Miss B J Anning

Norwyn House

Inspection report

Charmouth Road
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EX13 5ST
Tel: Tel: 01297 35111
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Ratings

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

Overall summary

The inspection took place on the 21 May 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; and we needed to be sure that someone would be in. The service was last visited in February 2014 and met the regulatory requirements.

The service is a small residential care home registered for a maximum of five people with a learning disability to provide accommodation and support with personal care. It is a family home and the registered provider is in day to day charge of the service. 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.

Some areas of the service were not always responsive. People were not fully protected because accurate and appropriate daily records of care and treatment were not consistently maintained.

Summary of findings

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). However, where people lacked capacity, mental capacity assessments had not been completed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The provider had not reviewed the arrangements in the home in the light the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. We asked them to consider whether they might need to seek advice from the local authority DoLS team about one person who lived there, which they agreed to do.

Staff knew people well, understood their needs well and cared for them as individuals. People felt confident to raise concerns. Any complaints or grumbles were listened to, investigated, and were appropriately responded to.

People who lived at the service felt safe living there. They were supported by enough staff to receive appropriate care and support. The service managed risks in positive ways to enable people to lead more fulfilling lives and to be involved in their local community. People were supported to keep safe, they knew about road safety, not to talk to strangers and how to seek support if they were lost or frightened. Staff knew about their responsibilities to safeguard people and to report suspected abuse. People received their medicines in a safe way.

People were supported by staff that had the necessary skills, knowledge and experience to support their care needs. They had access to ongoing healthcare support and were encouraged to lead a healthy lifestyle.

Staff were kind and compassionate towards people. They promoted people's independence, respected their dignity and maintained their privacy. People were supported to express their views and be involved decision making.

The service was well-led. The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the provider. People's views were sought and taken into account in how the service was run. The provider made changes and improvements in response to feedback.

We identified two breaches of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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.

People who lived at the service felt safe at the home and in the community.

The service managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

People received their medicines in a safe way.

People were supported by enough staff to receive appropriate care and support.

Is the service effective?

Requires improvement

The service was not always effective.

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). However, where people lacked capacity, mental capacity assessments had not been completed.

People were supported by staff that had the necessary skills, knowledge and experience.

Staff knew about the support needs of the people they cared for.

People had access to ongoing healthcare support and were encouraged to lead a healthy lifestyle.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people.

Staff promoted people's independence, respected their dignity and maintained their privacy.

People were supported to express their views and be involved in decision making.

Is the service responsive?

Requires improvement

Some areas of the service were not always responsive.

People were not fully protected because accurate and appropriate daily records of care and treatment were not consistently maintained.

People had a range of interests and activities but some people said they were bored sometimes and would like more to do.

Summary of findings

Staff knew people well, understood their needs well and cared for them as individuals.

People felt confident to raise concerns. Complaints were listened to, investigated, and appropriately responded to.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, friendly and welcoming.

People, staff and visiting professionals expressed confidence in the provider.

People's views were sought and taken into account in how the service was run.

The provider made changes and improvements in response to feedback.

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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 checked 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 inspection took place on 21 May 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection team comprised of one inspector.

Before the inspection, we reviewed all information we held about the service such as previous inspection reports, and communications about the service.

We met with three of the four people who lived at the service to hear about their experiences of the service and received feedback from one person's friend. We met the provider, spoke to two staff and observed people's interactions during the day. We looked in detail at two people's care records and at various records relating to the premises such as policies, staff training records and the communication diary.

We contacted commissioners and health and social care professionals involved with people who live at the home and received feedback from four of them.

Good

Is the service safe?

Our findings

People who lived at the service said they felt safe and happy living at the home.

Staff received training in safeguarding adults and were familiar with the types of abuse that should be reported. There were safeguarding and whistle blowing policies available and staff knew how to report concerns and were confident any concerns would be addressed. No safeguarding concerns had been reported since the last inspection.

