

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Norwood 1 Woodcock Dell
<b>Address:</b>	1 Woodcock Dell Avenue Kenton Middlesex HA3 0PW

<b>The quality rating for this care home is:</b>	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>							
Judith Brindle	1	3	0	4	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

**Judgement:**

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

**Evidence:**

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Norwood 1 Woodcock Dell
Address:	1 Woodcock Dell Avenue Kenton Middlesex HA3 0PW
Telephone number:	02083850980
Fax number:	02089080469
Email address:	woodcockdell@norwood.org.uk
Provider web address:	www.norwood.org.uk

Name of registered provider(s):	Norwood
Name of registered manager (if applicable)	
Ms Victoria Hayley Weir	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:	
Category(ies) :	Number of places (if applicable):
	Under 65                      Over 65
learning disability	8                      0
Additional conditions:	
The maximum number of service users who can be accommodated is: 8	
The registered person may provide the following category of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD	

Date of last inspection								
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Brief description of the care home
1 Woodcock Dell Avenue is a purpose built care home that is registered to accommodate and offer personal care to 8 adults who have a learning disability. Norwood is the organisation which owns the home. The care home is situated in a residential road in Kenton and provides a Jewish way of life to people using the service. The home is located near to bus routes, and train facilities. The front of the property is paved and offers car-parking facilities. There is a garden at the rear and side of the property. The home is equipped to cater for

#### Brief description of the care home

wheelchair users and has a passenger lift to the first floor. All bedrooms are single and fitted with wash hand basins.

The fees vary with regard to the assessed needs of each person using the service. Information about the fees, and the service provided by the home is available from the manager, and/or Norwood.

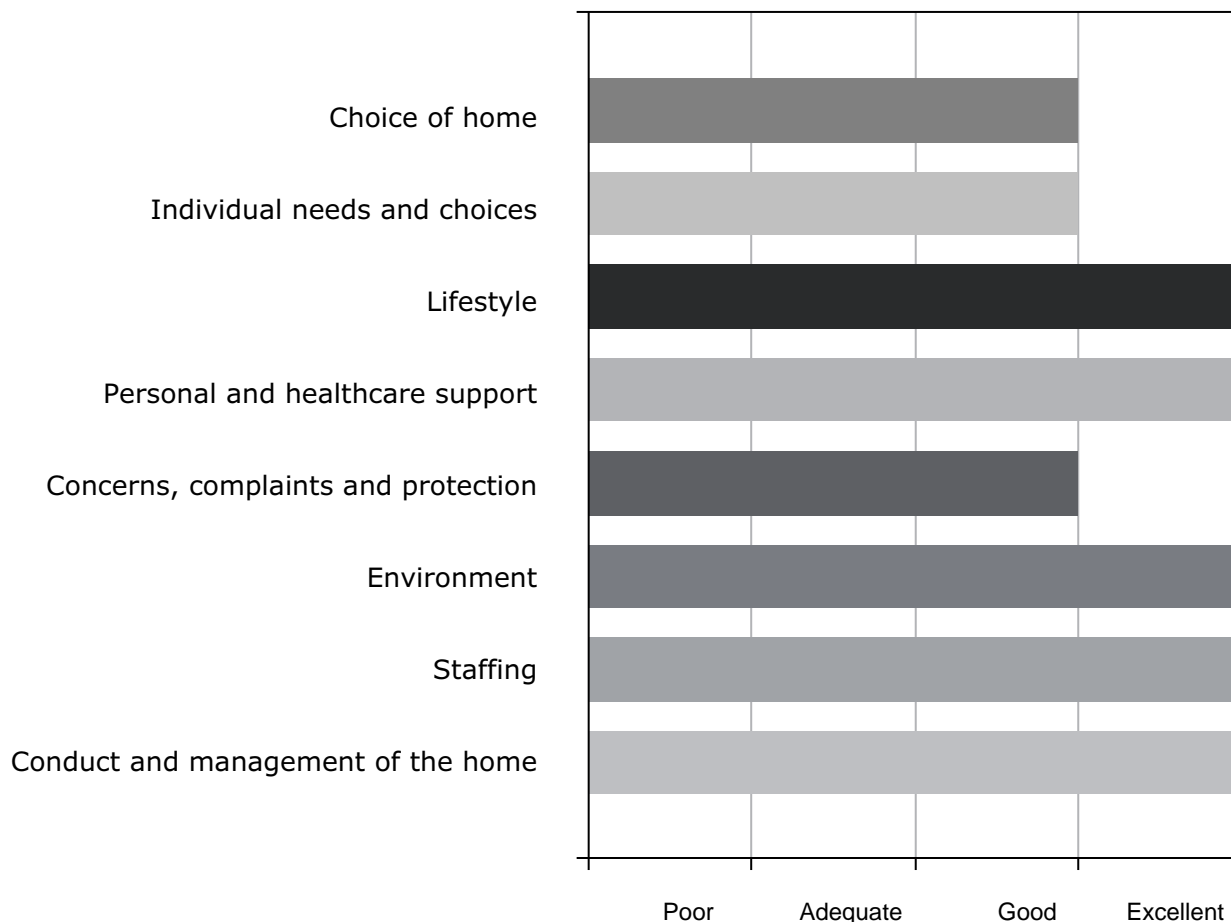
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

