

Norwood Trust Limited

Norwood Trust

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection of Norwood Trust was carried out over two days on the 2 and 3 March 2015. Our visit on the 2 March 2015 was unannounced.

The Norwood Trust was established in 1985 and is a registered charity. Norwood is a care home providing accommodation without nursing for up to 15 adults, with a learning disability. Eleven people are accommodated in the main house and four people live in a purpose built bungalow in the grounds.

Accommodation comprises of all single rooms. No en-suite facilities were provided. Facilities in the main

house included a lounge, a lounge/dining room, a bathroom, a shower room and three separate toilets. In the bungalow there is a lounge, a kitchen, a laundry room, a separate toilet and a walk in shower room.

There were 14 people living at the home at the time of our inspection.

The home is located in Marple a suburb of Stockport and is situated within easy walking distance of local services and amenities. The main house is a three storey Victorian semi-detached building.

Summary of findings

We last inspected Norwood Trust in May 2014. At that inspection we found the service was not meeting two of the essential standards and regulations that we assessed. We found that people were not fully protected from the risk of an unsafe environment. We also found that people were not fully protected from the risk of unsafe or inappropriate care and treatment because accurate and appropriate records were not being made.

Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found that the required improvements had been made.

The service does not currently have a registered manager in place. 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.

Medicines were not managed safely because we found there were gaps in the recording of some medication, two people did not have a risk assessment in place to administer their own medication and the temperature of the medication fridge was not being consistently recorded. You can see what action we told the provider to take at the back of the full version of the report.

Recruitment processes required improvements to ensure the service had appropriate recruitment policies and procedures in place and all the required pre-employment checks on staff members are consistently applied. You can see what action we told the provider to take at the back of the full version of the report

There were gaps in the training staff received which meant that people cannot be confident that staff are appropriately trained to meet their individual care needs.

Although staff were receiving supervision they were not receiving annual appraisals.

You can see what action we told the provider to take at the back of the full version of the report.

Quality assurance processes were not robust and did not demonstrate that the manager sought confirmation of the quality of the service provided from people living, working or visiting the home. You can see what action we told the provider to take at the back of the full version of the report.

The care records we viewed demonstrated to us that people's health was monitored and referrals were made to other health professionals as appropriate.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs.

People were supported and encouraged to live as independently as they were able and were involved in meaningful activities of their choice.

There was a relaxed and friendly atmosphere in the home and staff were seen to have good relationships with people. During the inspection we saw that staff were kind and respectful to people when attending to their needs.

Sufficient staff were on duty to provide appropriate care.

The buildings were clean, tidy and free of any unpleasant odours.

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?

Some aspects of the service were not safe.

Medicines were not always managed safely and appropriately. This meant there was a risk that some people may not receive prescribed medication as intended by their GP.

Recruitment policies and procedures were not in place and all appropriate pre-employment checks had not been undertaken to help keep people safe.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and appropriate safeguarding referrals had been made.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective.

There were gaps in the training staff received and although staff were receiving supervision no staff had received an annual appraisal.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiropodist and the person's own general practitioner (GP).

People were being supported to take adequate food and drink. People living in the home told us there was not as much choice as there used to be.

Requires Improvement



Is the service caring?

The service was caring.

People living at Norwood trust and a visiting relative we asked spoke positively about the support and care received from staff.

The atmosphere in the home was relaxed and friendly. We saw positive interactions between the staff and people living at Norwood Trust.

We observed that people looked well cared for and were appropriately dressed.

Good



Is the service responsive?

The service was responsive.

People engaged in meaningful activities of their choice and were part of the local community.

Care was delivered in a person centred approach.

Good



Summary of findings

There was a complaint procedure in place and people were encouraged to raise any issues or concerns they had with staff.

Is the service well-led?

Some aspects of the service were not well led.

The service did not have a manager in post that was registered with the Care Quality Commission (CQC).

The service did not have adequate formal quality monitoring systems in place.

Requires Improvement



Norwood Trust

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.

This inspection took place on the 2nd and 3rd March 2015. Our visit on the 2nd March 2015 was unannounced.

The inspection team consisted of two inspectors from the Care Quality Commission (CQC).

