

Methodist Homes Norwood

Inspection report

14 Park Road
Ipswich
Suffolk
IP1 3ST

Tel: 01473257502

Website: www.mha.org.uk/ch50.aspx

Date of inspection visit:

27 September 2017

28 September 2017

Date of publication:

17 November 2017

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 27 and 28 September 2017 and was unannounced. The service is registered to provide accommodation and personal care for up to 46 people. At the time of our inspection there were 44 people using the service.

At our last inspection of 8 August 2014 we rated the service as 'Good'. At this inspection we have rated the service as 'Good' and the well-led section as 'Outstanding'.

The service had a registered manager in place at the time of our inspection. 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 felt safe in the service. Each person had a risk assessment in place which had been discussed with them and or their families to minimise risks while supporting them to pursue the life of their choice. Staff had received training in safeguarding and there were sufficient staff organised to be on duty to meet peoples assessed needs.

Regular checks of the fire safety systems and equipment used by staff in the service to support people were arranged and carried out.

The service had a robust recruitment policy and people had been supported to be part of the staff recruitment procedure. Each person had a medicines profile which included information about any allergies and why the medicines had been prescribed for them.

All new staff were provided with regular one to one support from experienced staff and given induction training. All staff had received training to enable them to support the people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff were trained to support people's capacity to make decisions and choices in their lives. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and the team were committed to ensuring that people were supported in the least restrictive way possible.

People were supported as required to eat and drink enough and they were encouraged to make choices about food and drink and provided. The catering staff spoke with people regularly about the food and drinks provided and acted upon the feedback to develop menus.

People were supported by visiting professionals who were contacted by the service staff as necessary to provide treatment for any illnesses and concerns raised and noted by the staff.

People were supported by exceptionally caring staff that knew them well and understood how to support them to maximise their potential and attain their goals. The service had a person centred culture focussed on the promotion of people's rights to make choices and live a fulfilled life as independently as possible and this resulted in people being valued and treated as individuals. People received a personalised service which was responsive to their individual needs.

Each person was visited by a senior member of staff prior to using the service to carry out a detailed assessment to determine if the service could meet their needs. This was an opportunity also for the person to visit the service and ask questions regarding if it was the right service for them.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to compassionately.

The registered manager and their team of staff were inspiring and dedicated to providing care which met the highest of standards. They strived for excellence through consultation, they were passionate and dedicated to providing an outstanding service to people.

Planned quality assurance processes and resulting actions ensured the safety and quality of the service. Reviews of peoples care took place so that the staff could provide continuous support to people to provide person-centred care.

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.

There were systems and processes in place to minimise the risk of abuse and staff were very clear about their role in safeguarding people from harm.

Risks associated with people's care and support were assessed and managed safely whilst promoting independence.

There was a robust recruitment process in place.

A dependency tool was used to determine the number and skill mix of staff required to be on duty to support people meet their individual needs.

There were effective, organised systems in place for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective

Staff received on-going training and support to enable them to provide an effective service.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and people were supported in the least restrictive way possible.

People were supported to eat and drink enough, they were encouraged to make choices about food and drink and provide feedback.

People received on going healthcare support from a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff

People's views were sought and listened to and there were systems in place to obtain people's views about their care. Positive relationships existed between people who used the service, their relatives and staff.

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible and this resulted in people being valued and treated as individuals.

People's rights to privacy and dignity were valued and respected.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service which was based upon an in-depth needs assessment and responsive to their individual needs.

The service was committed to building strong links with the community.

People were encouraged to provide feedback on the service and felt they could raise concerns.

Complaints were taken seriously, investigated and responded to in a professional manner.

Compliments were recorded and used to develop and underpin the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

A clear vision based upon the statement of purpose was embedded throughout the service and there was a strong commitment to deliver a high standard of personalised care.

There was clear visible leadership from the registered manager who had developed and delegated appropriately responsibilities to senior members of staff.