The unannounced inspection took place throughout a day in April 2010. The previous key unannounced inspection took place on the 26th September 2007. There was one vacancy at the time of the inspection.

We were pleased to meet most of the people living in the home (one person was attending a day resource centre during our visit). The registered manager was present during most of the inspection.

A number of feedback surveys were supplied to the care home prior to the inspection. At the time of writing this report the Care Quality Commission had received five surveys from relatives of people using the service and seven surveys from staff. We also spoke to a professional who has contact with the home.

Documentation we looked at included, resident's care plans, risk assessments, staff training records, and some policies and procedures.

The inspection included a tour of the premises. Observation was an important tool used in the inspection process, due to the varied and significant communication needs of the

people using the service.

Assessment as to whether the requirements, and the recommendations from the previous key inspection had been met, also took place during this key unannounced inspection.

28 National Minimum Standards for Adults, including Key Standards, were inspected during this inspection.

Prior to this unannounced key inspection the registered manager supplied the Commission with a completed Annual Quality Assurance Assessment (AQAA) document. This record includes required information from the registered manager (and/or owner) about the quality of the service provided by the care home, and of any planned improvements. This document had been completed very comprehensively. Reference to some aspects of this AQAA record is documented in this report. We thank the people living in the care home, staff, and the manager for their significant assistance in the inspection process.

## What the care home does well:

The care home has a very welcoming atmosphere. Residents live in a homely environment, with quality furnishings, and decoration that is attractive, and meets the needs of people using the service. A person using the service told us that he/she enjoyed living in the home, going to the local park with staff, and liked their bedroom.

People using the service are supported to have the contact that they wish with relatives and friends. The feedback that we received from relatives of people using the service was particularly positive. Comments included 'they look after my (relative) in every way, I can't recommend them high enough', the home provides 'care and attention to the needs of its residents', there is a 'quick response to any emergency that may arise', 'the home is superb', the home is 'always mindful of and sympathetic to the individual needs of all residents', 'the care and attention at the level of the individual is remarkable', and the home provides a 'homely, friendly and caring environment' and I am 'made to feel part of the family'.

Staff feedback from surveys and from speaking to them during the inspection, was also positive with regard to their experience of working in the home. They told us that there is good communication between staff and that they work well in a team. Comments included 'we help each other to meet the needs and wishes of our service users', 'we ensure that the home always feels homely and welcoming to family and external professionals, and the people we support thrive from this', 'the clients are looked after very well', 'there is a high standard of care for our clients', 'our home manager and deputy manager are always there and they listen to us', and 'support and guide us, motivate us to be confident', 'Woodcock Dell is a home that makes you feel at home', 'the manager ensures the welfare of the service users is paramount at all times, and also has an open door for staff to air their views or concerns', and 'we have good leadership'.

