Norwood

The Farm House

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

Tel: 01344755533
Website: www.norwood.org.uk

Date of inspection visit:
10 March 2016

Date of publication:
06 April 2016

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 was an unannounced inspection which took place on 09 March 2016.

The Farm House a residential care home situated in Ravenswood Village. The village is a community for adults with learning disabilities run by the charitable organisation, Norwood. People have access to the facilities and services provided in the village. These include a café, swimming pool and horse riding.

The home provides a service for people with learning and other disabilities. Some people are living with dementia and other age related issues. The service is registered to provide care for up to eight people and there were eight people living there on the day of the visit. People were provided with ground or first floor accommodation, according to their physical abilities.

There is a registered manager running 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 who live in the service, staff and visitors were kept as safe from harm, as possible. Staff were trained in and knew how to keep people safe from any form of abuse. Staff understood health and safety policies and procedures and followed them to keep people as safe as possible. The service identified any risks and action was taken to reduce them, as far as possible. There were enough staff to look after people safely. The recruitment procedure made sure, that as far as possible, staff were safe and suitable to work with the people who live in the home. Medicines were given safely by properly trained staff.

Staff followed people's individual care plans and ensured they supported people to maintain their health and well-being for as long as possible. The service responded quickly to people's changing needs. They sought advice from and worked closely with health and other professionals to meet people's needs in the best possible way. People's physical and emotional needs were met to ensure people were able to enjoy their lives as much as they could.

People were helped to have as much control over their lives as they were able and chose to. Peoples' rights were understood and promoted by the staff and the registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so.

People's care was provided by a stable, caring staff team who knew people and their needs well. Staff were well trained, understanding and responsive to changes in people's needs and wishes. Staff treated people with respect and dignity at all times. They fully understood person centred (individualised) care and met people's equality and diversity needs. People were provided with a variety of activities, according to their

needs, abilities and preferences.

The service was well-led by a supportive and knowledgeable registered manager and deputy manager. The service had an open management style which encouraged people, staff and others to express their views and opinions. The quality of the care provided was regularly monitored by the registered manager. Improvements had been made and further developments were continuing. The formal quality assurance system was being improved to ensure quality audits were completed regularly and monitored any required or completed developments.

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.

Staff had been trained and understood how to protect people in their care, themselves and others. They knew what action to take if they identified any form of abuse or risk of harm.

All risks were identified and any necessary action was taken to make sure they were reduced, to keep people and others as safe as possible.

Staff were properly trained to look after and give people their medicine safely.

There were enough staff, who had been recruited safely, to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

Staff helped people make as many choices and decisions about their daily lives, as they could.

If people were not able to make certain decisions the service took action to make sure their rights were upheld and they acted in their best interests.

People were helped to keep themselves as healthy and happy as possible.

Staff were provided with general and specialised training to ensure they could meet the needs of people in their care.

Is the service caring?

Good

The service was caring.

People were cared for by a kind and committed staff team.

People's privacy and dignity was maintained and they were treated with respect, at all times.

Care was person-centred (individualised) and their specific needs, preferences and lifestyle choices were recognised and respected.

Staff built strong relationships with people and helped people to keep their relationships with families and others who were important to them.

Is the service responsive?

Good

The service was responsive

People's care needs were regularly assessed and reviewed to make sure staff were giving care which was up-to-date and met people's current needs.

People were encouraged to participate in a variety of activities which suited their needs and choices. Staff helped people choose activities they liked so that they enjoyed their lives, as much as possible.

People, their families and others knew how to and could make complaints about the service, if they wanted to.

Is the service well-led?

Good

The service was well-led.

The service was well-managed. The registered manager knew all about the needs of the people who live there.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, if possible.

The quality of care the service provided was monitored by the registered manager and the service was developed and improved, as appropriate.

The Farm House

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 was unannounced and took place on 09 March 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received nine notifications, including safeguarding incidents, in the previous 12 months. Three related to Deprivation of Liberties Safeguards (DoLS) referrals.

We looked at five care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at other records related to the running of the service. These included a sample of staff, quality assurance and training records. The registered manager sent us further information we requested after the inspection visit.

We spoke with four people who live in the home. We spoke with three staff members and the registered manager. We asked for comments from eight local authority and other professionals and received two responses.