People were supported to understand what keeping safe means and were enabled to take risks in order to lead more fulfilling lives. They knew about road safety, not to talk to strangers and how to seek support if they were lost or frightened. People said they would talk to the provider, staff and other family members if they were worried or felt frightened and were confident they would help them. The home used topic boxes to get people talking about different subject areas. Using the one about 'What to do in the event of', we asked two people about what they would do if they felt worried or upset when they were out and needed help. They knew their address and could identify people they knew locally, such as a shopkeeper, they would talk to if they were worried or needed help to get home. This showed the provider supported people to access the community independently and taught them strategies about keeping safe .

Each person had a risk assessment about going into the community safely. For example, one person's risk assessment showed they wouldn't always know the difference between friends and acquaintances and another person's showed they required assistance to access the community safely. Two people could go for a walk and visit the local shops and post office when they chose to. A third person could use the bus and the train independently.

On the day we visited, one person was very excited about going out for the day. The provider explained the taxi driver had visited the home, met and got to know the person, before they started transporting them to their art group each week. This meant the person was happy to see their local taxi driver and felt safe travelling with them.

One person had some responsibility for their own finances and had their own bank account and cheque book; the local authority monitored their monies regularly. The provider did not have responsibility for people's monies; instead they paid for people's day to day expenses and were reimbursed by the local authority. They said they preferred this arrangement as it reduced the risks of financial abuse for people.

The provider undertook individual risk assessments and from this identified each person's care and support needs. The home had some simple environmental risk assessments about the premises. For example, the home is on a very busy road and the provider had identified this risk and fitted a security gate since we last visited. They kept the front door locked so strangers could not walk in, although three people could let themselves in and out whenever they wanted. People knew not to enter the kitchen when staff were cooking dinner, as it wasn't safe at those times because of the hot stove. People always knocked at the kitchen door to check if it was safe for them to come in.

Fire risk assessments had been undertaken and fire precautions such as fire extinguishers, emergency lighting and a fire alarm were in place and were regularly checked. People and staff had completed fire training and fire drills and the provider said they had particularly enjoyed practising using fire extinguishers. One person enjoyed a bubble bath with candles for a pamper treat, and used a battery operated candle to minimise any fire risks. The home had an accident book to report any accidents but none were reported since we last visited.

The provider calculated one member of staff was needed to support people at home during the day and at night, the provider was available if anyone needed anything. The provider employed two part time staff, each of whom spent a day each week working at the home. Whenever two staff were available, there were opportunities for people to have some one to one time to undertake activities and go out. Staff confirmed they thought staffing levels were sufficient to support people at the home, as three people could go out independently.

All three staff were experienced and skilled in caring for people with learning disabilities. No new staff had been recruited for over three years

People were supported to receive their medicines safely. Individual risk assessments showed each person needed staff support to take their medicines. One person had

Good

Is the service safe?

previously been assessed as able to take their own medicines but staff now supported this person. This was because there had been a number of occasions where they had made mistakes and hadn't managed them safely.

Each person's medicines were kept in their bedroom in a locked cupboard. The home used a monthly monitored dosage system for each person. Medicine administration records were well completed and showed people received their medicines at the times prescribed. Feedback from the pharmacist was that the provider ordered medicines once a month, although people's prescriptions weren't all due on the same date. This practice could result in gaps in obtaining supplies of each person's monthly medicines.

All areas of the home were clean and odour free. Each person's clothes were laundered separately and staff did cleaning and housework according to a weekly schedule.

Requires improvement

Is the service effective?

Our findings

People said they were happy at the home and enjoyed living with the provider and their family. One said "I like living with (provider's name). Another person used a term of endearment when they spoke with the provider. A care manager said they were satisfied from their recent reviews that people at the home were "Happy and well looked after".

Staff sought people's consent and enabled people to make choices about their care and how they spent their day. They described how recently, one person visited the doctor's surgery with the provider so they could both to get their annual flu injection which made this much more acceptable for the person. One person had limited verbal speech but was able to make their needs and wishes known. For example, they could choose what clothes they wished to wear each day and would point to things they wanted. The provider said sometimes the person was better able to communicate what they didn't want and staff worked out what they wanted by the process of elimination.