Staff receive varied and appropriate training to ensure that they are skilled in carrying out their roles and responsibilities. Observation, and talking to staff indicated that staff were aware of each resident's needs, and of how these needs are met. Interaction between staff, and residents was positive and respectful. Staff told us that they know the residents well, and understand their needs, (including their communication, and diversity needs), and that they work hard to ensure that the people using the service lead a quality happy life.

The registered manager is experienced, competent, and very motivated in continuing to ensure that people using the service (despite having significant needs, including communication needs) are empowered and supported to live the life that they choose as independently as possible, and that a quality service is provided to them all. The AQAA was completed extremely fully, and gave us very detailed information about the home and the service that it provides to people.

There is close liaison with health care professionals, and other specialists as and when required by the residents.

All the residents have a key worker, and co-key worker who supports them in many aspects of their lives. A resident told us that he/she knows the name of their key



worker and are supported by them.

The home meets the cultural and religious needs of people using the service. Meals are varied and wholesome, and meet each person's religious needs, dietary needs, and their preferences.

#### **What has improved since the last inspection?**

The home continues to provide an excellent service to people.

The four requirements, with regard to care plans, staff training, and visits to the home by the provider (or representative of the owner) from the previous unannounced inspection (26/09/07) have been addressed. We were told that where possible residents and/or their representatives are more involved in the development and review of the care plans of people using the service.

Since the previous key inspection we were told that several areas of the home have been redecorated, and new furnishings, furniture, and various decorative items have been bought to ensure that the home is an attractive and suitable environment for people living in 1 Woodcock Dell.

#### **What they could do better:**

There could be improvement to the format of information relevant, and of interest to people using the service, such as the menu, care plans, and service user guide to ensure that it is as accessible as possible to residents who have significant communication needs, have difficulty in reading, and in understanding information.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who may use the service have the information they need to choose a home that will meet their needs.

Prospective residents have their needs assessed, with their participation (and/or family member/friend, prior to moving into the care home, which makes certain that the home knows about the person, and the support that they need.

Evidence:

The home has up to date recorded information about the service. This includes the statement of purpose and service user guide. The service user guide is in pictorial and written format. A copy of this document is located in resident's care plan files. The manager told us that she was in the process of looking at ways to develop the format of documentation that is of particular importance or interest to people using the service to improve the accessibility of information to the residents, most of whom have significant communication needs. This is positive. Feedback from relatives of people using the service told us that they, and their relative/friend (person using the service) has received sufficient information about the service provided by the home.

#### Evidence:

The manager, and information in the AQAA (Annual Quality Assurance Assessment) told us that the home has an admissions procedure, which includes ensuring that all residents prior to their admission to the home have a comprehensive initial assessment of their needs carried out, by a competent person. We were told that the manager and the Organisation's funding team manager, with close liaison with the relevant funding Local Authority, carry out this initial assessment. The AQAA told us that the prospective resident 'will be supported with a full, holistic assessment taking into account a vast array of needs and issues such as cultural, health, physical, finances, compatibility'. We were also informed that there would be a transition programme 'planned around the individual, their unique circumstance and their needs, wishes and preferences'.

We were told that there was one vacancy at the time of the key unannounced inspection, and that there had been no recent admission to the home.

## Individual needs and choices

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service have an individual plan of their needs, which includes details of the care and support that they require from staff.

People using the service are supported, and encouraged to make decisions and choices about their their lives, and are supported to take risks as part of an independent lifestyle.

Evidence:

Each person using the service has a plan of care. Three care plans were looked at. It was evident that these care plans are based upon assessment of each person's individual needs. This assessment includes personal care, health care, continence management, memory and orientation, personality and behaviour, relationships and sexuality, morning routines, night safety, and financial needs. Each of these identified needs included significant recorded detailed guidance with regard to meeting the person's goals/needs and aspirations. The home could look at ways of developing the format of the care plan information to improve its accessibility to people using the service who have significant communication needs. The AQAA told us that 'the home

## Evidence:

ensures that service users are fully involved (as far as they are able) in the development of their plan of care', which we were told 'meets their needs including individual goals and objectives'. It was evident from care plans that were looked at by us, that they focused on service users' abilities and supported their individuality and independence. The manager spoke of the challenges (due to the significant communication needs and abilities of people using the service) that the home has to ensure that people using the service are supported in being involved as fully as possible in their plan of care and are supported to ensure that they lead the quality life in the way that they wish. A previous requirement with regard to the resident and/or their representative being involved in the care plan of the person using the service was judged to have been met.

