Norwood

Norwood Ravenswood

Inspection report

Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Date of inspection visit:
16 February 2016
17 February 2016

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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

Summary of findings

Overall summary

This inspection took place on the 16 and 17 February 2016 and was announced.

Norwood Ravenswood is a domiciliary care agency providing a supported living service. A range of support is provided to people living in their own homes, some of whom share accommodation with others. The service supports people with a learning disability and associated needs. At the time of the inspection the service was providing personal care to ten people.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People said they felt listened to and were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

People's needs were reviewed regularly. Individual care plans were in place which provided information about people's care needs and they were designed to promote person-centred care. Up to date information was communicated to staff to ensure they provided appropriate care. People were supported to contact healthcare professionals in a timely manner if there were concerns about their wellbeing.

People and their relatives told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt confident that staff and members of the management team would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people and care records were audited. Complaints were addressed and action taken according to the provider's policy.

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People were supported and encouraged to make as many decisions for themselves as they were able. Access to community facilities and spontaneous outings were possible due to the nature and size of the supported living service.

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 is safe.

Staff knew how to protect people from abuse.

People and their relatives felt that they were safely supported.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service is effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training.

Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service is caring.

People were treated with kindness and respect.

Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service is responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service is well-led.

There was an open culture in the service. People and staff found the management staff approachable and very supportive.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action was taken when issues were identified.

Norwood Ravenswood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 February 2016 by one inspector and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that the registered manager and senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The service had sent us notifications and information as required. A notification is information about important events which the service is required to tell us about by law.

During our visit we either spoke with or met eight people who use the service. We met with the registered manager, a business manager, two team leaders, and five care staff. As part of the inspection we contacted a range of health and social care professionals and care staff who worked with the service. As a result we received information from commissioning officers from three local authorities who oversaw the care provided for three people using the service. In addition, we spoke on the telephone with five relatives and received email information from another.

We looked at three people's records and documentation that were used by staff to monitor their care. In addition we looked at four staff recruitment and training files, duty rosters, staff team minutes, complaints and records used to measure the quality of the services.

Good

Is the service safe?

Our findings

People who use the service and their relatives said they felt safe with staff that supported them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said, "if I was unhappy I would speak with staff". A relative told us, "the provision in a small shared house with familiar staff with 24 hour care, along with other clients whom she knows have ensured a safe environment". One commissioner told us, in answer to whether they thought people were safe, "Simple effective measures are used and staff strike the right balance anticipating needs to maintain a low risk".

During our inspection we found there were sufficient staff available to keep people safe. There was an established staff team employed by the provider supported by the team leaders who visited each home on a regular basis. The service had some staff vacancies which were covered by overtime and by staff who worked in the providers registered care homes and who were familiar with the people supported. Staff told us that there were enough staff to meet the needs of people and this would be reviewed if someone was particularly unwell and required additional support.

Care packages were implemented according to people's individual needs and as commissioned by the local authority and/or by the direct payments paid to individuals. There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with attending activities and their nutritional needs. People's homes were assessed for any environmental risks and according to the service's health and safety policy and procedure. Staff told us they reported anything they thought had changed and/or would present a risk for the person to senior staff. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. One member of staff told us, "I have reported issues to my team leader in supervision and feel she has always responded with good advice and taking appropriate action".
The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms were fully completed and notes from interviews were kept and formed the basis for future supervision and training needs. References from previous employers had been requested and gaps in employment history were explained.

People's medicines were handled safely. Medicines were stored in people's bedrooms unless there were reasons why it was not safe to do so. People were given their medicines by staff who had received training in the safe management of medicines. Only staff assessed as competent to do so were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked by a manager observing them administering medicines. Staff training records confirmed that all staff had received the training before handling medicines.

Good

Is the service effective?

Our findings

People told us that they thought staff were well-trained. Comments from relatives included, "They are very good and of course they've had to be trained properly" and "Ravenswood has provided an effective, safe place where 'my family members' needs have been very well met with very caring staff and procedures in place".