We looked at all the information held about five people who live in the service and observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

People told us or indicated by smiling and nodding their head that they felt safe in the home. One person told us the staff kept them safe. Another said, "yes I always feel safe, they look after me". People were relaxed and comfortable to approach staff throughout the day. A professional told us they had never seen anything they were not comfortable with when visiting the service.

The staff team kept people as safe as possible from any form of abuse, harm or poor care. Staff told us they would not tolerate any form of poor care practice. They were totally confident that the management team would take immediate action to ensure any safeguarding or practice issues were dealt with immediately. One staff member said, "abuse or poor care would never be tolerated in this home". Staff received regular training in safeguarding adults and described how they would deal with a safeguarding concern or incident. The safeguarding procedure and relevant telephone numbers were displayed in prominent places in staff areas. Safeguarding concerns had been notified to the relevant authorities and appropriate action had been taken. People were provided with information on how to protect themselves from abuse. Staff were fully aware of the provider's whistle blowing policy and told us they would not hesitate to use it, should it be necessary.

Staff followed the service's health and safety policies and procedures to make sure people, the staff team and visitors to the service were kept as safe as possible. The service had a health and safety representative and an infection control champion. Health and safety representatives meet with those from other services to discuss any health and safety issues identified. These were passed on to the health and safety team located at the head office of the provider, as necessary. Checks were undertaken at specified intervals to make sure equipment and the environment were safely maintained. Checks and tests included gas safety 24 February 2016, portable appliance testing (PAT) 7 October 2015 and water checks 26 February 2016. The service had a business continuity plan (emergency plan) which covered areas such as a full service evacuation, staff sickness and adverse weather conditions.

People's care plans included assessments which identified risks to the individual. The risk management plans were incorporated into the care plan. They detailed how to support the person in a way which minimised the risks to them, the staff and others. Risks identified included shaving, working in the kitchen and getting in and out of vehicles. People had individual fire evacuation guidelines in place.

The service kept records of all accidents and incidents, which were used for learning and discussion. The records included the investigation, summary of the event, action taken and lessons learnt and were 'signed off' by the registered manager. Accidents and incidents were cross referenced to risk assessments, care plans and behaviour support plans and added to the provider's computer system. This ensured any 'lessons learnt' from an incident or accident were shared across their services to try to prevent any similar occurrence in another home.

People were given medicines safely, by staff who were well trained and who followed robust policies and procedures. Staff's competency to administer medicines was tested before they were allowed to carry out

this duty and at yearly intervals. No medication administration errors had been reported in the previous 12 months. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for the use of any PRN (to be taken as necessary) medicines. However, these did not contain enough detail to inform any staff who did not work in the service long term, exactly when to administer them. The registered manager undertook to produce more detailed guidelines after discussion with the appropriate health professionals. A health professional commented that they were positively surprised with the organisation of medicines. They said, "they have policies and procedures in place, which comply with regulations with regards to patient care". Times were added to MAR sheets if medicines were time sensitive, to ensure they were given at the right times and at appropriate and safe intervals. People had an annual medication review, as a minimum.

People's finances were looked after in a variety of ways, each person had a financial file and financial care plan. Families acted on some people's behalf and the provider had 'corporate appointeeship' for others (appointees take responsibility for people's finances). Some people took responsibility for their own personal allowances, with staff support. The service had a robust system of recording the money they held on behalf of people. Two senior staff had access to people's bank accounts which they operated with the person. Weekly audits were completed by senior staff and three monthly accounts were sent to external auditors. The provider's financial officers and an external company conducted random audits.

Staff told us there were enough staff to ensure people were well cared for and kept safe. The minimum staff on duty were three per shift during the day (7am until 9pm) and one waking night staff with support from a neighbouring home.The registered manager told us that staffing had recently been increased and there were usually four rather than three staff on duty every shift. The increase was due to people's needs becoming more complex as they aged and developed healthcare issues. The staff team were supported by the registered manager and deputy manager. The number of staff required was calculated by assessing the care needs of each person, the amount of care hours individuals needed and providing those staff hours. The registered manager could deploy additional staff in the event of special activities or illness. The registered manager requested additional resources if people's needs changed on a permanent basis.

People were supported by suitable staff because the recruitment process ensured staff had been recruited as safely as possible. The provider completed the necessary safety checks on prospective applicants. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post.

Good

Is the service effective?

Our findings

People told us or indicated by nodding and smiling that they thought they were looked after and treated well.