The AQAA told us that 'due to the needs of the service users, it is often very difficult to log choices in a meaningful manner (as these are largely inferred and not informed) particularly when they are beyond basic choices such as No/Yes to an activity'. We were also told that 'the home is realistic and careful not to introduce tokenistic measures that lack meaning simply to tick boxes', but that it was an area 'for continued focus and development'. A resident spoke of making choices. These include shopping for clothes, toiletries, and choosing of activities. We observed that staff supported the people using the service to make a number of choices during the inspection. It was evident from records, and from talking to staff and people using the service, that supporting residents to be empowered as they are able to be is a significant aim of the service, and that staff have a good understanding of the various communication needs of residents.

We were told that 'service user involvement and individual level of participation is clearly documented in the care plan and in the minutes of review meetings as is the involvement of families and/or others', and that 'care plans are active working documents to ensure that they are reflective and accurate; which can be seen from amendments and additions made throughout the year'. The care plans that we looked at told us that they had been reviewed regularly.

We were told that each person using the service has a key worker, and a co-key worker. A person using the service told us the name of his key worker and confirmed that the staff member (and others) supported him. The manager told us that the residents have the opportunity to attend regular 1-1 meetings, with their key workers, which due to the residents' communication needs, can be a forum for the key worker to inform the person using the service of issues to do with their care, and with regard to the home. Staff were seen to interact with people using the service in a positive and respectful manner during the inspection.

## Evidence:

Records confirmed that risks are assessed, and that each person using the service has a number of up to date risk assessments that meet their individual needs. These risk assessments include, bathing, travel, community activity, use of the kitchen, mobility, eating and drinking, and behaviour risk assessments. The AQAA told us 'arrangements are in place to ensure that risks are fully assessed as appropriate, and that service users are supported to take risks as part of their everyday lifestyle', and that 'all staff attend the organisational training on Risk Assessment within their first six months of employment'.

Feedback from surveys from relatives of people using the service told us that they feel that 1 Woodcock Dell meets the needs of the people living in the care home, gives the support and care to their relative (the person using the service), responds to the different needs of each person i.e. equality and diversity needs, and supports people using the service to live the life that they choose. Feedback from staff surveys told us that staff are given up to date information about the needs of the people that they support and care for.

The care home has a management of residents' monies policy/procedure. We were told that all the people using the service have their own bank account, and have support with managing their finances. We noted that records of each person's expenditure is maintained, and that staff 'check' resident's monies and financial records during the staff 'hand over' meetings.

## Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are able to make choices about their lifestyle, and are supported to develop their life skills, and to take part in a variety of activities that meet their individual needs.

The people living in the care home have their rights respected, and their responsibilities are recognised in their daily lives. Meals are varied, and wholesome, and meet the cultural and religious needs of people using the service. The menu information could be more accessible to residents.

Evidence:

The home is located within walking distance or a short drive from a variety of community facilities, and amenities, which include shops, cafes, library, banks and parks. The AQAA told us that 'arrangements are in place to ensure that service users have access to a wide range of preferred activities including community participation as and when appropriate to the individual and circumstance'. It was evident from the



## Evidence:

AQAA, speaking to staff, a resident, and from observation that each person using the service lead busy lives, having the opportunity to participate in a variety of activities of their choice. During the key inspection each resident participated in a number of activities, one person attended a resource centre, another had a computer learning session, several people had an aromatherapy session, and two people went out to lunch and also did some shopping. Staff informed us of the ways (such as via gestures, sounds and behaviour from people using the service) that they gain knowledge and understanding of whether residents who have communication needs want to participate in a particular activity or not. The manager told us that the activity 'programmes' for people were flexible to ensure that peoples needs and preferences are met on a daily basis. Records told us that activities are planned and meet each persons individual needs and preferences. Staff spoke positively of the one to one activity sessions spent with residents. A staff member told us that she had recently participated in a swimming activity with one resident. She told us of how much the resident seemed to enjoy the activity. A resident told us about the activities that he enjoyed, such as watching television, going to the local park, and shopping. He confirmed that he could choose what he wished to do.