Staff told us that they felt they had received a good induction that gave them the confidence and skill they needed to work with people independently. The induction included a combination of on line e-learning and face to face training. Face to face training was considered to be the most effective for staff and this model was predominately used across all staff training offered. Staff said they had shadowed more experienced staff before being assessed as competent to support people on their own. One member of staff told us "I receive training that is tailored to the service we provide".

Mandatory health and safety training had been completed by staff. In addition, all staff received training in a range of core topics including first aid, fire awareness and respect and dignity. We were provided with a copy of the training matrix for the service. The registered manager stated current training was provided in line with the new care certificate for existing staff to refresh and improve their knowledge. The Care Certificate was introduced in April 2015. It is a set of 15 standards that new health and social care workers need to complete during their induction period.

Staff were given the opportunity to study for formal qualifications such as Qualification and Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care. Additional training was provided in relation to any procedures or practices which were delivered to meet individual's particular needs such as challenging behaviour and dementia. Staff described the training as of a high standard which was well organised and they were always supported to attend. Some staff felt that e-learning was used more frequently and there was a consensus that face to face training was often more effective.

Staff attended regular staff meetings and quarterly one to one supervision meetings with their line manager that were structured around their development needs. Staff stated that these had taken place more frequently over their induction period and that observation of their practice took place regularly by team leaders. Due to staff shortages not all staff had received an annual appraisal during 2015. However, all staff were booked to have an individual appraisal during the course of 2016. Staff described being well supported in their role and a range of comments were provided including, "I receive regular feedback about our service and supported living ethos in general through my team leader", and "I think we have access to excellent training and am happy in my role here".

Staff had completed training on the Mental Capacity Act (2005) (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. We were told and saw that mental capacity assessments and best interests meetings had been held and that applications for Deprivation of Liberty had been made where appropriate to the Court of Protection. People had been asked if they gave their consent for care and support to be provided in line with their care plans. Whenever possible people had signed their care plan to indicate their consent.

People were supported with their meals when identified as part of their assessed needs. Staff completed records of food and drink taken by people assessed at risk of poor nutrition and alerted the management team if they had further concerns that needed to be reported to external professionals such as a GP and/or dietician.

People were supported by the service to attend appropriate health care appointments. When staff identified concerns about a person's health they supported people to contact their GP or other health professionals. Staff ensured actions taken were communicated to each other at handover meetings so that all staff were fully updated on a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as psychologists and speech and language therapists.

We received feedback from various social care professionals and all stated that people's health care needs were addressed in a timely manner. Comments from relatives included, "Ravenswood is responsive to 'family members name' needs, with good communication it would appear with the local GP, and with reviews of medication, dental and other needs". Email feedback from a member of staff stated, "We are proactive in consulting health professionals for their advice if there is any doubt about a change in a persons well being or behaviour".

The small and homely environments that people lived in were described as appropriate and effective in meeting people's individual needs. Each person had an easy read tenancy agreement and a separate support agreement which detailed the support that they could expect to receive. All staff spoken with were clear about the positive benefits that supported living had provided for individuals. One staff member told us, "I feel the service does work in their best interest, they have activities that are of interest to them as individuals and visit places they enjoy going to, things they did not do before moving into supported living".

We were given specific examples of how the arrangements had enhanced the well being and experiences of individuals. Staff described an overall reduction in destructive behaviours for some, greater enjoyment of food for another person and an increase in contentment for all. A local authority commissioner informed us, "Our client is seen to be more alert and less likely to sleep during the day. There appears to be less episodes of emotional behaviour". One relative told us, " It is more stimulating with a range of activities that would embrace contact with the local community, and including the activities at Ravenswood itself". Another relative said, "She is very happy in her own property". Another observation from a relative was, "He now has the best life he could ever hope for".

Good

Is the service caring?