Robust and frequent quality assurance processes with resulting actions provided a safe and quality service.

Norwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection visit took place on 27 and 28 September 2017.

The inspection team consisted of one inspector and an expert by experience on day one and one inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with seven people who used the service and five relatives. We also spoke with the registered manager, the deputy manager, a team leader, chef, administrator, four members of care staff and one member of the activities staff.

During our inspection we used the Short Observation Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed staff interactions with the people in their care and looked at the care records of seven people who lived at the service, staff recruitment and training records plus arrangements for meal provision. We also viewed staffing rotas with regard to people's assessed needs, the recorded complaints and compliments, medicine records and audits of care.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they felt safe living at Norwood. One person said, "Staff always ask 'how are you?'" Another person told us, "I am safe, all of the staff look after me well." A relative told us, "I visit regularly and all of the staff know [my relative] very well."

The potential risk of abuse was reduced because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. All of the staff had received safeguarding training. The staff were very clear about their role in safeguarding, had knowledge of the systems in place to protect people from abuse and knew how to report any concerns. One member of staff told us, "The training is detailed and very good so we were all clear about the different types of abuse and how to report it."

The service had a policy and procedure for the reporting of safeguarding concerns to the local authority safeguarding team and had also notified the Care Quality Commission (CQC) of events appropriately. The registered manager had kept the CQC informed during investigations the local authority asked them to undertake. We saw that actions by the service's staff had been taken as a result of safeguarding investigations to improve the service and keep people safe. An example was checking sensory mats were in place and in working order.

Environmental risks had been assessed and measures put in place to reduce these risks. Fire detecting and fire-fighting equipment was regularly checked to an identified plan and serviced as required. Fire training and drills were planned and carried out on both day and night shifts to familiarise staff with actions to take in the event of a fire. The lift was maintained in line with the maintenance agreement. We saw that there were window restrictors on each window designed to prevent the windows from opening so far as to become a danger of people falling through the opening. There was a procedure in place for the purpose of checking that the restrictors remained in place and were in good working order.

There were procedures in place to reduce the risk and spread of infection. We saw staff cleaning the communal areas and while they did so engaged in friendly conversation with people. The communal areas were cleaned everyday and this information was recorded. The cleaning of people's bedrooms was organised with them and carried out on a routine basis in agreement with the person. A relative told us, "It is always clean here, never any smells."

Each person had a risk assessment in place to address risks which had been identified with regard to the care and support they required. We saw that risks, such as those related to moving and handling and risk of falling had been assessed and actions to reduce these risks were clearly documented in the person's care plan. The risk assessments reflected people's current needs and were reviewed on a regular basis and as required in response to an event.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. The registered manager told us how they used a dependency tool to determine the number of staff required to meet the needs the individuals. They also informed us the service over-recruited by 10% as part of a strategy to achieve consistent care delivered by staff who knew people's needs well. Records showed that staffing requirements were monitored and adjusted in response to changes in people's needs. We saw the staffing rota's for the previous three months and saw that they were stable with the same staff on duty.

One person told us, "There are always enough staff here." A member of staff informed us that the rota was planned well in advance and the majority of staff worked a 12 hour shift. They thought this was good as they supported the person throughout the day and could oversee problems identified in the morning with resolutions later in the day, such as an arranged GP visit in the afternoon from identifying a problem with the person in the morning.

There was a robust recruitment practice in place and the registered manager had involved people using the service in the recruitment process. They had also developed senior staff to support them in the safe recruitment of staff. The registered manager stated that when recruiting new staff an essential part of the process was finding out about their values, they told us, "I am looking for people with compassion and understanding." Safe recruitment practices were followed. Each applicant was required to complete an application form. References were taken up and a check with the Disclosing Barring Service carried out for the successful applicants to determine if they met the criteria for employment set by the registered manager.

