences were reflected in their care plans and information such as the person's

habits, daily routine and preferred times they liked to wake up and go to sleep. Care plans showed how people communicated and contained a communication profile for each person which detailed specific body language, gestures, facial expressions and key words a person used to communicate.

The home encouraged people's independence and care plans provided prompts for staff to enable people to do tasks they were able to do by themselves.

People were consulted and activities reflected people's individual interests, likes and dislikes and religious and cultural needs were accommodated. People were supported to maintain links with the wider community. People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members.

The home had a clear management structure in place with a team of care workers, assistant manager, registered manager and the provider. Relatives spoke positively about the registered and assistant manager and felt they were approachable and could raise any concerns with them. One relative told us "The manager is very good. They are very helpful and approachable for anything."

The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. There were systems in place for the maintenance of the building and equipment to monitor the safety of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. All the relatives we spoke to felt the home was a safe environment. One relative told us “The home is fantastic. I trust them.”

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were clear management systems that enabled appropriate staffing levels within the home and to respond to unexpected circumstances and arrange cover.

Good



Is the service effective?

The service was effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

People were able to make their own choices and decisions about care and they were encouraged to do this.

People were supported by staff to maintain good health and have access to healthcare services and received ongoing healthcare support.

Good



Is the service caring?

The service was caring. Relatives told us “I am happy with the care. [Person] is well cared for” and “I couldn’t wish for better care, I can’t fault the service, it’s a wonderful home.”

Positive caring relationships had developed between people who used the service and staff. People were treated with kindness and compassion.

We saw people being treated with respect and dignity and were encouraged and promoted to build and retain their independent living skills.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs and things which were important to them.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members.

The home had systems in place to obtain feedback through surveys and had clear procedures for receiving, handling and responding to comments and complaints.

Good



Is the service well-led?

The service was well led. Relatives spoke positively about the registered and assistant manager. One relative told us “The manager is very good. They are very helpful and approachable for anything.”

There was a clear management structure in place at the home with a team of care workers, assistant manager, registered manager and the Provider.

Good



Summary of findings

There were effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Norwood – 54 Old Church Lane

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 provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 26 November 2014 of Norwood – 54 Old Church Lane. Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. The provider also completed a Provider Information Return

(PIR). The PIR 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. The PIR also provides data about the organisation and service.

People who used the service had learning difficulties and could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this, some people communicated with us by using key words and nods. We observed how the staff interacted with people and looked at how people were supported during the day and meal times.

We spoke to three relatives and three care workers. We also reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the relatives we spoke with felt the home was a safe environment. One relative told us “The home is fantastic. I trust them.”

There were clear safeguarding and whistleblowing policies and procedures in place. We looked at training records and saw care workers had received the relevant training in safeguarding adults and whistleblowing. When speaking with care workers, they were able to provide different examples of what constituted abuse and how they could identify abuse. Care workers were able to explain certain characteristics people they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us that with a particular person, they could always know something was wrong by their behavioural patterns.

Care workers were also aware of action to take in response to an allegation of abuse. They told us they would report to their manager and could also report allegations or incidents of abuse to the local authority, social services, the police and the CQC. One care worker told us “We need to make sure they are safe” and “We need to tell and say something if anything is wrong.”

We looked at the provider’s risk assessment arrangements. We saw comprehensive and detailed risk assessments were completed for people who used the service and covered personal care and support when people went outside the home and in the community. Risks to people were identified and managed so that people were safe and their freedom supported and protected. Each risk assessment had an identified risk and hazard and measures to manage the risk which were individualised to people’s personal, behavioural and specific medical needs. The assessments we looked at were clear, detailed and outlined what people could do on their own and when they needed assistance. For example, one person was able to use their electric shaver but needed staff to finish the shave for them. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

People were supported with their mobility in the home by using appropriate equipment such as a walking frame, wheelchair, transfer hoist, auto variable beds and shower chairs. We saw there were risk assessments in place for

these which explained in detail the task to hand such as moving a person from the bed to the walking frame or from the toilet to the shower. The risk assessments clearly detailed the hazards and there were guidelines for staff to help support people with their mobility safely.

There were positive behaviour plans in place completed for people who used the service for when they displayed any signs of challenging behaviour. There were guidelines which detailed the triggers and warning signs which would cause people discomfort and proactive strategies in place which detailed the social and emotional support required by staff to help people to feel at ease.

There were appropriate arrangements in place for managing people’s finances which were monitored by the registered manager on a weekly basis. We saw people had the appropriate support and involvement from their relatives where it was needed. Money was accounted for and there were records of financial transactions which were signed off by the registered manager.