Pre inspection information would normally be requested from the provider however, on this occasion we did not request it and relied on information we held and what we

gathered on the days of the inspection. We reviewed previous inspection reports and notifications that we had received from the service. We requested information from the local authority commissioning team and used the information we gained to plan our inspection.

During this inspection we spent time in the home observing care and support being delivered to people in the communal areas. We looked at the environment, looked at two peoples care files and a range of records relating to how the service was managed; these included medication records, training records, quality assurance systems and policies and procedures.

Detailed findings

We spoke with six people living at Norwood Trust, two visiting relatives, four members of staff, a visiting healthcare professional, two senior members of staff and the manager.

Is the service safe?

Our findings

We looked at the medication arrangements in the home. For those people who were not self-medicating medication was stored in a locked medication trolley. The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into separate compartments according to the time of day the medication is prescribed to be taken.

We saw that medication was checked on arrival at the home and unused medication was returned to the pharmacy for disposal. We saw that medication waiting to be returned to the pharmacy was not stored in a tamper proof container in line with the guidance from the National Institute for Health and Care Excellence (NICE). This was discussed with the senior carer and manager who during the inspection ordered an appropriate container from the dispensing pharmacy.

We were told by staff and evidence seen on the training record indicated that staff designated to administer medication had received appropriate training and had access to relevant policies and procedures.

The temperatures of medicine refrigerators were not checked on a regular basis and some of the recorded temperatures were not in line with current guidelines. This meant that medicines that may be stored in the refrigerators could potentially be unfit for use, placing people at risk.

We found appropriate arrangements were in place for the storage of controlled drugs (CD's) which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the register.

We were told five people were responsible for self-medicating their own medication and weekly checks were made to ensure medication had been taken appropriately. We saw that the dispensing pharmacy had undertaken a risk assessment for three people. We were told that a risk assessment had also been completed for the other two people but they could not be found during the course of this inspection visit.

We looked at the medication administration records (MAR's). We saw that medication received into the home had been signed for. However we saw on one MAR that the

abbreviation key had not been used to evidence why a medication had not been given and on another MAR we saw there were gaps in the recordings of a prescribed medication.

In addition we saw that one person had been prescribed a course of olive oil ear drops. There were gaps in the recording of this medication and there was no corresponding care plan for this identified care need.

This is a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010, which corresponds to regulation 12 (f)&(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told there were no policies and procedures in place relating to staff recruitment. We looked at three personnel files and saw they included a fully completed application form that had details of the person's education and previous employment history.

Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB) check. The DBS and CRB checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups. We saw photocopied documents of proof of identity and proof of address in the files we looked at. It was discussed with the senior carer that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity.

However we saw in two of the files that staff had commenced employment with only one reference. On the second day of this inspection we saw that the senior carer had obtained a verbal reference for one of the staff members.

This is a breach of Regulation 21 of the health and Social Care Act 2008 (Regulated Activities)

Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the files we looked at we saw set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and

Is the service safe?

answers demonstrated that the manager ensured the recruitment process was open, transparent and effective when selecting suitable people for the required role. We saw evidence of this in two of the files we looked at.

The people living at Norwood Trust who we spoke with told us they liked the staff and felt safe. Some comments included: "I have lived here a long time. I like the people. All staff are nice, they never shout," "'X' is the boss, she's a nice girl, yes all the staff are nice, they never shout and I feel safe" and "I love living here, my room is like a flat. The staff are so kind to me."

Visitors who we asked also said they felt confident their relative was safe. Some comments included "We feel people are safe here" and "The new manager is very approachable and we feel that the new structure has better understanding of how to make people safe."

The Provider had a whistle blowing policy which was also included in the staff handbook. We saw they had the Stockport Multiagency Policy for Safeguarding Adults. At the time of this inspection the manager had appropriately alerted the Local Authority safeguarding team of a number of historic and current allegations of abuse that were currently under investigation at the time of this inspection. The manager was able to provide a clear and detailed understanding of the procedures for safeguarding adults from abuse.

Staff spoken with had a good understanding of how to safeguard people from potential or suspected abuse. One member of staff told us there were clear policies in place to report and raise concerns.

The home employed 18 permanent members of staff and three bank staff. We were told that 11 members of staff had undertaken safeguarding adults training and two were booked onto the training. Therefore six members of staff had not undertaken any training.