All of the staff involved in the management of medicines were trained in the safe administration of medicines and had their competency assessed on a regular basis. Audits of medicines were carried out regularly and these were effective in identifying issues, which were addressed through an action plan to continually improve the service. A member of staff told us about the training that they had been provided with in order that they could administer medicines safely.

There were systems in place for the ordering, storage, administration and disposal of medicines. The deputy manager and a team leader explained these systems to us. They also explained to us the information recorded on people's medicine administration records such as diagnosed illnesses, allergies and what the prescribed medicines were for. This information is important for the staff to know when administering medicines to keep people safe. PRN medicines are given on a required basis. Protocols were in place for PRN medicines and we saw that these were regularly reviewed. We observed prescribed medicines being administered to people with clear explanations and questions being answered about the medicines. One person told us, "They never forget me and my medicines are always on time."

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People and their relatives told us they trusted the staff and felt they were well trained. One person said, "They look after me very well and know what they are doing." A relative told us, "My relative has many needs and takes a lot of looking after, I cannot fault the staff they are pleasant and well trained."

All new staff were provided with an effective induction period when starting work at the service. The registered manager informed us that they saw the staff member regularly throughout their induction period and would extend this time in agreement with the staff if so required. All of the staff we spoke with told us that they were very well supported through regular training, supervision and a yearly appraisal. One member of staff told us, "I like how at supervision we discuss the most recent training and check that I am booked on the next training sessions."

Staff had taken part in organised training and achieved various levels of the national vocation qualification and had worked to achieve the care certificate. Staff had then been encouraged to go on with their particular interests to study further and become 'champions' in a particular aspect and share this knowledge with colleagues. For example a dementia champion. We saw large faced clocks in use and signage to help people with their orientation particularly those with dementia. This meant that people using the service had benefitted from staff acquiring this extra knowledge which they would bring to care delivery.

During the inspection we saw moving and handling training taking place. This had been arranged well in advance so that staff had plenty of notice and the registered manager had ensured there were sufficient staff to provide care to people while staffing colleagues were being trained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw mental capacity assessments had involved the person and others, as appropriate, and took factors such as the person's ability to make day to day decision into account and the information had been carefully recorded. For example there had been concerns about one person's capacity to manage regarding their personal care and hygiene. The staff team had worked closely with them and external professionals to assess capacity and develop clear guidance on how best to involve the person in decisions. This meant the care plan clearly informed the staff how to work with the person over their hygiene.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All staff had been provided with MCA training and they had a good understanding of DoLS. The registered manager with the support of the administrator had made applications where appropriate to ensure that people were not being deprived of their liberty unlawfully. We saw they had sought the advice of other professionals on matters of DoLS and this information had been recorded.

Care plans contained specific information about the restrictions placed upon people and as far as possible people were informed about DoLS. The management team were committed to ensuring that people were supported in the least restrictive way possible. The service had enclosed gardens which were available for people to use and enjoy while maintaining a safe environment for them.

At lunchtime in both dining rooms, where people required assistance to eat, staff support was provided in an unhurried manner. The dining time was relaxed as was the rest of the time we were present. The staff were calm, attentive and polite in manner. Staff had time to speak with people about their meal and people enjoyed this sociable occasion. One person told us, "This is my favourite time of the day, the food is lovely." Another person told us, "You can choose what you want from the menu, and as long as you let them know before 10.30a.m. they will prepare something else for you. Though there is always a choice, so it is rare that nothing suits."

During lunch and tea we saw staff regularly checking whether people needed anything. Following the lunchtime meal the chef spoke with and joked with many people individually to get feedback about the meal. People told us this happened frequently after each meal. The chef told us how they were informed about people's choices and any dietary needs, when they first began to use the service and they worked with them to build up a knowledge of favourite foods to bring into the menu planning. Pizza was a new choice which was enjoyed by some people and had added variety to the menu. The chef was aware of people that required plate guards and this was arranged to support people at meal times along with any special food preparations, such as people who preferred not to have sugar added at cooking stage, this could be added later if the person wished. A plate-guard is designed to prevent food from falling off the plate and helps the person maintain their independence. The Environmental Health Service at their recent inspection, food and hygiene inspection had awarded the highest rating of five out of five. The chef explained to us how the team had worked and the systems in place to achieve that award.

