

Norwood

Norwood Ravenswood

Inspection report

Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Date of inspection visit:
22 May 2018

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20 June 2018

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 22 May 2018 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 nine people.

The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Nine people living in five residences were receiving regulated activity and were supported so they are able to live as independently as possible. Accommodation ranges from one to three people sharing a tenancy. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living, this inspection looked at people's personal care and support.

At the last inspection on 16 and 17 February 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 were kept safe by staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust and medicines were managed safely. There were sufficient staff to provide safe and effective care at the times agreed by the people who were using the service.

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.

Family members and external professionals who were involved in people's care were complementary of the services provided, some describing the care and support as very good. The comments we received

demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community.

The service remained responsive to people's individual needs. Staff knew people very well and paid particular attention to finding out about their interests and personal preferences. This enabled support to be focused to achieve people's desired outcomes. Individual support plans were person-centred and they considered the diverse needs of each person, taking into account any protected characteristics. The service provided flexible support embracing people's individual wishes. People knew how to raise concerns or make a complaint and they felt confident they would be listened to if concerns were raised. The service was working to the accessible information standard. People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff as required to ensure they could provide the most appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The service was well-led, with strong leadership from the registered manager. Records were relevant, complete and reviewed regularly to reflect current information. The registered manager promoted an open, empowering, person centred culture. The values of the service were embedded in the way staff worked with people. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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 the 22 May 2018. It was carried out by one inspector and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office. We were assisted on the day of our inspection by the registered manager.

Prior to 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. Additionally we looked at all the information we had collected about the service. This included the previous inspection report and any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we sought feedback from people who use the service, staff and health and social care professionals. We took some of the views of relatives of people from the latest service feedback exercise.. Additionally we spoke with the registered manager, the operations manager, three staff members and received feedback from two health and social care professionals.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at the latest staff recruitment file, staff training records and a range of documentation that related to the management and quality monitoring of the service.

Is the service safe?

Our findings

People continued to be protected against the risks of potential abuse. There had been no safeguarding alerts since the last inspection. We were confident that should a situation arise appropriate action would be taken and records would be made which would include the outcomes of any investigation.

A social care practitioner told us that they were confident that people were kept safe. The feedback they had received from people confirmed that their clients felt listened to and they were supported to raise any concerns they might have. A person's relative feedback, "[name] is very well cared for and they look after him very well."

Staff were provided with information so that they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They received a copy of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

There were enough staff employed by the service to safely meet peoples' needs within the requirements of their care packages.

Risks relating to people and the support they required were assessed. They included health, financial and nutritional risks. Plans to manage and mitigate risks were in place and reviewed regularly. People's support plans contained guidance for staff to help minimise risk without restricting people's freedom or independence. People's home environment was assessed to identify safety risks to both people using the service and the staff visiting them. Staff told us they always had up to date information. They said that communication between the team was effective and ensured they were always aware of any changes.

Safe and robust recruitment procedures were followed when new staff were employed. The required checks and information had been sought before new staff commenced working for the service. The registered manager sought and valued the views of people regarding the staff who worked with them. The number of staff required was determined by the needs of the people using the service.

People received their medicines safely and at the time they required them. Staff had been trained in the safe management of medicines. Their competency was checked by senior staff who had been specifically trained in making competency observations. Medicine records were completed and audited for any errors. There had been a medicines review undertaken by the supplying pharmacy at the end of March 2017 and the report provided only minor recommendations. A further review had taken place in April 2018 with no issues raised and the report was awaited.

There was a system for recording accidents and incidents. The registered manager confirmed any accident or incident was reviewed so that lessons could be learnt and shared with the team. Staff were aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as staff sickness or poor weather conditions.

Is the service effective?

