

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Woodcock Dell Avenue

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0PW

Tel: 02084573270

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Norwood
Registered Manager	Ms. Vicky Weir
Overview of the service	Woodcock Dell Avenue provides accommodation and care for up to eight adults with a learning disability who may also have a physical disability. The service is operated by a Jewish organisation providing care predominantly to people of the Jewish faith.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 March 2013, observed how people were being cared for and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with the manager of the service and two other members of staff. We did communicate with two people who used the service but they were unable to share their experiences with us as a result of their complex needs. Therefore we used a variety of methods to help us understand people's experiences such as observing care practices and looking at people's care records.

We observed staff responding to people's needs in a respectful and sensitive manner. For example, staff explained what was going to happen next and offered people choices. People's cultural and spiritual needs were recorded in their care plans. All of the people using the service were of the Jewish faith and preparations were being made for Passover at the time of our visit.

Care records were clearly written, detailed and contained information for staff about how to meet people's needs taking into account individual preferences, likes and dislikes. People's health needs were met and any risks to people's welfare were assessed and managed in a way that minimised the risk of harm.

Effective systems were in place for the safe storage, administration and disposal of medicines in the home.

We found that there were sufficient staff to meet people's needs and people were also supported by a number of volunteers who visited the home on a regular basis.

There was an effective complaints management system in place and people were encouraged to express their views of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were encouraged to express themselves and be involved in making decisions about their care where they were able to do so. We looked at the care records for three people. These contained clear information about people's communication needs to ensure that staff were able to understand people and to enable them to make choices and express themselves. There was also guidance for staff in people's care plans about recognising changes in behaviour that may indicate an expression of dissatisfaction, discomfort or a change in health needs.

People were supported in promoting their independence and community involvement. We observed people being supported to engage in activities in the community. One person went out with a member of staff during our visit to go shopping and we saw in the records that people attended day centres and activities such as computer sessions and art and music therapy.

We observed staff enabling people to complete tasks where they were able, such as eating independently using adapted cutlery. We also saw detailed information in care plans about people's abilities and how they should be supported to complete tasks themselves. Where this was not possible there was information about how people should be included and involved in activities to promote independence. For example, people were supported to be involved in cleaning and tidying their rooms by being present while staff were completing the task and being supported to communicate what they would like staff to do.

People's diversity, values and human rights were respected. We observed staff responding to people's needs in a respectful and sensitive manner. For example, staff were observed explaining what was going to happen next and offering people choices. People's cultural and spiritual needs were recorded in their care plans. All of the people using the service were of the Jewish faith and preparations were being made for Passover at the time of our visit. We saw in people's care plans that people's wishes were respected if they did not want to participate in religious activities taking place in the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for three people. These were clearly written, detailed and contained information for staff about how to meet people's needs taking into account individual preferences, likes and dislikes. They were reviewed at regular intervals and updated as people's needs changed.

Care records showed that people were seen by a range of healthcare professionals, such as their GP, dentist, optician and chiropodist. The outcome of any healthcare appointments was clearly recorded as was any support people received to meet their healthcare needs. People had a health action plan in place and were supported to maintain a healthy lifestyle. People's care records also contained detailed information about particular medical conditions that affected people to enable staff to understand the condition and how best to support people.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records contained risk assessments that ensured that people were protected from harm whilst supporting them to maintain their independence. For example, we saw risk assessments relating to medical conditions, moving and handling, the use of transport and eating and drinking.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. The manager told us that all staff had been trained to administer medicines safely and we saw training records that confirmed this. There were clear procedures in place for staff to follow and we saw that the medicines administration records had been completed appropriately and provided clear information for staff about each individual's medicines. We also noted that care records contained a list of each person's medicines and what they had been administered for to enable staff to have a better understanding of the purpose of the medicines people were receiving. Each person had a medicines profile that was clearly displayed in the medication records and inside the medication cabinet so that staff were clear about people's needs in relation to the medicines they were prescribed.

Medicines were kept safely. All medicines were kept in locked cabinets and had been separated according to their use. For example, PRN medicines which are medicines that are only given in specific circumstances when people require them rather than at regular intervals were kept in a separate cabinet. The medicines were only accessible to staff.

The manager told us that themed quality assurance audits took place of the service at regular intervals and that the next planned audit would be looking at the system in place for the safe storage, administration and disposal of medicines.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. There were six members of staff on duty at the time of our visit who were supporting people. The manager of the home was also on duty and the administrator. The duty rosters showed that there were always a minimum of six members of staff on duty during the day. At night there were two 'waking night' staff on duty to meet people's needs. One member of staff confirmed that there were always enough members of staff on duty to enable them to support people effectively.

Shifts were arranged to ensure that there were enough staff to enable people to engage in the activities they enjoyed. The manager told us that extra hours were allocated at times when activities or celebrations were taking place or when people had appointments to attend.

The home also had a number of volunteers who visited on a regular basis to support people to engage in activities.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The complaints procedure used pictures and symbols to support people's understanding. We also saw that a guide to the home was given to people on their admission to the service and a copy kept in their care records that contained details of how to make a complaint. This included details of external agencies that could be contacted if people were unhappy with the response of the home.

We looked at the complaints record for the home. There had not been any complaints recorded for several years.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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