The staff we spoken with were able to tell us about people's care plans with regard to any dietary needs. People were weighed monthly or more frequently should they lose weight and food and fluid diaries were kept where concerns were raised and advice had been sought from other professionals as required. This meant the service staff were working with other professionals for the well-being of the person.

People and their relatives told us that they received effective support with their health. Staff worked with other healthcare services to monitor people's physical and mental health and sought advice from external professionals when their health needs changed. One person told us, "There is never a problem with seeing the doctor." We saw that appointments had been made with and for people regarding dentist and optician appointments. The service staff had sought advice about how to support people with diabetes. People at the service had different types of diabetes and hence their individual needs were recorded in their care plan. Staff had been given specific information from other professionals to support people with their assessed need. This information had been shared with staff so that they were aware that people with diabetes may experience times of their blood glucose levels being too high or too low. The staff were aware of what

actions to take should they suspect this and this information was recorded in the persons care plan.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. People were exceptionally well cared for and were consistently positive about the staff team. One person said, "Staff are very respectful and lovely." Another person told us, "The care here is excellent." They explained that this was because they had been involved with writing their care plan and the staff did exactly what was in the plan to help them. Without exception people and relatives told us the care was excellent. We saw throughout our visit staff being available to support people as they required assistance in a confident and relaxed manner.

The caring approach of the service was also reflected in comments from people's relatives. One relative told us, "They changed their routines and [my relative's] care plan to fit with their changing physical capabilities." Another relative told us, "Nothing is too much trouble for them [the staff] and they provide care with a smile and understanding. They cheer me up when I come here."

We saw many examples of staff demonstrating compassion, patience and kindness whilst supporting people. We heard a member of staff encouraging a person to walk. They said, "No need to rush, take your time." The member of staff stayed with the person until they reached the table where they wished to sit. The person thanked the member of staff for their attention. This is an example of people valuing their relationship with staff and feeling really cared for. It also shows the caring empathy and understanding of the member of staff.

We also saw staff discreetly mentioning to people if they wished to use the lavatory and supported them when required to use the nearest convenience. Throughout the inspection we heard many jokes being exchanged and an atmosphere of good humour. People laughed and smiled with the staff.

People were involved in the daily life of the service. For example one person had expressed a wish to wash the cups and saucers after drinks were served in the morning and afternoon. The staff collected the crockery and left for the person to wash when they were ready. This is an example of partnership working with people, which means people feel consulted, empowered, listened to and valued.

The staff knew people well, and people appeared relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. A member of staff explained to us how they had been trained to gain people's consent and to talk with people when providing care to reassure them. Staff were responsive to requests for support and reassurance. For example, a chair was moved and made available and the person supported to sit by the door so that they could watch their relative playing with their dogs in the garden. The person took great enjoyment from this and was able to talk with their relative about the experience.

To develop positive caring relationships the staff team had discussed with people what made them happy. Actions included ensuring that there was a hairdresser available at the service on different days of the week and they could also barber for men as well as provide hairdressing for ladies. Each person had a keyworker and the staff had time to spend with the person each week to do as they wished. This included chatting, playing individual games, reading and also shopping for personal items. A member of staff told us, "This helps to build up relationships and we get to know each other." The registered manager had also in response to requests organised for a mobile shop to tour the service on a regular basis so that people could purchase small items and treats. The service had also built up a library service for people to use.