Our findings

People's needs were assessed thoroughly before a service was offered. The information obtained during assessment included personal likes and preferences, social interests, cultural and spiritual wishes as well as physical and emotional needs. People and when appropriate their family and other professionals were involved in the assessment. The registered manager told us this enabled them to establish people's desired outcomes and plan relevant and achievable goals with people. This information was captured in support plans which were wholly focused on the individual. The guidance and information available in the support plans was sufficiently detailed to help ensure staff provided effective support for people in the way they preferred. Staff had received training in equality and diversity and there were examples of them respecting and supporting people with protected characteristics.

People benefitted from a staff team who were supported in their job role. Regular one to one meetings were held between staff and their line manager. The supervision matrix in place supported this. Staff told us, "The manager is extremely approachable and we always communicate with each other with regards to any incidents. And we have regular meetings to go over each client." Annual appraisals provided staff with the opportunity to reflect on their work and discuss their development needs. Staff were observed while working with people on a periodic basis. This was designed to ensure that all staff were working to the practice standards required by the provider. We saw a recent spot check report for one of the houses which had focussed on cleanliness. The overall report was favourable with a few recommendations for improvement. Family members had been complimentary of the staff and in particular we saw comments such as, "They are all excellent." And, "The staff are wonderful".

New staff were provided with induction to the service and training which followed the care certificate standards. All staff were offered the opportunity to gain a nationally recognised qualification in health and social care. We were told by the management team all staff were working towards a range of qualifications within the Qualifications and Credit Framework. Refresher training was provided annually and varied from face to face and practical training to eLearning.

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. Staff had received mental capacity training and understood their responsibilities. When necessary, best interests meetings were held with people, professionals and others who knew people well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. A small number of applications had been necessary prior to the time of the inspection.

The registered manager and the staff team were committed to supporting people with healthy nutrition and spent time with them discussing menus. They were aware of the type of foods people preferred and helped them meet their diverse needs in relation to diet. Where there were concerns regarding people's nutritional intake, this was monitored and if necessary advice sought. People were supported with their health and well-being needs. People were assisted to make and attend medical appointments when necessary. Health professionals were contacted for advice when required.

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff had received training within equality, diversity, human rights, dignity, respect and person centred care.

People were valued and treated with kindness, dignity and respect. The staff team were dedicated and committed to providing support that was person-centred and promoted people's independence as far as possible. They were motivated by the registered manager to deliver support that was sensitive, compassionate and empowering. A family member had commented within an annual survey, "The staff are, without exception, loving and caring – we always feel they are part of the family. Almost always, when we express a concern, we find that staff are already addressing it." Another comment stated, "[name] always looks content, clean and very much loved by his staff, we have nothing to criticise."

The registered manager stated that she and another manager had completed spot checks to observe staff interacting with people to ensure they were being treated with dignity and respect. These were also designed to check that procedures were operating effectively within the houses. Documentary evidence of these checks was provided. People were fully involved in making decisions about the support they received. The registered manager stated that people's support plans were: "Completed together with them to ensure their choices and wishes were respected".

People's needs and preferences were known well by the staff supporting them. This was demonstrated when management staff told us about people's interests and the support they provided to assist people in attaining their goals. The registered manager believed strongly that continuity of support staff was key to providing the best possible service to people. A matching process was used to help ensure staff were compatible with the people they supported. This had helped to foster trusting relationships.

External social care professionals were very positive about the services provided by Norwood Ravenswood. Comments included, "My client had a cough and a GP appointment was promptly booked". And, "I felt the staff were on good terms with residents and looked after their best interest."

People's personal information was stored securely in the service's office in order to maintain confidentiality. Computer records were password protected and any records kept in the houses were stored in accordance with the provider's policies on confidentiality.

Is the service responsive?

Our findings

The service provided flexible support to people. Examples of the flexibility offered included, support visits being timed or rearranged to suit activities people wished to attend or appointments they needed to keep. The registered manager told us the service was run to, "Always put people first". The feedback we received confirmed this was the case.