There were suitable arrangements in place to manage medicines safely and appropriately. People’s medication needs and guidance to meet those needs were recorded in their care plans. We viewed a sample of Medicines Administration Recording (MAR) sheets and saw they had been completed and signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a pharmaceutical company. We saw a medicine stock take form had been completed to record the quantity of medicines received and used. Systems were in place to ensure that people’s medicines were stored and kept safely. There was a separate medicine storage facility in place which was kept locked and was secure.

We saw monthly medicine audits had been carried out by the provider to ensure medications were being correctly administered and signed for and to ensure medicine management and procedures were being followed. Records showed that care workers had received medicines training and medication policies and procedures were in place.

We observed the administration of medicines to people and saw that two care workers

were responsible for this. One care worker would administer the medicine and the other care worker would

Is the service safe?

check and countersign. We observed staff were patient and waited until each person had swallowed their medicine before administering medicine to the next person and ensured that medicines were not left unattended. The people who used the service understood when it was time to take their medicine and we observed they were comfortable and at complete ease when taking them.

We asked care workers whether they felt there was enough staff in the home to support people safely, they told us “There’s good teamwork here, enough staff and there’s always additional staff if needed. We can always get the cover” and “No problem with providing the care” and “We get a rota 3 to 4 weeks beforehand which is good and there is no problems. This allows the flexibility, gives you time to effectively plan things.”

There were clear management systems that enabled the effective maintenance of staffing levels within the home and to respond to unexpected circumstances and arrange cover. We saw monthly rotas were in place. The registered

manager showed us the electronic system he used to plan the rotas which showed care workers leave or healthcare appointments for people who used the service. The registered manager told us that this helped to plan ahead and also ensure there were always additional staff on duty if needed. Care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people who used the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with children and vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

When asked about the care workers, relatives told us “Fantastic care workers” and “There is a care worker who relates to [person] and knows them so well. They get on very well with each other.”

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. They told us “I like it very much here”, “The house is good and it’s a happy place to work”. They also told us “Everyone gets along here”, “Its good and enjoyable”, and “There is a good team here, we work together.”

Records and feedback from care workers showed us that regular supervision and appraisals were being conducted between staff and the registered manager. Care workers told us “The manager is always there to support us”, “You can talk to the manager anytime, he is very open to suggestions”, “It is easy to approach the manager, he looks after the staff, very supportive”. They also told us “I feel comfortable to share and there is an element of trust, he cares very much” and “We have a good manager. He is understanding and he is fair. He explains things, provides reassurance and gives you feedback”.

Care workers told us that they received adequate training to enable them to carry out their roles effectively and that training was always available. Records showed that care workers had completed their induction training and had also received training in areas such as safeguarding adults, deprivation of liberties, moving and handling, mental capacity, fire safety, medication, infection control and food hygiene. Care workers told us “We get regular training, training is helpful and we are always kept updated about things”, “Training is good, I feel so supported, the manager will book you the training himself”, and “We get regular training, mandatory, eLearning, refresher, it helps us to do our job. The manager knows how to motivate staff.”

There was a training plan in place which showed the training that care workers had received and were due to receive for the remainder of the year. The registered manager showed us an electronic system used by the home where care workers had their personal on line accounts which they could manage and complete their eLearning. The registered manager also showed us the

system automatically flagged up when training was due or a refresher course was needed. Records also showed that staff members had obtained relevant qualifications such as National Vocational Qualifications (NVQs) and Diplomas in health and adult social care.

Care plans contained detailed information about people’s mental state and cognition. Where people were able to make their own choices and decisions about care, they were encouraged to do this and this was documented in their care plans. In areas where people lacked capacity, there were measures in place to support the person appropriately. Records showed the home had involved the person’s relatives to get information about people’s preferences, care and support and decisions were made in the person’s best interests. When speaking with the registered manager and the care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all care workers had received MCA training. Care workers told us “We encourage their ability to decide for themselves and always get their consent”. When speaking about a particular person, one care worker told us “[Person] cannot speak but can understand. I just prompt, they tap at the item they want and they decide.”

The CQC monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had appropriate policies and procedures in place. People were not restricted from leaving the home and were encouraged to meet their family and relatives. We saw evidence that people went out to various activities and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. The provider and registered manager were aware of the recent Supreme Court judgement in respect of DoLS and had started to assess whether any people would need applications for DoLS authorisations and were liaising with the local authority DoLS lead to ensure that people who used the service were not unlawfully restricted.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, physiotherapists, and opticians. Information showed the reason for the visit, the outcome and any medicines prescribed or change in

Is the service effective?

medicines. Relatives told us “They always ring me and keep me informed if anything happens. It is good for me knowing that they know they need to keep me informed and they do” and “Whenever [person] goes into hospital, there is always someone from the home that will be there with them at the hospital, they don’t just leave them there. They tell me. Keep me informed and keep me posted.”