The provider demonstrated some understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Although the provider was knowledgeable about each person's mental capacity, they had not documented those sections of people's care records as they did not feel confident to do this.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the provider, who said they would approach a member of the learning disability team or get a friend who was a nurse or to help them with this aspect.

Where more significant decisions were being made about people's care, relatives, friends, local authority representatives and advocates were involved in supporting people with decision making. Relatives, other representatives and professionals were appropriately consulted and involved in making 'best interest' decisions about people's care and welfare. For example, the provider described how one person was invited for regular screening tests which they did not understand and found frightening and distressing. A 'best interest' meeting was held with health professionals and held to discuss this and it was decided the test was not in the person's best interest. The provider told us about the relative of another person who didn't feel able to attend meetings about the person. Instead they consulted and involved them in decision making by phone in preparation for any meetings.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The provider had not reviewed the arrangements in the home in the light the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. We asked them to consider whether they might need to seek advice from the local authority DoLS team about one person who lived there, which they agreed to do.

People received effective care from staff that had the knowledge and skills for the job. All three staff had qualifications in care and were experienced in supporting people with learning disabilities. For example, they had experience of using British sign language (BSL) and Makaton, which uses signs, symbols and objects of reference, (such as a cup to indicate a drink) to help people communicate. All staff were first aid trained and had completed training about swallowing and choking risks. The provider used some DVD training materials which staff used for updating their knowledge, such as food hygiene, safeguarding and had written information about the mental capacity act.

Staff had informal supervision arrangements whereby they discussed people's care and wellbeing, although these were not documented. There were no staff appraisals in place through which staff had the opportunity to identify any training needs and receive feedback on their performance. However, both staff said they felt well supported by the provider. One said, "Things don't change much, (the provider) judges what training I need, and if she felt I needed training she would help me to do it".

People received health care services from their GP, dentist, optician, physiotherapist and a chiropodist. Each person had an annual health check where their local GP visited them at home. People were supported to maintain good health, eat a varied diet and have regular exercise.

Requires improvement

Is the service effective?

A community physiotherapist provided a personal exercise programme for three people. For example, one person's exercise plan was to help them with their posture and keep the person mobile. When the physiotherapist visited the home again, they found staff had followed their advice because it was obvious people were familiar with their exercises. One person had a wheeled walker to help them mobilise in the community. However, the provider said they were managing quite well so didn't use this equipment at the moment. Another person showed us the techniques they had been taught to climb the stairs more easily using the handrail. The provider was in the process of building an extension. This included downstairs accommodation with disabled access. They said this meant they would be able to offer a person a downstairs bedroom if their mobility deteriorated and they were no longer able to use the stairs.

People's needs were assessed and care plans provided detailed information about each person needs. For example, one person's nutritional plan showed they had been obese in the past and had a tendency to be anaemic. Their care plan showed the person needed small portions and lots of iron rich foods such as broccoli, spinach and liver. Staff weighed this person each month to monitor their weight which has remained very stable. The person had a tendency to slouch and eat their food too quickly, so staff needed to prompt them to sit up straight and slow down so they could eat and swallow safely.

Staff said people's moods varied from day to day and they liked to talk about their happy times and sad times. One person with a mental health condition was receiving treatment under the supervision of the community mental health team. They had six monthly review appointments and health staff were very happy with their progress. The provider said the person became anxious very easily and needed to avoid over stimulation. Whenever they became anxious, staff spoke calmly to them, reassured them and they quickly relaxed again. They also listened to relaxing music in their bedroom each afternoon. This showed the person was supported to manage their anxiety.

Good

Is the service caring?