Care plans, staff, residents, and records told us how the cultural and religious needs of people using the service are met by the care home. We were told that people using the service have the opportunity to celebrate Shabbat every week, and had recently celebrated Passover. We were told that a resident sometimes attends the local synagogue. The manager informed us that all the staff were very knowledgeable of the religious festivals celebrated in the home.

The AQAA told us that 'service users are supported in maintaining and developing contact with friends and family as appropriate to them', and that 'families are frequently invited to share experiences with their family member', 'e.g. Birthday celebrations, Cultural events and festivals etc'. Feedback from relatives of people using the service told us that the the home helps their friend relative to keep in touch with them, and that they are always kept up to date with important issues affecting the person using the service, and that Woodcock Dell supports people to live the life that they choose. Comments about the service from relatives included Woodcock Dell 'provides a very adequate, homely, friendly and caring environment', 'when visiting' I am 'made to feel part of the family', and the home gives 'care and attention to the needs of its residents'.

The home has a four week menu, which is varied and wholesome and meets the religious needs of the residents. Meals provided are all Kosher, and staff told us that this is monitored closely. The menu is in written format, there are also some pictures

#### Evidence:

of various foods that can be shown to residents. The home could consider displaying in picture or photograph format each meal planned for each day. This could improve the accessibility of the information to residents who have difficulty in reading or understanding the written word. There is a cook employed in the home, who told us that she knows the residents food preferences and needs well, and can tell when residents (who cannot verbally communicate their likes and dislikes) do not like some kind of food. She told us that the menu is flexible, the ingredients fresh, and there is always a choice of meal offered to people. Food eaten by residents was recorded. People using the service indicated that they enjoyed the lunch that was provided during the inspection. Meals during the inspection were unhurried and drinks were offered regularly to people using the service. Residents who needed support with their meals, had this provided in a sensitive manner.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care that people receive is based on their individual needs, and the principles of respect, dignity, and privacy are put into practice.

Systems are in place to ensure that medication is stored, and administered safely to people using the service.

#### Evidence:

It was evident from talking with staff, a resident, general observation, and from looking at records that staff have knowledge, and understanding of the importance of ensuring that the residents have their health care needs assessed and met. Treatment and care for residents from health care professionals including the GP, dentist, chiropodist, psychologist, occupational therapist, community nurse, continence nurse, and optician, were recorded. Records, and the manager told us that there is close 'liaison with local health care specialists' and that residents attended hospital appointments. The AQAA told us that 'the team at the home are extremely vigilant and aware of any changes or deterioration in health or self care' and that 'communication within the team is open and effective, and prompt advice is sought and appropriate action taken'. We were also told that 'all service users have guidelines in the event of being admitted to hospital with relevant Risk Assessments'. The AQAA

## Evidence:

informed us that that the 'Care Plans record relevant evidence of comprehensive staff guidance to meet service user's assessed needs and preferences'. We were told from the AQAA and from looking at records that 'the care plan has distinct sections entitled Personal Care, Continence and Medical and Health Care'. We noted that resident's personal care needs are included in their care plan and 'include preferences for a shower or a bath, in the order in which they wish to do things i.e. shave before or after bathing, and whether or not they have breakfast before getting dressed etc'. Staff told us that residents preferences are listened to. The AQAA informed us that 'hairstyle, clothing, jewellery, make up etc, reflect individual's choices, personality and preferences and also their lifestyle and various needs'. The manager told us that some residents use the local community hairdressing facilities.

The home has a medication policy. We were told that all the people using the service require support with 'taking' their prescribed medication. Medication is stored securely.

Medication administration records were up to date. We were told that a pharmacist regularly inspects the medication storage, and administration systems in the care home. Staff told us that the medication administration records were 'checked' by staff during staff 'handover' meetings to ensure that the records were up to date, and there were no gaps in recording. This task was observed during this key inspection.