We looked at the staffing rotas and how the service was being staffed. We did this to make sure there was enough staff on duty to meet people's needs. We saw the service was staffed according to the needs of the people living at the home. For example during the day when the majority of people were out of the house at work or college the staffing levels were reduced and increased at the times when most people were at home.

During this inspection we undertook a tour of the home including some bedrooms, toilets and bathrooms and spent some time in the communal areas of the home. We saw the home was clean, tidy and free from offensive odours.

Since the last inspection we saw the toilet on the second floor in the main house had been fitted with a hand wash basin. We saw that the uneven front path and side walkway had been reflagged to reduce the risk of tripping. We saw that the bath and shower on the first floor of the main house had been resealed and the carpets in the main house had been steam cleaned. We also saw that the laundry had been moved from a room adjoining the kitchen into the cellar following a recommendation made as part of an infection control audit undertaken by Stockport NHS foundation Trust.

At the last inspection there were concerns regarding two fire doors leading from the kitchen and the thickness of a glass window facing the external fire escape. We saw that appropriate action had been taken as advised by the fire authority.

We saw that appropriate safety checks were carried out to ensure people were cared for in a safe environment. We were told and saw documentation which indicated that regular checks carried out included the fire alarm system, means of escape and door guards. We saw there was an emergency evacuation procedure in place for each person living at Norwood Trust. However we were told that they did not test and record water temperatures within the home. This was discussed with the senior carer who assured us these checks would be immediately implemented.

We saw evidence that equipment was serviced on a regular basis which helped reduce unnecessary risk to people. For example portable appliance testing (PAT), gas and electricity safety, fire fighting equipment and the fire alarm system.

We looked at a number of risk assessments in the care files we looked at. In one care file we saw detailed and comprehensive risk assessments for a person going on holiday. The information covered several scenarios which may have occurred during the holiday. This provided support staff with guidance on how to manage incidents in a way that promoted the safety and wellbeing of the people they supported.

Is the service effective?

Our findings

During this inspection we were shown the training record for all staff that indicated what training staff had participated in to date. We saw gaps in the training staff had received. For example we saw no staff had undertaken training in moving and handling, Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), Health and safety, confidentiality and basic food hygiene. We saw evidence that 12 staff out of the 18 permanent and three bank staff employed were booked onto a food hygiene awareness course in March 2015. However we were told that all staff assisted in food preparation and the serving of food. This meant that staff are currently preparing and serving food without the appropriate training and following the proposed training in March 2015 eight staff will still need to complete the training.

We saw there were gaps in safeguarding adults training, fire training, person centred planning, principles of Dementia, first aid, infection control, epilepsy awareness and Diabetes. This meant that people cannot be confident they are cared for by staff who are properly trained to meet all of their assessed needs.

We were told that all newly recruited staff undertook an induction which included a period of shadowing senior staff. However when we looked at the induction information it was an induction checklist and not a comprehensive induction that took account of the recognised standards within the sector. One member of staff said “I started working about 17 months ago, I don’t think I had any training or supervision, I think I signed something about confidentiality and got shown around.”

We saw that staff were receiving supervision but we were told that staff had not received an annual appraisal. One member of staff said “I had supervision about three weeks ago”. Another member of staff said they had received supervision but it was informal and nothing was written down.

This is a breach of Regulation 23 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the menu for the week was on display for people to see. Although alternatives to the planned meals were not evident on the menu we were told that people were offered a range of alternative meals if they did not want what was on the menu.

There were mixed views from people about the meals served. People told us that there used to be more choice but now it was more of a case of eating what was provided. People said in the past they were consulted about what they wanted to eat but that no longer happened. One person said “We used to have a list of meals we could choose from, now we just get what we are given, it would be better if we could choose.”

People did tell us that they thought the food served was of a good standard. The main meal of the day was served in the evening and the lunchtime meal was more of a snack type meal. Staff told us that they prepared the meals and said they felt under pressure to provide meals on a large scale. Staff told us they did speak with people individually to consult with them regarding their individual meal choices and preferences.

We looked at people’s care files and found that they contained information about managing identified risks associated with eating and drinking.