Our findings

People told us that staff were kind and helpful. One person said: "They are nice." Another said, "The staff are friendly and I have a laugh with them". Comments from relatives included: "They understand 'family member's name' very well", and "their needs are paramount and nothing is too much trouble".

People were given choices and supported to make as many decisions as they were able to and were comfortable with. These included choosing meals, activities and where they wanted to spend their time and with whom. One local authority commissioner told us, "Our client is supported with communication cards which he created with his keyworker. The cards are displayed with verbal prompts to make day to day decisions". Staff described what they were doing and why and people were asked for their permission before care staff undertook any care or other activities. Staff promoted and encouraged people to maintain their independence and control as many areas of their life as possible. Care plans described how staff should encourage and support people to do as much for themselves as they could. People's emotional, cultural, life choices and spiritual needs were noted in their care plans.

People had been involved in planning their care and in making decisions about how their care was delivered. Commissioners and relatives told us they had been consulted if needs changed and were informed and encouraged to be involved with individuals care and support as appropriate and with the persons permission. One relative told us that, "Her 'team leader's name' overview and communications with all the family have been frequent, caring, with insight, and with 'family member's name' best interests in mind. Staff told us that changes for people were communicated very well between the team members. Overall communication between staff, managers and shifts was described as very good.

Staff described how they provided support to people in a caring way which was personal to them. They spoke respectfully of people's support needs. For example, detailing how individuals preferred to be assisted and of their wishes and needs. Staff told us that they thought the standard of care provided was, "Excellent" and "Very good", with some staff saying they would be happy for their own relative to receive care in the service. Comments included, "I feel that we support all tenants in their best interests and always review that support as and when needed/required", and "They have choices and they are listened to".

We observed staff communicating with people in a respectful manner. It was apparent that staff knew people and their needs extremely well. People were shown respect and their privacy and dignity was protected. Staff told us that they had received training in dignity and respect and this was confirmed in records we reviewed. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

Good

Is the service responsive?

Our findings

People's care and support needs were reviewed at least annually or as any changing needs were identified by the provider and/or health and social care professional involved in their care. Their families told us they were always invited to care plan reviews. Comments included, "We have always been able to attend reviews and they have always been very productive". "We get invitations for reviews and we are supported to get involved. We are so pleased with the care (name) is given". We received positive feedback from social care professionals about how the staff and team leaders responded to their questions and enquiries. One commissioner told us, "I normally make contact with the team leader by telephone or e-mail. If she is not there and I call by telephone, the staff are normally able to answer my query".

People who were able told us that they felt staff listened to them and supported them in the way they wanted. The support plans we reviewed were person centred and provided staff with the information they needed to support the choices people had made. Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they preferred. We were told by senior staff that a standard template for support plans had been introduced a year ago which was compatible with the Care Act 2014 and the Mental Capacity Act 2005. There were plans in place to update all support plans with revised documentation which would be implemented from April 2016 and was likely to occur for individuals as part of their review process.

Appropriate staff were trained in assessing needs and all staff were involved in updating support plans to ensure they were thinking in a person centred manner. They were described as personalised with people's likes, wants and desires being central to the aims of the plans. We were told and saw samples of people's review documentation which took account of people's wishes. We noted that not all local authority representatives who attended reviews made a record of the review meeting available to the provider. The registered manager undertook to consider whether minutes of the meetings should be recorded by staff from the service which would then be retained for future reference.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Members of the management team told us activities were an essential part of people's support and helped to stimulate individuals and avoid them becoming bored. Staff told us that the supported living arrangements provided for greater spontaneity and flexibility in accessing the community and meeting people's preferences. The more independent individuals undertook activities appropriate to their level of independence. With staff support this could involve attending regular work related activities independently, for example dog walking. Individuals were able to pursue a wide range of leisure interests including shopping, cycling, attending musicals, walking and supporting a national football team. People were supported to stay in touch with families and some people visited on a regular basis.