The manager told us that all staff receive comprehensive medication training when they start their job, and that prior to staff administering medication to people using the service they receive a written and verbal test plus observation in the working environment, to

ensure that they are competent to carry out the job. We were also informed that all staff receive regular refresher medication training. Two staff carry out the administration of medication to people using the service. This was observed during the key inspection.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service, have access to an effective, robust complaints procedure, and are protected from abuse, and have their rights protected.

Evidence:

The care home has a complaints procedure. A summary of this is recorded in the service user guide in an 'easy read' format. The complaints procedure includes timescales with regard to responding to a complaint. The AQAA told us that 'a copy of this has been given to service users for whom this would be meaningful' and that 'all families have also been sent a copy'. There were no recorded complaints, but several letters and cards complimenting the service for residents provided by 1 Woodcock Dell. The AQAA told us that 'arrangements are in place for ensuring that complaints are taken seriously, and are handled objectively following organisational policy and procedure which complies with current legislation, and which further includes user friendly format'. Feedback surveys from relatives of people using the service told us they know how to make a complaint about the care provided by 1 Woodcock Dell, if they need to. Staff told us that they know what to do if someone informs them that they have concerns about the home.

The home has clear and robust policies and procedures, with regard to the protection of people using the service. These include whistle blowing, counter bullying, staff code of conduct and safeguarding procedures. Records informed us that the home has a copy of the lead and other funding Local Authorities safeguarding guidance. The AQAA

#### Evidence:

and records told us that 'that all staff attend Safeguarding Adults training and Challenging Behaviour as part of their induction programme and have ongoing refresher courses'. A staff member confirmed that the safeguarding adult's training is included in the staff induction programme. The AQAA informed us that 'care plans are also thorough in the area of staff guidance and risk assessment in areas such as Finance, as well as in regard to meeting the needs of service users who might challenge the service'.

The manager told us that staff receive Mental Capacity Act 2005/Deprivation of Liberty safeguards training, and she gave us examples of liaison with the Local Authority with regard to this, and she spoke of the relevance of the Mental Capacity Act 2005 to people living in the home.

The service lets us know about notifiable incidents/accidents, and records them appropriately. Feedback from a relative of a person using the service told us that there is a 'quick response to any emergency that may arise'.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The layout of the home enables residents to live in a clean, safe, well maintained, and comfortable environment, which supports and encourages their independence. Resident's bedrooms, meet their individual needs, and are individually personalised.

Evidence:

The care home is located close to public bus, and train facilities, and the amenities of Harrow and Kenton. The inspection included a tour of the premises. The forecourt of the home is attractive, with potted plants, and several welcome signs. The home is generally very well maintained, and is very clean, light, airy and homely. The decor is bright and attractive. It was evident that significant attention had been made to ensure that the environment was as appealing and as pleasant as possible for people using the service. The furnishings are of quality. Houseplants, ornaments, photographs, pictures, a computer accessible to residents, music systems, and a communal television are located in the home. Throughout 1 Woodcock Dell there are 'homely' touches, which contribute to an attractive, and welcoming atmosphere. The home has an enclosed garden, which though 'weedy' in areas was generally well maintained. We were told that maintenance of the garden is planned, and it is regularly used in the good weather by residents, and last year some people using the service participated in growing some plants. There are several raised beds in the garden, which ensures that gardening is accessible to people who have mobility

## Evidence:

needs. Staff feedback surveys told us that the home 'always feels homely and welcoming to family, external professionals, and that 'the people we support thrive from this'.

The manager told us that the home is decorated on a 'rolling' programme but improvements, and repairs are carried out as and when needed. She told us that there was renovation work and other improvements planned for the bathrooms in the home. We were told that the main bathroom on the ground floor being transformed into a 'wet room', which would better meet the needs of people using the service. There were some chipped tiles in a bathroom, which the manager told us would be removed or repaired during the planned refurbishment. The extractor fans in the bathrooms were very dusty and needed cleaning, and an area of the skirting board in a bathroom was loose and needed securing/repair to prevent injury to someone. The manager informed us following the key inspection that the extractor fans had been cleaned and the skirting board had been secured.