Our findings

People had positive caring relationships with the provider, staff and the wider family who lived at the home. A care professional said, “People are happy and well looked after and they is a family feeling for the place”. Another care professional commented that people were very attached to the provider, staff knew people really well, and how to communicate effectively with each person. A friend, who took one person out for regular trips and sleepovers said, they are “Always very happy and, as much as they love our trips and staying over, …. when they are due to return they are very eager to collect their belongings for going home”.

People enjoyed being part of the family and got on well with the provider’s partner, children, and enjoyed contact with relatives, family friends and the dog. Each person had their own room and had a key so they could lock it if they wished to when they went out. There was a shared lounge where people could get together. At breakfast time, some people chose to eat at the table and other times took their breakfast back to their room.

Staff treated each person with dignity and respect at the home. For example, one person was sometimes prone to rushing when eating their food which was unsafe and undignified. The provider explained when they witnessed this, they made sure they talked to this person in private reminded them about their table manners, and the importance of eating slowly and swallowing their food. Otherwise, they said, other people would pick up on it and start nagging the person, which they wanted to avoid.

The provider promoted dignity and respect for each person and between people. This was re-enforced by pictures and messages displayed around the home. People talked to us about these and said which one was their favourite and why. One person said they liked, “We all have the right to make up our own minds, to say what we think and share our ideas with other people”. Another person said they liked, “When people say we did a bad thing, we have the right to show it’s not true, nobody should try to harm our good name”. The provider said these proved a useful reminder whenever there was any conflict between individuals.

One person had limited speech and had their own ways of communicating and used some words and simple signs unique to them, which staff understood and explained to us. For example, they rubbed their tummy when they wanted to use the bathroom. When they wanted staff to listen to them, they would take them by the hand and make them sit down. This demonstrated staff knew what this person’s non verbal signal meant.

The provider had a caring and compassionate relationship with each person. They made sure each person mattered, made time to give each person individual attention and included them in their conversations. For example, they engaged in conversation with a person, who had now retired, about local people they knew from their working days. When another person was becoming anxious and was displaying pressure of speech, they spoke calmly and gently to them, suggested they went to a quiet place and listened to their music for a while.

People were involved in planning and making decisions about their own care, treatment and support. One person discussed their recent review meeting with the mental health team. They recalled when they were really ill and needed to stay in hospital and how happy they were to return home. Another person demonstrated they had been involved in a discussion about their smoking. The person enjoyed smoking a few cigarettes each day although they knew it wasn’t a healthy choice for them. They said, “If the doctor said give up smoking, I’d say no”, which showed they had made up their own mind about this.

Requires improvement

Is the service responsive?

Our findings

People needs were assessed and they had care plans about any care and treatment needed. However, people's care plans had not been reviewed for some time and were not always accurate about each person. For example, one person's care records showed they managed their own medication, but this had changed and their care plan had not been updated to reflect this change. Each person had a daily diary where daily entries were recorded. Although staff completed an entry each time they worked, the provider often didn't. There were gaps in daily records for up to five days at a time, where no entries were made. This meant there was no record of each person's emotional and physical wellbeing or how they had spent those days.

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

People were involved in assessment and planning of their care and had contributed to their care plans. Each person, the provider and relatives or representatives attended their annual review meeting with the local authority learning disability team and contributed to the discussion. Care records included detailed information about each person, their communication needs, what they could do independently and what they needed support with. For example, how one person could choose what they wanted to wear but needed help to make sure their clothes were on the right way round.

People told us about their interests and hobbies and told us about what they liked to do. On the day we visited one person was very excited as they were going out for the day to the 'Magic Carpet', a local art based voluntary organisation. The provider said this was the highlight of their week. Another person went to the provider's parents one day each week and liked to help them in the garden and to walk the dog. On the day we visited, they were visiting the Devon County Show. Another person told us about their love of music especially Elvis Presley. Their interests included going to meet old friends at the local pub, doing puzzles and watching TV. The provider had a very large garden that people enjoyed pottering around during our visit. However, one person said sometimes they were bored and didn't have enough to do.