People were treated with dignity and their right to privacy was respected. Staff attended a dignity workshop called living the values and had a good understanding of how to ensure people were safe whilst respecting their privacy. One person told us, "They always knock before entering my room. They are always very respectful towards me." Frequently we saw staff using non-verbal communication such as smiling and hand gestures to help explain situations to people and staff worked with people using eye-contact at the same height. This technique has been shown to aid communication and build rapport with people. We saw people responding with smiling and hand gestures to communicate they understood.

The staff we spoke with knew the people they were caring for well. Staff informed us they were given time and encouraged by the senior members of staff to get to know people and be familiar with their care plans. People's care plans guided staff about how to offer reassurance to people, such as sitting quietly with them to give individuals time to explain and to speak about subjects that were familiar to the person. People appeared very relaxed and enjoyed the company of staff. We heard jokes being exchanged and friendly discussions about the activities staff were assisting people to enjoy.

One person told us, "The staff help me with selecting what clothes to wear so that they match." This meant the staff were aware the person took a pride in their appearance and wanted the colours and styles of their clothes to go together and not clash.

Staff had an awareness that some people liked to keep their own company, maintain their independence and do things in their own way and their choice was respected. One person told us, "I enjoy my own company most of the time, I read or watch a bit of telly. But I do go to some of the activities. We get visits from school choirs, musicians and of course I attend most of the services that are held here." Another person told us, "I stay mostly in my room. But I do get many visitors, my daughter and the Chaplain pops in for a natter. Staff always pop their head round if I have not had a visitor and usually have a brief chat." This showed that the service's staff were checking regularly upon the person's well-being.

There was a relaxed and happy atmosphere throughout the service. We saw people sitting and chatting with each other and staff engaged with some people on one to one basis while joining in the group banter with other people. One person told us, "Oh it's very busy here. There's always something on everyday." They further explained staff did not intrude but were available to help if they ever needed support and respected their choice.

People were given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives. A personalised approach was taken to this, taking into account the person's physical health and the potential impact of discussions about end of life care on people's mental health and recovery. Where appropriate staff had supported people to think about their wishes for end of life care and this was compassionately recorded in people's support plans. A relative told us about the comfort and support the service had provided to their relative and also themselves at the most difficult of times for them.

All staff had undertaken specific end of life training which focused on people's individual needs. Person-centred care plans documented the individual's wishes with regard to the end life care. As required, we saw that the service worked in partnership with local GPs, district nurses and the hospice service to ensure people's wishes were respected. The Chaplain and volunteers from the service were available to support people in their last days. The registered manager told us they would not let people pass away on their own if this was not their wish and staff would sit with people to support them should relatives not be available at that time. They also informed us the service had its own faith basis but did provide support and care to people of other faiths and their wishes would be respected at all times.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is remains 'good'.

People told us they were involved in decisions about their care. One person told us, "I read a lot, watch a bit of TV in my room, I do not join in many of the activities. However I do go downstairs for my meals." The person explained they liked to keep their own company most of the time and this was respected by the staff. Another person told us, "I decide what I want to do each day what to wear and what food I choose from the menu."

People's religious and spiritual needs were recognised and embraced and included in the assessment of need to determine how the service's staff could support people. One person's religious beliefs had been identified in an assessment conducted prior to them moving into the service. Information related to this was circulated to the staff so that they could support the person to meet their needs.

People received care which was planned to meet their needs and preferences. There was a detailed assessment process in place carried out by senior staff to ensure that people's needs were identified and could be appropriately supported by the service. People moved into the service with a basic care plan based upon the assessment and to take account of any risks identified and preferences. The care plan was then developed over the next two weeks with senior staff and keyworker input with that of the person and their relatives if they so wished. Care plans were then overseen for accuracy every month by the keyworker and a senior member of staff. Reviews were arranged regularly when the person first joined the service to ensure the care was correct. Then every six months or more frequently to take account of any changes in health or significant events. The staff we spoke with had an in-depth knowledge of people's preferences and support needs.