People's support plans were reviewed frequently and people were encouraged to contribute to planning their own support with the help of relatives and professionals as appropriate. This helped to ensure information was up to date and people's most current needs and preferences were reflected. Support plans were person centred providing detailed guidance for staff. The registered manager told us that people's care and support plans were formally reviewed within a 12 month period, or as changing needs required. Staff spoke of good team work and communications to ensure people's needs were met.

The registered manager was aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. A variety of communication methods were used to help ensure people understood information and they were able to express their needs and views. For example, communication passports and visual aids assisted those with difficulty in using verbal language to make their wishes known. The registered manager told us the complaints policy was already produced in a more accessible format.

The registered manager and the support team worked closely with health and social care professionals in the interests of the people they supported. This included GPs, Psychologists, OTs and social workers. We received information from a professional who commented on how well support was progressing for one person. They told us, "The small team are forthcoming and supportive in my role, making working with them very easy and comfortable".

People and their relatives were encouraged to give their views and feedback on the service. They knew how to make a complaint if necessary and were confident concerns would be dealt with effectively if raised. We reviewed the complaints record and found where a complaint had been raised it had been dealt with in accordance with the provider's policy and resolved to the satisfaction of the complainant. There had been no complaints made about the care provided in the 12 months prior to this inspection visit. Work had been undertaken with a neighbour who found noise levels unacceptable on occasions.

Is the service well-led?

Our findings

The registered manager was extremely knowledgeable about the people the service provided support to, their families and the staff they employed. They told us they valued the relationships that had been built and felt this was how they had achieved positive outcomes for people. The registered manager was enthusiastic and committed to providing support for each person that reflected their individual and diverse needs. They sought a variety of resources and experiences for the people they supported and encouraged the staff team to do the same. Staff were eager to make suggestions and said their views and opinions were always listened to and valued.

There was an open and empowering culture in the service that was person-centred. This was embedded into the values shown by the staff team. It was clear that this culture stemmed from the registered manager and the operations manager for the service. Staff spoke highly of the support received from the management team and their commitment to doing the best they could at all times.

The management team sought up to date information on best practice via information from appropriate organisations and associations as well as using relevant internet resources. They were keen to develop relationships with professionals and worked closely with other teams to gain positive outcomes for the people they supported.

Staff told us the registered manager worked flexibly with them to accommodate their needs and confirmed the whole team worked together to support each other. One staff member commented, "I feel the staff work well together to keep all the clients safe and well". There was a mutually supportive culture in place where staff felt confident in seeking advice from the management team. The registered manager and a newly appointed interim deputy worked closely with staff on a frequent and regular basis so that the quality of the service was monitored in a very effective manner.

The registered manager understood when they needed to notify the Care Quality Commission of significant events. Notifications, whilst very low in number, had been sent in a timely manner when required. The quality of the service was monitored and audits identified shortfalls or areas for development. Examples of audits included those carried out on support files, recruitment records, individual staff supervision and direct observation of practice. In addition, a continuous improvement plan had been introduced which focussed on areas requiring attention. This was a live document that was updated according to the actions required. A full audit by the registered manager was undertaken on a six monthly basis which covered all areas of the service. We saw this report together with a full health and safety audit undertaken by the provider which provided some recommendations for the improvement of risk assessments. In addition, we reviewed the latest local authority quality report for one of the houses, a sample of monthly checks and a night monitoring visit report.

Areas of concern were addressed in order to improve the service and action was taken promptly to discuss any issues relating to practice. People's opinions were sought, analysed and acted upon. The most recent quality survey illustrated people were satisfied and pleased with the service they received. We were told that incidents and accidents were analysed for trends and any learning was shared with all concerned.

Formal staff meetings were held quarterly as a minimum but in addition other opportunities for the team to gather were in place. These sometimes included people who were supported by the service. Staff confirmed the methods of communication were very good. They told us they were able to speak with the management team at any time for advice and received regular updates on what was happening in the service.