People were supported to get involved in decisions about their nutrition and hydration needs. Religious and cultural dietary needs were accommodated for and the home adhered to the requirements of food according to the Jewish faith and staff showed awareness of these.

Records showed that people were asked what they wanted to eat and drink. People’s eating and drinking needs and preferences were recorded in their care plan and weight monitored on a monthly basis. We saw the service had identified risks to people with particular needs with their eating and drinking such as the risk of choking and use of specific utensils a person would need to support them to eat. We observed these were being followed by care workers during meal times.

Throughout the inspection, we observed care workers offered people a choice and respected and adhered to people’s choices and wishes. Care workers would ask whether people wanted a drink, whether it was a hot or cold drink and if they wanted biscuits and then how many. Before evening dinner, we observed a care worker asking a person what they wanted for dinner. The care worker went on to clearly describe the food and offer the person options and waited patiently for them to respond and decide. During the evening meal, we observed food was freshly cooked and care workers were patient with people and used gentle prompting. People were not rushed and care workers let people eat at their own pace and provided support when the person requested it. There was a relaxed atmosphere in the home and a care worker had also sat down with the people at the table and ate with them. When we prompted a person to tell us whether they were enjoying the food, one person smiled and told us “Yes thank you.”

Relatives told us “[Person] has their needs met, they are kept clean and well fed. Cups of tea and drinks are always offered” and “Food is cooked freshly for them.”

Is the service caring?

Our findings

Relatives told us “I am happy with the care. [Person] is well cared for” and “I couldn’t wish for better care, I can’t fault the service, it’s a wonderful home.”

During our inspection we saw that positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed people were very relaxed and were free to come and go as they pleased in the home and were smiling and appeared to be at complete ease.

Care workers sat with people, spent time and engaged with them in a positive and encouraging manner. One care worker told us “It’s like our own house here, its good.” When dinner was being cooked in the evening, we saw that people came for dinner in their own time and were not rushed or pressured by the care workers in anyway. When one person made their way to the table using the walking frame, we observed a care worker patiently let them go at their own pace and supported them in a gentle manner.

People were treated with respect and dignity. We observed care workers provide prompt assistance but also encourage and promote people to build and retain their

independent living skills. When speaking with care workers about people’s respect and dignity, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. Care workers were telling us that one person liked to have a chat before personal care so they ensured they took the time to do this and they made sure people’s dignity was maintained by providing and respecting people’s privacy. One care worker told us “There’s good quality care here. People are taken of.”

Relatives told us “I am very pleased with the home. [Person] is dressed well, clean and happy. [Person] is always smiling and very well looked after” and “They treat [person] and the other residents like their own family.”

Care workers were patient when supporting people and communicated well with people and explained what they were doing and why. They were knowledgeable about people’s likes, dislikes and the type of activities they enjoyed. When speaking about a person, one care worker told us “[Person] is so good at spelling. You can ask them to spell any word and they will spell it. They really enjoy it.”

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans of all three people who used the service which contained an introductory section providing information about the person's life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as medical healthcare, continence management, personal care and hygiene, communication, eating and drinking and mobility.

Care plans were person-centred, detailed and specific to each person and their needs and included details of things which were important to them. This demonstrated that the provider and registered manager were aware of people's specific needs and provided appropriate information for all care workers supporting them. We saw that people's care preferences were reflected and information such as the person's habits, daily routine and preferred times they liked to wake up and go to sleep. We saw people also had a night care plan which provided guidelines for night staff to follow. Information was very personalised and included details such as "put the side lamp on, leave the door ajar, likes to have the TV on until [person] sleeps." The registered manager also showed us that people's rooms had infrared sensors which enabled staff to respond to people if they were in any discomfort or distress during the night. There was also a switch for staff to call for additional help if it was needed.

Care plans showed how people communicated and contained a communication profile for each person which detailed specific body language, gestures, facial expressions and key words a person used to communicate. Information clearly showed how a person would indicate yes/no, likes and dislikes such as extending their hand, turning their head and body away and certain facial expressions. The profile also explained how care workers should speak with them and how to give them information in a way that would help them express themselves effectively. For example, for one person it was required that people spoke to them by using short and simple sentences and allow them time to understand what was said so they can respond effectively. We observed this being followed

by staff during the inspection and care workers waited patiently for the person to tell them what they wanted. When speaking with care workers, they were able to tell us about each person's personal and individual needs.

The home encouraged people's independence and care plans provided prompts for staff to enable people to do tasks they were able to do by themselves. The registered manager told us they incorporated the principles of Training in Systematic Instruction (TSI) which promoted active support to enable people to become more independent and develop living skills. Staff had also received training in TSI and were able to put these principles into practice for the benefit of people. For example, one person in the home was able to make a cup of tea themselves using this process. During the inspection, we observed staff encouraging this and asked the person "Would you like to make your tea?" We saw care workers were patient, used gentle prompting and only provided support when the person requested it. The care worker when supporting the person explained what they were doing and why, for example "I will help you with the kettle as it's hot". We observed care workers also acknowledged the person's efforts and praised them when the task was completed.