We found that the care plans included detailed guidance about how to support and care for people as well as their specific preferences, likes and dislikes. People's care plans were written in a person-centred and holistic style and considered how people's emotional and physical care needs were to be met. One person spent much of their time in bed due to their physical condition and staff supported them to get up with their consent. The plan noted as the person was frequently in bed to be mindful of their skin condition which linked to their Waterlow pressure risk assessment, weight chart and charts for checking they were eating and drinking sufficiently. A relative told us, "I am very pleased with the care provided, staff are excellent."

The service's staff had developed a one page form which was placed on the front of each person's care plan called the safe system of working. This information recorded the number of staff to support the person with any need such as dressing, moving in and out of bed, dressing, showering and walking. There was also a section for further information about each of these categories and reference drawn to where information would be found in either a care plan for risk assessment. A member of staff told us, "This is a really good reminder of how to support the person."

The service was flexible and responsive to people's individual needs. The staffing levels enabled people to access support as and when they needed and staff worked in a flexible and adaptable way to suit the needs of people who used the service. For example, people got up when they wanted to do so and their breakfast and any medicines would be given appropriately and further adjusted during the day as required. One person told us, "I get up and go to bed at a time of my choosing. I eat breakfast in my room, but generally go down to lunch, just to socialise really. If I don't feel up to it I will tell the staff and then they will deliver lunch to my room."

The service's staff took account of people's changing needs. For example, people did not have to leave the service unless with the support of other professionals the staff could not meet their needs. The deputy manager informed us that the service was the person's home and the staff would do all within their power to respect the individual's wishes and that included staying in their home and the support was brought to them rather than the person move.

The staff team were led by the registered manager and an activities co-ordinator to support people to focus upon their individual interests and provided interesting activities in which they could partake. We observed in the afternoon a game of musical/sound bingo, the object of the game being to identify the music or sound played and record on a bingo card. The various noises such as early radio broadcast gave time for people to discuss and recall memories of the time. From the laughter conversations and smiles we saw that people had enjoyed playing this game.

There was an overall programme of activities which ran seven days a week including some evenings. This included in house and community activities, organised trips out to selected locations by the people and also various entertainers and entertainments being invited into the service. The registered manager expressed with the activities co-ordinator to us that activities were the responsibility of all staff and the co-ordinator although leading on many of the activities first and foremost was responsible for arranging.

There were strong links with the community. The Saturday prior to our inspection visit the service had hosted a dog show. People commented very positively about this and many relatives had attended with their dogs. The service worked with the local school so that pupils of the school regularly attended to sing to and entertain the people. There had been a sports day on 30 August 2017 in which many people had taken part. People had also worked with the staff to organise a high tea on 13 September 2017 to which family friends and volunteers were invited to raise funds for the amenity fund. The people supported staff to put together a newsletter on a quarterly basis of events and news relating the activities and news of the service.

The Norwood Volunteer Support Group was formed in 1979 and the volunteers continued to support the service working closely with the people and staff. Alongside fund raising throughout the year, the volunteers also provide invaluable services such as The Friday Morning Shop. Every Friday morning a lounge was transformed into a local bank, post office, and supermarket. This was fully managed by the volunteers involving some people and with the support of the activities co-ordinator. Stock and accurate records were maintained and a personal shopping service for individuals who would like this were organised. On a Tuesday morning and Sunday afternoon the volunteers facilitated worship services.

These weekly events were integral to the structure of the service and much valued by people and their relatives who attended these. We were aware of this from the compliments that had been collected and stored together. The number of volunteers had steadily increased and they were also dedicated befrienders, providing companionship, friendship and support to people in particular focusing upon and helping to combat loneliness. The activities co-ordinator worked extremely closely with the volunteers and most social activities had at least one volunteer involved. People told us how appreciative they were of the work of the

volunteers and how these activities added interests to the day.

The volunteers were often members of local churches, students from surrounding high schools, and relatives of residents and staff. The Volunteers met three times a year and recently invited one of the people to join the Support Group as a 'Residents Representative'.