A person using the service kindly showed me their bedroom. This bedroom was individually personalised, with items that included their own television, photographs and furniture, of the person's choice. This resident told us that he was happy with his bedroom. The manager told us that all the resident's bedrooms were individually decorated and personalised.

The laundry facilities are located away from food storage, and food preparation areas. Disposable gloves were seen to be accessible to staff and to others. Hand cleaning gel, soap, and paper towels were accessible with hand washing facilities throughout the home.

We were told that people using the service take their laundry to the laundry and are supported to be as fully involved as far as they are able to, (if they wish) in the laundering of their clothes. The AQAA told us that staff have received infection control training.



# Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff in the home are trained, skilled and are in sufficient numbers to support the people using the service, and to support the smooth running of the service.

People using the service are supported and protected by the care home's recruitment policy and procedure.

Evidence:

The staff rota was accessible. The AQAA told us that 'the home operates with 5 staff on shift in the morning, 5 on a 'late' (shift), and 2 waking night staff members' together with a staff member completing a 'sleep in' duty. In addition, we were told that 'there may be the manager and/or A grade/deputy' on duty. The manager informed us that there are sufficient staff on duty at all times to ensure that the varied needs of people using the service are met, and that agency staff were not used. A staff member told us that this 'means (staff) consistency is high'. Most staff feedback forms informed us that there were sufficient staff on duty, but some felt that the 'head office' could be 'more aware of the work carried out in the home' and of the 'efficiency of the majority of the staff especially the home manager'. Staff also told us that due to their shifts having been shortened, there was often not enough time allocated to the staff handover. The staff handover was seen to over run during the inspection, resulting in some staff going off duty late.

## Evidence:

Staff meetings take place regularly, and records told us that they are well attended. A staff member spoke of their role, which includes supporting residents to lead a quality life as independently as they are able to, and to participate with residents in a variety of activities, and participate in the review of the person's personal plan of support. Staff spoke of knowing the residents well, and of working as a team in the home. Records and staff told us that staff follow a 'daily' shift planner with regard to their duties.

Feedback from staff, and records informed us that staff complete an induction programme when they commence employment in the home. The AQAA informed us that the induction includes 'a period of being super-numerate, shadowing, answering written and verbal questions, being observed formally, attending mandatory training, (such as Food Hygiene, First Aid, Manual Handling etc) in line with current legislation and meeting Skills for Care standards. We were told that the staff induction lasts for a minimum of six weeks. Staff feedback told us that their induction covered everything that they needed to know to do the job when they started.

We noted that the home has a staff training plan, and that each staff member has a training record. We were told that staff attend several training days (including refresher training) each year. The manager told us that though most of the training is carried out by Norwood, some training is accessed locally from the Local authority and from other agencies. A staff member spoke of having attended a variety of training relevant to their role and responsibilities. Staff training records, confirmed that the training that staff have attended included health and safety, infection control, 1st Aid, moving and handling, fire safety, safeguarding adult's, medication, bereavement, safe food handling training, and a variety of specialist training including epilepsy, dementia, diversity, person centred planning, and risk assessment.

Staff told us that they feel that they have enough support and experience, and knowledge to meet the different needs of people who live at the home (including needs relating to disability, gender, age, race and ethnicity, sexual orientation and faith). Comments from staff included 'we have good communication, and work as a team', 'all the clients are looked after very well', the home does well in providing a 'high standard of care for our clients', and 'we are working for Best Practice'. Previous inspection requirements with regard to staff receiving fire training, and moving and handling training were judged to have been met by the home. The AQAA told us that 'all staff (apart from two) have already achieved or are working towards their National Vocational Qualification (NVQ) qualification'. Records, including the AQAA, and staff told us that staff receive regular 1-1 staff supervision, and an appraisal, to ensure that they are supported in their role, and have the opportunity to develop and achieve

## Evidence:

goals in regard to carrying out their duties in caring and supporting people using the service. The manager confirmed that at least six staff formal 1-1 staff supervision sessions take place annually, were flexible and could be arranged at short notice if needed by the staff. The staff feedback surveys told us that they receive enough support, and meet with their manager to discuss how they are working.