Care workers told us there was a handover after each of their shifts. One care worker told us "We always have a handover. We talk through how people are, if there's any issues, any visits, their medicines, if they slept okay, everything." We saw daily occurrence notes and daily logs had been completed for each person which detailed people's food/drink, personal care, continence, medical, health, mood and well-being and details of activities.

People were consulted and activities reflected people's individual interests, likes and dislikes and religious and cultural needs were accommodated. During the inspection, we saw people engaged in an art session and were painting. We saw the home had framed some of the previous pictures painted by people and displayed them on the kitchen wall. The home supported people to practice their Jewish beliefs and attend their local synagogue. The home followed the Jewish tradition of Shabbat and people were involved in celebrating Jewish festivals.

People were supported to maintain links with the wider community, one relative told us "They take [person] out to lunch and [person] really enjoys that." People were able to

Is the service responsive?

visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members. One relative told us “I go at different times and [person] and the other residents always look well looked after”, “The home have a lovely van they use to take everybody out. I have sat in myself. It’s very comfortable and especially fitted for the people to use safely” and “They are very accommodating with family visits.”

There was a system in place to obtain feedback from relatives and people involved with the home such as art therapists through surveys. We reviewed a sample of these and found good feedback about the home, the registered manager and the care workers had been received. Feedback had also been sought by advocates and a therapist who also supported people who used the service. We found their feedback was also positive. There were regular consultations and meetings with the people who used the service which gave them the opportunity to discuss any issues or concerns they had and if they had any complaints they wished to make. Records showed people were encouraged to say what they liked and didn’t like by prompts and noting people’s responses and aspects of

their care were discussed including food and menu options, activities, health and safety. We also saw the registered manager had discussed that people were kept warm as the weather was now getting colder.

The home had clear procedures for receiving, handling and responding to comments and complaints which also made reference to contacting the Local Government Ombudsman and CQC if people felt their complaints had not been handled appropriately. Care workers showed awareness of the policies and said they were confident to approach the registered manager. They felt matters would be taken seriously and the registered manager would seek to resolve the matter quickly.

The complaints procedure was easily accessible to people who used the service. Information was contained in people’s care plans detailing how to make a complaint and who they could contact. This information was presented in an easy to read format and contained pictures to help people to understand this information easily. Pictures and contact details for the Directors and Chief Executive of the service were also provided for people to contact if they wanted to. We also saw the complaints procedure in the home’s Statement of Purpose. There were no complaints received about this service.

Is the service well-led?

Our findings

Relatives spoke positively about the registered and assistant manager and felt they were approachable and could raise any concerns with them. One relative told us “The manager is very good. They are very helpful and approachable for anything.”

In people’s care plans we saw there was a service user guide and Statement of Purpose which detailed how the home was run, how care is provided and how they assured quality care. They explained some of the values the home were supporting such as opportunity to maximise choice, individuality, exercise, rights, gain respect, promote community integration and social inclusion. Care workers spoke positively about the culture within the home and told us “It is open and transparent here”, “There’s good management here, we have the Head office numbers to hand”, and “We feel comfortable raising concerns and we are all given the chance to talk about anything.”

There was a clear management structure in place with a team of care workers, assistant manager, registered manager and the provider. Care workers spoke positively about the registered manager and told us “The manager is very good”, “The manager cares about people and our welfare too”, “He’s considerate, open and supportive, very approachable” and “You can approach him, he will do what he can to help you.”

Monthly staff meetings were being held and minutes of these meetings showed aspects of care were being discussed and that the staff had the opportunity to share good practice and any concerns they had. Care workers

told us, “Everyone can speak and give any ideas and suggestions, raise concerns, everyone is free to say things”, “Anything the manager learns he makes sure the staff are aware as well” and “The manager is very hands on and makes sure everything is understood by staff. He keeps us informed and sends regular emails to keep us updated.”

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed checks were being carried out by the registered manager and a quarterly audit of the service had also been conducted. A quality monitoring action plan had been produced which detailed outcomes and any further action that needed to be taken. Checks were extensive and covered all aspects of the home and care being provided was reviewed such as premises, health and safety, medication, care plans, risk assessments, finances, staff records and training.

The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment, legionella checks on the homes water supply and maintenance checks. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills had been carried out and testing of the fire alarm and equipment was completed. Records showed that any improvements identified were acted upon accordingly and actioned promptly. People’s care plans had also been updated to reflect these improvements to ensure their safety and welfare was maintained.