Care records we looked at showed referrals were made to relevant health care services to address any changes in people’s needs; this included GPs, dietician, district nurses, chiropodists, dentists and speech and language therapists. We saw that people were fully supported to attend hospital appointments and were supported during hospital admissions. One person told us “I have been in hospital and the staff have helped me with my appointments and going to the doctors.”

People had a Hospital Passport which would accompany them if they required a hospital admission. The purpose of a hospital passport is to assist people to provide hospital staff with important information about them and their health when they are admitted to hospital.

We were told that there was not a senior member of care staff and a qualified first aider on each shift. However on the second day of inspection we saw the staff rota had been amended to identify who the team leader was on each shift in the absence of a senior carer and the identified first aider.

Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA provides a statutory framework to empower and protect vulnerable people who may not have capacity to make their own decisions.

Before anyone is admitted to a residential facility there should be an assessment of whether they have the capacity to consent to this, and the care and treatment they will receive. If they are deemed not to have the capacity to make this decision then the process of establishing “best interests” as defined by the act should be followed.

As already stated in this report none of the staff employed at Norwood Trust had undertaken training in MCA and DoLS. No evidence could be provided that the home had copies of the MCA and DoLS Codes of Practice. However we did see that they had an easy read summary of the MCA.

At the time of this inspection we were told by the manager that one person was subject to a DoLS. This person was currently a hospital inpatient. We asked to see all the relevant paperwork for this person. We were initially told that the paperwork had been sent with them when they were admitted to hospital. However the member of staff who accompanied them to hospital said it had not. None of paperwork could be found during this inspection. In addition CQC had not been notified of this DoL's which is a legal requirement, although following this inspection we received confirmation from the manager that it had been sent retrospectively.

Is the service caring?

Our findings

People we spoke with told us they were happy living at Norwood Trust. Some comments included “There are different people in charge now and they are ok, they treat me with respect and they are pleasant” and “I feel involved in deciding how I want my support to be given.” One person told us their parent had attended their review meeting last year. They said “The review talked about how I feel about living here and I told them that I’m very happy. I feel in charge of my own life.”

Visiting relatives were positive about the care provided. One comment was “We feel there is a good atmosphere now in the home.”

People living in the home looked well cared for. We saw that people were clean, neat and appropriately dressed.

People looked happy and comfortable in the home and in the company of staff.

Our observations showed us people were offered choices and were treated with respect and kindness. We saw that staff had a good understanding of people’s individual needs and personalities.

We saw that care was delivered in a person centred way. Care was tailored to meet the individual needs and personal choices of each person while encouraging independence.

The atmosphere in the home was relaxed, welcoming and friendly. The people living at Norwood Trust not only had good relationships with the staff they also had good

relationships with each other. All of the people, with the exception of two, had lived at the home between 25 and 30 years and had a good understanding of each other. One person said “Everyone is my friend here.”

A visiting healthcare professional told us that they had only witnessed good practice from staff. They told us that they always found the home to be a relaxed environment and staff demonstrated a healthy respect for the people they worked with. They told us they felt confident that people were well cared for and always seemed happy and said, “I am confident that I would pick up if a resident was unhappy”. They said they had seen staff communicating well with people and in a way that promoted respect.

In the care files we looked at we saw they contained information about people’s lives and individual preferences so that care could be tailored to meet their individual needs and preferences. However there was little evidence to illustrate how people were involved in discussions about the planning of their care.

People were provided with information about the home in the form of a Statement of Purpose. However it was seen that this document required updating to reflect some changes within the home relating to the use of the communal rooms.

Two of the people living at Norwood trust were supported by independent advocates and information regarding independent advocacy services were available on request. The manager told us that the advocacy work was a priority to improve the consultation process for people.

Is the service responsive?

Our findings

People told us that independence and choice was encouraged. One person said “It feels like my home, I get on with people here. I have my independence and I can have a go at doing things I want to do.” Another person said “There are no rules just common sense, we talk things through if there’s a problem. I do a lot of things and get out and about.”

We heard staff and people living in the home enjoying good communications and we saw people expressing their needs. We saw that staff responded appropriately in supporting people to enjoy a lifestyle that suited their individual needs and aspirations.

Admissions to the home did not happen on a regular basis and the last admission to the home was in 2013. However we were told that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet those needs. The manager said that people would be encouraged to make several visits to the home and spend some time at the home having lunch and meeting staff and other people before making a decision about moving in.