People were given with the opportunity to provide feedback about their experiences of the service in a number of ways. Complaints and suggestion boxes were available in communal areas and people were encouraged to give feedback at community meetings.

The management team were responsive to people's feedback and used this to develop and improve the service. There were meetings with the people and their relatives every two months planned in advance. Suggestions such as changes in the menu were acted upon and reported back at the next meeting.

The maintenance person at the request of the people had made a wishing well within the service into which people could place their written ideas and wishes. These were checked upon regularly. One example was that a person wished to have tea with the Queen at Buckingham Palace. Although this was out of the control of the service a letter was written and the Queen's ladies in waiting replied wishing the person well and was supportive of a tea arranged at the service. The staff decorated the service as part of a tearoom at Buckingham Palace and dressed up as ladies in waiting and beef eaters. We saw photographs of people enjoying themselves at this event.

People could be assured that complaints would be taken seriously and acted upon. We saw that there was a complaints and compliments policy and procedure in place. People who used the service told us that they knew how to make a complaint and would feel comfortable doing so. One person told us, "I have never needed to make a complaint, lovely place." One person did tell us about a complaint and we saw that the information had been recorded and the staff had worked with the person using their knowledge and experience to resolve the complaint.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is now 'outstanding'.

People we spoke with gave highly positive feedback about the service provided at Norwood. One person told us, "The manager is very good. Any little problem you just tell [manager] and it is resolved." Another person told us, "Most of the staff have been here for some time, years mostly. That consistency is reassuring, and that has to do with the overall ethos of the place. The manager embodies that ethos. [Manager] is very good as are [their] staff." A relative told us, "I think the care is excellent and that is down to organisation, management and caring staff."

The service had a registered manager who was supported by an experienced senior team. One member of staff informed us the manager is a real good role model. Another staff member told us, "The manager is firm and fair, for example they have organised the Christmas rota well in advance to take account of requests for shifts and they will work over Christmas themselves." The registered manager was well supported themselves by a regional manager. They had regular meetings to discuss the smooth-running of the service and the regional manager was available by telephone for advice at other times. Staff told us that they felt supported as the senior staff had an on-call rota so that a senior member of staff was always available for advice or would attend the service if so required. This meant advice and support was always available to support staff for the benefit of the people at the service.

The management team at Norwood were passionate about the care they provided, creative and dedicated. The registered manager had worked at the service for 18 years and at some point had held every care position at the service. They used this experience and empathy to support the staff. A member of staff told us, "All the staff, from the manager down, are very supportive. I have training as needed and they supported me through my care certificate. I have trouble in understanding some writing, but if I do not quite get it I just have to ask and they will explain in a different way, then it's easy I understand it." The registered manager was supported by a deputy manager who was highly experienced and we found many experienced staff who had worked at the service for over ten years. A member of staff told us, "We work as team, there are enough staff and we know what to do, the senior staff work along-side us."

The registered manager walked around the service whenever they were on duty and had developed close relationships with people and the staff. One person told us, "If I have any concerns I would talk with the manager." During our visit the registered manager showed us around the service and introduced people to us. Time was taken to listen, talk and joke and it was apparent the registered manager had an depth knowledge of each person.

Staff we spoke with were very positive about working at Norwood. One member of staff told us, "We are well supported, for example a kettle broke the other day and was immediately replaced, it would have been a drama and a crisis in other places to have it replaced." Another member of staff told us, "The training and supervision is well organised and both the manager and deputy are approachable helpful people." The

administrator told us that they worked with the registered manager to arrange training for all staff at least three months prior to the expiry date of the last training session. That way they were able to make adjustments with the staff member which was discussed and checked in supervision to ensure the member of staff attended the training. We saw records that confirmed the service was scoring 100% in training attendance. A member of staff told us, "The training is interesting a combination of styles and approaches and we have different trainers which keeps everything fresh."