Staff identified and met people's health and well-being needs. People had a detailed health care plan which included paperwork to be taken to hospital with people. This contained information the hospital staff would need to provide appropriate care for the individual. The health plan clearly described people's medical and well-being histories and current needs. Each person had a health report which recorded all contacts with health and well-being professionals, follow up appointments and further actions to be taken. The service worked with other health and well-being professionals such as dieticians, speech and language therapists and psychologists. People had regular check-ups such as annual health reviews, dentists and opticians appointments.

People's individual, specific needs were clearly stated in people's care plans. The plans were detailed, well presented and up-to-date. They ensured staff knew how to meet people's identified needs. The support plans included a 'personal planning book' which was a summary of the important aspects of people's care. These described, more briefly, people's needs and drew staff's attention to vital areas (for the individual) of the more detailed plans. For example, "keeping safe and healthy" and "all about me". These gave staff quick and easy access to important information about individuals.

People were encouraged to make as many decisions and choices as they could. Staff told us how they supported people to make choices for themselves. They gave examples of offering one of two alternatives, using pictures and using people's communication methods to find out what their choice was. Staff were knowledgeable about people's communication methods and were able give them the best opportunities to make decisions about their lifestyle and daily living. Care plans included sections such as, ''things that are important to me'', ''my best weekend'' and, ''things I don't like''. Plans included people's consent or who and how others had been involved in making decisions with them.

The staff team understood and supported people's rights under the Mental Capacity Act 2005 (MCA). 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 the least restrictive option.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager understood DoLS and made appropriate applications to the local authority. They had made five DoLS referrals, three had been agreed and two were under consideration by the local authority.

Staff had received Mental capacity Act 2005 and DoLS training. They had a good understanding of what constituted a deprivation of liberty and when a DoLS referral may be necessary. Best interests meetings were held, as necessary and included areas of care such as health interventions and medicines.

People who live in the service do not, generally, display behaviours that could cause distress or harm to themselves or others. However, if necessary behaviour plans were developed to meet people's specific needs. They were produced with the help of the community team for people with learning disabilities and other appropriate professionals. The main focus of behaviour plans was recognising the signs of distress or agitation and taking early action to distract and divert people from harmful or distressing behaviour. Physical intervention was not used in the service.

People's care plans included an area called guidelines for health eating. People's nutritional needs were assessed and any individual nutritional requirements were included in their care plans. People were weighed regularly and records were kept, if necessary. The support of the dietician and speech and language therapy services was sought, as required. Photographs of different meals were used to help people make their food choices. The service followed Jewish food guidelines and provided kosher food. Food was provided in the way which was safest for people to eat. This included soft diets and food cut into small portions for them. The amount and type of staff help needed by individuals was noted in care plans as were risk assessments for choking and skin integrity.

Staff had been trained to meet people's diverse and changing needs. Training was delivered by a variety of methods which included computer based and classroom learning. Staff told us they had, ''good training opportunities, including training to meet service user's special needs '' One staff member described the support they received from the village nurse and psychologists who advised the team how to deal with people's particular needs. Six of the 11 staff had completed a relevant health and social care qualification and a further three were currently studying for one. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff received one to one supervision approximately every month and an appraisal once a year. One staff member told us, "the manager and deputy give us brilliant support", others agreed they were given, "excellent" and "super" support from the management and staff team. Staff said they had an annual development plan, written after their appraisal. This noted any training or further professional development needed. Any training identified, as necessary, was provided along with any training requested by the staff member, wherever possible.

Good

Is the service caring?

Our findings

People told us verbally or indicated by smiling and nodding, that they liked living in the service. One person told us that staff were, "always kind" to them. A professional who visits the service commented, "The staff seem to have very good rapport with residents. They are very caring and friendly". Staff treated people with kindness, understanding and patience. They explained to people what they were doing and why. An example was staff carefully explaining to someone what each of their medicines did and why they needed to take them. Staff described the service as, "warm and homely". They said they had the greatest respect for the people who live there and for each other.

People and their families were as involved in their care planning and reviews, as they chose to be and was appropriate. Their involvement in the review and decision making process was clearly recorded. People were supported to express what they felt about the service and their lifestyle. The service used a variety of methods to find out what people thought about the care they were offered. For example people's key workers met with them regularly to discuss their care plans.