The provider had a complaints policy that was accessible to people and their visitors. There had been no formal complaints received by the service since June 2015 when the Berkshire service had been added to the registration as a separate location. Families of people told us they were confident that the staff and the provider would listen to them and act on any concerns they had. Comments included, "I know who to speak to if I have a concern". "The management team and the staff take an active interest in the tenants and keeps in touch with us regularly".

The team leaders told us that any comments or concerns raised by any individuals whether people themselves or their relatives were addressed without delay. This prevented issues becoming complaints. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. Positive feedback from relatives and health and social care professionals were captured and recorded from reviews, visits or surveys.

Everyone had lived in residential care prior to moving into their own accommodation. Some had held their own tenancies for a number of years whilst for others the moves had been more recent. There was evidence that extensive work had been undertaken with individuals before, during and after transfer from residential care to the supported living service. Thorough assessment of the needs of individuals and how they might benefit from having their own tenancies were undertaken together with the funding authorities. A local authority commissioner told us, "Our client has their own tenancy, and therefore security of tenure, sharing this with most people in their community and the people they live with".

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on individual people and their needs, interests and preferences. Staff praised the provider and the leadership team for their approach and consistent, effective support. All of the staff we spoke with told us that they felt valued working in the service, and felt motivated to maintain high standards of care. The registered manager and other operational managers were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. One local authority commissioner told us, "We have no concerns about the management of the support. The focus is on retaining and developing the service to support our client to live the life they want". A staff member informed us, "The team leader rings or texts the homes every day to speak with the tenants or the staff and ask their well being".

People and their relatives told us that the registered manager, management team and staff were caring and dedicated to meeting their needs. They were invited to share their views about the services through quality assurance processes. These included care reviews, regular visits by the team leaders to speak with the tenants and the staff that support them and questionnaires. They told us that they would not hesitate to approach them if they had something to say as they felt they would be taken seriously. They also confirmed that they had been asked their opinion periodically about the services and had felt listened to. We were told by relatives, "We have nothing but praise for the care. Its wonderful and they are very caring to us". "When we ring they are always kind and they keep us informed". "The care is excellent and they are very sensitive to (their) needs".

Staff told us they were never left in any doubt about the values of the provider and the values they were expected to display in their day-to-day work. All staff spoken with and feedback received indicated that staff morale and satisfaction was very good. One staff member told us, "The tenants and their keyworkers work together to ensure the tenants receive the kind of service they expect". Another said, "We are out all the time to day centre, shopping, cinema, swimming, bowling and trips to the coast. We can now be much more spontaneous".

Quality assurance processes were subject to extensive review across the organisation. It was planned that quality reports and audits would be held electronically where action plan updates could be entered easily by relevant staff. Quality and compliance spot checks were undertaken on the service by the registered manager. Areas checked included support plans, accidents and incidents, medication arrangements and financial audits. Staff and team leaders also conducted regular checks and audits within each location. These covered health and safety matters, personal finances and support plans. We saw some quality assessment reports for the service completed during the previous 15 months. Areas requiring improvement were clearly identified and actions were recorded. The new monitoring system would involve at least quarterly quality reviews which would ensure that action plans were updated regularly and within required timescales.

Various staff and team meetings were held regularly. Meetings covered information giving, learning from incidents and the discussion of developments and changes. Policies and procedures, values and expectations of the organisation and general topics were discussed at meetings as well as individual development and practice issues. Staff were provided with a regular quality and compliance newsletter to keep them up-to date and informed about what was happening in the service.

There were no offices within any of the dwellings. All confidential records were kept locked in designated areas within each house/flat and the central administrative office within Ravenswood Village. The records we reviewed were accurate and up to date.

There was an emphasis on partnership working and it was recognised that this was an essential part of working in the best interests of people and meeting their changing needs. There was regular contact with families and funding authorities who were encouraged and supported to be involved in the care and support of each individual. People had benefitted from having their own tenancies and were free to live where they wanted and to choose their support provider through mental capacity and best interest procedures.