We looked at two care files during this inspection visit. We saw that since the last inspection visit the service had started to review and develop people’s support plans which focused on listening to people living in the home. The format was called ‘listen to me.’ The support plans were much improved and the senior carer made assurances that they were working on reviewing the remaining support plans.

The care records included information about the person’s preferences, likes, and dislikes. Staff who we spoke with told us that they used support plans to help them in providing care and support to people. They all felt that support plans were useful in order to obtain background details of the person they supported and understood that people living in the home should be supported to contribute to their care and support planning.

We saw good examples of care and support plans in action where two people had been on a holiday. The risk assessments and support plan had been updated to reflect this activity and the risk assessments provided staff with a

robust tool to help them in supporting people in a way that helped them to be safe but also respected the person’s need to achieve personal aspirations and to be in control of how they wanted to spend their leisure and recreational time.

We saw a ‘daily record sheet’ was completed for people which should describe the care given. We saw the information was sparse and vague. The senior carer agreed the information recorded was not an accurate reflection of the care and support provided. We were told us that they were in the process of reviewing the design of the document in an attempt to improve the information recorded the service

The manager and the senior carer told us they operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately. We saw evidence of this during our inspection visit.

We saw that there was a complaint policy which was included in the Statement of Purpose. The senior carer told us it was her intention to implement an easy read complaint procedure and give each person living at Norwood a copy.

We looked at the records of complaints which included the outcome of the complaint investigation. We discussed with the senior carer that it would be good practice to record concerns made as well as complaints.

We saw that people were assisted to engage in a wide variety of meaningful activities of their choosing and were encouraged to maintain connections and relationships with family members. For example some people attend resource centres and day centres. One person attended a day service in a park project and two days a week at an IT project. People attended evening and weekend activities such as a craft club, a local drama club, a photography class and went swimming.

People were keen to tell us how much they enjoyed a holiday to Llandudno during 2014. Following that holiday because people had enjoyed it so much a second ‘turkey and tinsel’ holiday was arranged at Christmas time and families were invited to go. Two people were also supported to plan a short break which they told us they thoroughly enjoyed.

Is the service well-led?

Our findings

The home did not have a manager who was registered with the Care Quality Commission (CQC). The home is required to have a registered manager. The manager took up post in an acting capacity in January 2014 and the position was made permanent in November 2014.

We were told there were no formal systems in place to obtain people's views of the service being delivered although we were told that people living at Norwood Trust were spoken to on a daily basis to ensure they were happy with the day to day care but this was not recorded.

We were told that staff were informally consulted during their supervision sessions regarding the quality of the service being delivered and therefore there was no documented evidence of what staff said. There was no evidence that the views of visiting healthcare professionals were sought regarding their opinion about the quality of the service being delivered.

We were told that in June 2014 a medication audit had been undertaken by the care home officer from Stockport NHS Trust and there had been one in-house medication administration audit. We asked to look at these documents but they could not be located during the course of this inspection visit.

We saw that the committee members undertook a 'monthly/inspection' visit that was formally recorded. The inspection visit covered areas such as accident/incident reporting for the monthly period, complaints, health and

safety records, safeguarding, staff records and care plans. However as identified at the last inspection visit in June 2014 the recording tool was basic and did not constitute a robust audit or analysis tool.

The senior carer told us that they were in the process of implementing a pilot bi monthly checklist to assess the quality of the service being delivered. However the absence of clear and consistent monitoring systems meant that poor or inappropriate practices may not be quickly identified and people could be placed at risk.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported by the manager and one person said "There is a good management system now in place." Another staff member told us the service was much more person centred focused and recent changes ensured that the service was less regimented and instead managed in a way that provided flexibility."

We were told that they did have staff meetings although one staff member said "We used to have staff meetings but there have not been any recently."

We asked people living at Norwood Trust if they had house meetings. They told us "We used to have meeting's but not anymore, they were good" and "We don't have meetings to talk about how we want things done in the home. We used to have meetings but now we just talk to staff about how we think things can be done."

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not protected people against the risks associated with unsafe use and management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured that staff were receiving annual appraisals.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not effectively assess and monitor all aspects of the quality of the services provided.