Staff respected people's equality and diversity, which was reflected in the care planning and their everyday work. Care plans included an area called, "my personal planning book" which was completed with staff support and contained information about them. It included what was important to people and noted any special needs they had to support their culture, religion, equality and diversity. Additionally, part of the personal planning book noted people's hopes, dreams and wishes for the future. People were provided with activities, food and a lifestyle that respected their choices and preferences.

People had individual communication plans which assisted staff to interpret their mood and behaviour. They ensured staff and others were able to communicate effectively and positively with people. The service used communication methods such as photographs, simple English and symbols. People and staff were communicating continually during the inspection visit. Staff used humour and appropriate touch to enhance their communication with individuals. People related paperwork, such as care plans and health action plans, were produced in formats which gave people the best chance to understand them. People were provided with a service user guide entitled, "What Ravenswood will do for me". This set out in very simple English, photographs and symbols what people could expect form the service.

The service trained staff in a system called, "great interactions". This taught staff how to interact with people, who may or may not use speech as their main communication method, in a positive way. It consisted of two days classroom training, a period of staff completing creative projects to help them interact with people and a further day of classroom training to discuss what people had learnt. Examples of staff learning included how to show warmth and responsiveness, how to observe and how to listen to people. The registered manager and staff told us this had a positive impact on people's involvement, and participation in daily life. Throughout the visit staff were communicating and interacting with people in a respectful and positive way.

Staff respected people and were trained in how to maintain and promote their privacy and dignity. Staff

gave examples of how they did this. They told us that the most effective way was to follow people's person-centred care plans. They explained that these informed them of how people wanted to be treated and noted how to uphold privacy. They told us they knocked on people's doors, encouraged them to close their curtains and ensured they were assisted with intimate care tasks by staff they were comfortable with.

People's dignity and privacy was enhanced by the provision of assistive technology. The service had the support of a technology team who had supported the service with the installation of appropriate assistive technology to enhance people's privacy and dignity. This included movement alarms which could be set at different levels such as when a person had got out of bed or when a person suffered a seizure. The alarm system meant that staff no longer had to open people's doors and inadvertently wake them or intrude on their privacy, for regular safety checks.

The service respected people's choices with regard to end of life care. People had access to special booklets written for people with learning disabilities to explain issues such as, "palliative care", "end of life care and bereavement" and "the end of life, the last few days". The most appropriate staff member discussed what people wanted to do if they became very ill and what they wanted to happen to them after their death. They noted what people understood of the conversation and when it may become necessary to hold a best interests meeting. The service worked with and followed advice from other professionals such as community nurses and the GP. They ensured that they sought the necessary help and training to enable them to give people the best possible care and keep them as comfortable as possible. The service had do not attempt to resuscitate (DNAR) instructions for people, if appropriate. These had been signed by the GP and fully discussed with people, their families and care staff. Care staff were instructed very clearly what action to take if people stopped breathing and had a DNAR in place.

Good

Is the service responsive?

Our findings

Staff responded quickly to people's needs and requests for attention or assistance. People told us staff were always, "about" A professional told us that in their experience, the service responded to people's needs quickly. Staff told us they had recently had a permanent increase in numbers so that they could respond to people's increasing needs.

People's needs were assessed before they moved in to the service, most people had lived in the service for a number of years. Care plans, developed from assessments, were reviewed regularly as people were ageing and their needs were changing frequently. Families, other professionals and any other relevant people were included in the review process. The service made sure that care plans were altered quickly, in response to changing needs, so that staff were able to offer appropriate, up-dated care. The staff team met people's diverse care needs with little or no delay. The registered manager could increase staffing ratios temporarily to meet any identified needs in response to issues such as illness or additional support with special activities.

People were offered person centred care which focused on their specific individual needs. Staff had received various training courses in person centred care. Staff told us that the service, "always treated service users as individuals and respected their differences". Equality and diversity training was provided and reflected in staff's day to day work. Support plans gave very detailed descriptions of people and they were provided with activities, food and a lifestyle that respected their choices and preferences.

People's care was provided by staff who were very knowledgeable about the people they cared for. They knew why, how and when they should offer help or support. They made sure they offered people individualised care that met their current needs. The staff team communicated with people, relatives, the management team and each other in a variety of ways. They used systems such as people's daily records, communication books and handovers. The staff team were committed to working together to offer the best possible care to people.