Other feedback we received also commented about whether people had enough stimulation. One said, "Sometimes people get a little bit bored, it can be hard to motivate them, but they like to talk". A staff member said they liked to take people out to go clothes shopping, and have a coffee. We followed up with a social care professional what local opportunities were available for people. They said a lot of locally based voluntary organisations that used to provide activities for people in the area had gradually closed because of funding cuts and red tape. The provider said they tried to make sure people got out most days, and people were included in family outings. They showed us a list of things individuals had enjoyed over the past month. This included going shopping, going to the cinema, ice cream parlour, having a coffee, a meal out as well as a manicure and a 'pamper' bubble bath.

People were encouraged to help with household chores and to take responsibility for cleaning their room and other parts of the home. People enjoyed helping with the housework and each person had their own responsibilities such as vacuuming, and one person particularly enjoyed polishing the banister.

People were supported and encouraged to maintain relationships with family, and friends. Staff supported people to maintain contact via phone and e mail and to send birthday and Christmas cards. One person showed us a picture of their mother and told us about a recent visit with them on their birthday where they enjoyed a birthday cake and candles. A second person told us about their brother who they often went out with and stayed over with. They said how much they enjoyed spending time with them and were looking forward to seeing them again.

People felt able to speak to staff about any concerns or complaints and said these were dealt with. We asked people what they would do if they were unhappy and wanted to complain. They said they would tell the provider, or other staff and could identify others outside of the home such as friends, relatives or people in the local community. A friend of one person said, "If I have any concerns regarding the person I will address them with (the provider) and she has always acted upon them". The provider said any day to day grumbles are dealt with as they arise. They said often these are small tensions between people. The provider had not received any complaints since the last inspection.

Good

Is the service well-led?

Our findings

People, staff and other representatives expressed confidence in the provider. Staff feedback about working at the home was very positive. The culture of the home was based on the provider's own ethos of treating people with fairness, dignity and respect. The provider re-enforced people's individual rights and responsibilities through displaying attractive pictures from Amnesty International with human rights messages throughout the home.

In response to our feedback about record keeping, the provider explored various ways to maintain contemporaneous records about each person. Following the inspection, they emailed us to say they had reorganised their current diary system to a new system to make it easier for them. This showed they had demonstrated a commitment to improving their record keeping in response to our feedback.

People's views were sought and taken into account in how the service was run. They described how each week, they held a house meeting with people to talk about plans for the week ahead. Although these discussions weren't documented, they said they included discussions about individuals and any activities planned.

Policies and procedures were available for staff and the provider had some simple quality monitoring systems in place. A communication book was used by staff to pass on important messages to one another. It included reminders such as people's appointments, changes to medication and any items that needed repair or replacement at the home. Although there were no formal staff meetings, staff said they worked well with the provider, discussed people's progress, ideas, and felt able to raise any issues with them. Recently, staff had been consulted about a replacement vacuum cleaner, and their preferred model had been purchased

There were systems in place to ensure regular checks of the fire equipment, emergency lighting and electricity and gas installations were carried out. Staff each had delegated responsibilities. One staff member took the lead for housekeeping and infection control, monitored cleanliness and involved people in helping with this. A second staff member was responsible for reviewing Control of Substances Hazardous to Health (COSHH). They had reviewed all chemicals in the home and reduced them. These were all securely stored and had data sheets about each chemical and what to do in the event of an emergency with them.

The provider received update information through a social care publication and via the internet. They also had lots of contacts in the local learning disability team through regular visits to their community office, which they found helpful at keeping up to date. However, they were unaware of the recent regulatory changes. Following discussion, they planned to sign up for the Care Quality Commission monthly newsletter as a way to keep up to date with future regulatory changes and developments.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Why this regulation was not being met: Where people lacked capacity, mental capacity assessments had not been completed in accordance with the requirements of the Mental Capacity Act 2005. This is a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Why this regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not consistently maintained. This is a breach of regulation 17 (2)(c).