A resident confirmed that he/she liked the staff, and that they are approachable. Feedback from relatives of people using the service told us that staff are 'always mindful of, and sympathetic to the individual needs of all the residents', and the 'care and attention at the level of the individual (on both sides of the relationship) is remarkable'. Feedback from a professional told us that the home is run very well, and the staff are always approachable. We were told that nothing is too much trouble' for them.

The home has a staff recruitment and selection procedure. Three staff personnel records were looked at. These confirmed that appropriate required checks including an enhanced Criminal Record Bureau check (a check to gain information as to whether a person has a criminal record) was carried out. We were told that each staff member receives a job description, and has to complete a six month probation period when they start working in the home. Feedback from staff surveys told us that when they started their job at 1 Woodcock Dell, the home carried out checks, including a CRB, and references, before they started work.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management, and administration of the home is based on openness, and respect, has effective quality assurance systems, which ensures that a quality service is provided to people using the service.

So far as reasonably practicable the health, safety and welfare of people using the service is promoted and protected.

Evidence:

The registered manager is experienced, and competent to run the home. She told us that she has managed the home since 2003, and prior to that had worked in other Norwood homes, with people who have a learning disability. She is well qualified, having completed NVQ 4 in care and the Registered Manager's Award (RMA), and the A1 Assessor's Award. She told us that she works across a variety of shifts to ensure that she can monitor the service and have an up to date understanding of needs of residents and staff. Records told that the manager updates her skills by completing appropriate training. It was evident from the comprehensively completed AQAA, and from talking to the manager that she is motivated and competent in ensuring that people using the service are provided with a quality service, and is keen to continue to

## Evidence:

develop and improve the service. Staff feedback forms told us that the home has 'good leadership', 'our home's manager and deputy manager are always there to listen to staff concerns, they support and guide us, motivate us to be confident', and 'Woodcock Dell is a home that makes you feel at home'. Other comments from staff surveys included 'the manager keeps a good staff team motivated, and aware of everything relevant to the home and our individual roles', 'the manager ensures that the welfare of the service users is paramount at all times, and also has an 'open door' for staff to air their views or any concerns', and 'the manager will note and take on board all issues raised and pass onto line management to address if relevant'.

Records told us that the quality of the service is monitored closely. Records are up to date, required health and safety checks are carried out. The home has systems in place to encourage and support people to give feedback about the service provided by the home. The manager spoke of the telephone and email contact that she, and other staff have with the relatives/friends of people using the service. We were told that residents have the opportunity to participate in resident meetings.

An up to date business/action plan of the service was available for inspection. Records informed us that a representative from Norwood ensures that a monthly audit of the systems in the home home is carried out . This was a previous requirement. A comment from a relative of a person using the service told us that the couldn't 'think of any suggestions for improvement', another relative, in answer to the question what does the service do well listed; care, respect,safety, provides a spotlessly clean home (not a house), and contact with parents', and told us that the 'care home is superb'. Another relative told us that they 'cannot recommend them (the home) high enough'.

The home has an up to date fire risk assessment, and regular required fire safety checks are carried out. Records told us that there had been a recent fire drill. The manager told us that the fire risk assessment is going to be further developed by a professional company, which would be providing training to all staff. She also told us that fire safety was regularly discussed in staff meetings. We noted that the fire equipment had recently had an annual check.

The AQAA and records told us that 'fridge freezer, water, and temperatures of food, which is cooked, reheated, served are monitored as required'.

Accidents and incidents are recorded, and appropriate action is taken by the home in response to them.

Are there any outstanding requirements from the last inspection?

Yes

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No

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## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	The service user guide could be developed into a format (i.e. audio, DVD etc) that improves the accessibility of the information to people using the service.
2	6	It is recommended that the manager looks at improving the format of the care plans to make the information more accessible to residents, such as a summary of the plan being in pictorial and/or possibly audio/DVD format.
3	17	There could be photographs or pictures displayed of the meals provided to people using the service. To improve the accessibility of the menu information to residents who have significant communication needs and difficulty in reading.

## Helpline:

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