People were actively supported to maintain relationships with family and friends and keep in contact with anyone who was important to them. For example, they made sure they contacted a family member who was able and willing to share information with other relatives. The service worked closely with families and kept them as involved in the person's care as was appropriate. Staff had developed strong relationships with people's families and friends. Families of people had made financial contributions to the service, to enhance the environment for their relatives. These included a conservatory which people really enjoyed and used constantly. Everyone who lives in the home had contact with family members.

People were ageing and they made choices about how much they wished to participate in activities. The service offered a variety of appropriate activities and worked hard to support people to continue to be able to pursue activities they had enjoyed in the past. For example activities people used to complete independently were now supported by staff, as necessary. People's activity programmes reflected their needs and preferences and were amended as a result of people's changing needs and choices. One person

told us about activities they were very proud of that they had completed in the past, such as charity cycle rides across South Africa. People told us about foreign holidays they had been on and those planned for this year. People were given the opportunity to participate in outings and holidays if they chose to. They chose where they wanted to go and with whom. Daily activities such as domestic chores formed part of some people's activity plans. These activities supported some people to maintain and enhance their independence.

The service's complaints policy and procedure which was produced in an easy read format and was called, "something to say". Staff were aware that some people were unable to make a formal complaint without assistance and would need the support of staff or families. Staff were able to describe how people would let them know if they were not happy. The service had not recorded any complaints about the service during the previous 12 months. A professional told us they had no concerns about the service. People told us, "I'm not worried about anything''. They said they would talk to the registered manager or other staff members if they were unhappy or worried.

Good

Is the service well-led?

Our findings

Staff told us it was a very strong and supportive staff team, whose focus was the needs of the people who live there. Staff told us it was a, "wonderful" place to work. The staff team was stable with a low turnover of staff, many staff had worked in the home for well over two years which meant there was a continuity of care for people. Staff members told us they received, ''excellent support ''. They told us the registered manager and deputy were approachable and encouraged openness amongst the staff team. One staff member said, "the manager is an excellent role model and we have a no nonsense deputy who makes sure we do as we should". Staff told us they felt, "really valued and listened to". One staff member said, "in my opinion he is one of the nicest managers, so supportive. His door is always open and he is always willing to listen".

People, staff and other interested parties were asked for their views and opinions which were taken into account by the service when providing care. People had regular reviews which they and their families, if appropriate, were invited to attend. Keyworkers met with people to talk about their care, views and satisfaction (or otherwise). Care plans were changed to improve things for people, if appropriate and necessary. The service held staff meetings every other month and the registered manager provided a team brief in the month when a meeting was not scheduled. Resident meetings were held occasionally but it was more usual for people to speak on a one to one basis with their keyworker. The results of the discussions were noted on their individual care plans.

Annual questionnaires were sent to people, their families, friends and other interested parties. One person talked us through the questionnaire they had completed, with the help of staff. The questionnaire had been produced in a format the person and others were able to understand and respond to. The last questionnaires to staff and others were sent in December 2015. Improvements made as a result of listening to people and others included new flooring, redecoration and a new complaints procedure in an easier to understand format.

People were provided with good quality care. The standard of care was monitored and assessed to make sure that quality was maintained and improved. Various monitoring and auditing systems were in place. These included the registered manager completing a variety of audits at different intervals. These included medicines, finances, care plans and health and safety audits. Additionally the registered manager identified staff members to be responsible for particular areas of care. They included two dignity champions, and infection control champion and an activities champion. The champions oversaw their particular area and reported any issues or shortcomings to the management team.

There was, currently, no regular monitoring of the quality of the service undertaken by the provider or management external to the home. This meant there was not an objective overview of the quality of the service. However, the provider was responding to discussions with the Care Quality Commission and a visit by the provider's quality and compliance manager was planned for March 2016. The registered manager and those from nearby services were planning to quality assess each other's services for a more objective view of the standard of care offered.

Staff were kept up-to-date with any new developments or practices in a variety of ways. These included staff meetings, specific training, supervision and appraisal. Additionally the village held managers meetings and the quality and compliance manager ensured relevant information was shared across the village.

People's records accurately reflected their individual needs and how they were to be met according to their preferences and best interests. They were of good quality, informative, fully completed and up-to-date. Additionally, records relating to other aspects of the running of the service were accurate and up-to-date. All records were kept confidentially, if required. All of the registration requirements were met and the registered manager ensured that notifications were sent to us, when necessary. Notifications are events that the registered person is required by law to inform us of.