Staff had a clear understanding of their role. Most staff worked a 12 hour shift but the times were staggered with staff commencing at different times to take account of people's preference for when they wished to get up and go to bed. Some staff did work a shorter shift and arrangements were well organised and established for communicating to staff the information they required about any changes since they last worked. We observed all designations of staff working well as a team, communication was effective and resulted in people receiving care and support which met their preferences and need. We saw staff interacting with people on a one to one basis for example enjoying a game of scrabble or a group activity.

There was a culture of openness and transparency and the management team actively encouraged staff to whistle blow on poor practice. Staff were aware of the service's whistle blowing policy and told us they would raise a concern about unsafe practice if they witnessed it. The service had reported safeguarding concerns appropriately and had notified CQC of any they were dealing with. The registered manager kept us well informed during any investigations the local authority asked them to undertake. We saw evidence of the service being proactive in raising concerns in order to keep people safe.

The management team had worked with people who used the service and staff to develop a clear vision for Norwood. We saw innovation in the form of the Norwood Committee founded in 2016. This is a group of people, relatives and staff who met every six weeks with the sole aim of improving quality. This gave people, relatives and visitors another avenue of contribution towards new ideas, and ways of working, reinforcing the culture of person centred care and adopting a culture of people being true partners in the care they received.

From the Committee ideas such as 'Ye Old Sweet Trolley' has been introduced, implemented and now a regular weekend feature where everyone could buy sweets in paper bags sold by the quarter. This was run by the staff team on the committee who maintained stock of the sweets independently and were raising money from this to create a sensory bathroom. This added further variety and choice for the people who used the service. Employee of the Month had also been introduced by this committee, and was managed independently by the Committee and Quality Circle to promote 'going that extra mile', with everybody from the community voting from the 12 Employees of the Month to win Employee of the Year.

The Norwood Committee had created a sub group, The Quality Circle, with the sole aim of keeping abreast of new ideas, technique, practice and sharing ideas to improve quality. The most recent project currently underway was bringing a local 'playgroup' of children into the service to become part of their community on a monthly basis. This was the result of people seeing a recent television programme where it was found there were benefits for both older people and children to meet together through a supervised children's playgroup.

The registered manager and senior team carried out observations of the service champions and other staff which are recorded and feedback provided. To develop the staff they have delegated appropriately to the service champions to carry out observations. The dementia care champion observed what they considered to be poor practice during a meal time. This was discussed with the registered manager. As a result further training was provided in the form of The Person Inside Dementia Awareness course, and discussions with

the individual. Following this training a further observation was made with a very positive outcome of best practice being observed. This meant the service to the people had been improved.

During one observation at a meal time it was noted a person was unhappy with their meal, and not content with the alternatives provided. Following this observation a review meeting was arranged with the person, family and chef to discuss concerns. A way forward was found together and the concern was swiftly resolved. This positive outcome of an observation meant the individual was valued and heard, and an example of concerns being responded to effectively no matter how small.

There were clear mechanisms in place to ensure that feedback from people who used the service informed future developments. The registered manager collated feedback from people both individually and from structured meetings. The service had undergone an extensive refurbishment earlier in the year and people told us they were kept informed of the progress and developments.

Staff were also given the opportunity to provide feedback about the service. Staff attended regular meetings and an annual staff survey was conducted. Results showed and actions were taken on lengthens of shifts and introducing training so that staff could become champions in certain subjects which were of particular interest to them such as dementia.

There were organised, effective systems in place to monitor and improve the quality of the service. The registered manager explained they had time to organise observations of staff and carryout audits resulting in actions they would communicate and delegate the implementation of as required to senior staff. The registered manager also arranged for meetings with the night staff and also made unannounced visits during the night on occasions which were all recorded.

The management team under the supervision of the registered manager conducted a comprehensive programme of regular audits covering areas such as care plans, medicines, complaints, infection control and fire safety. These audits were effective in identifying areas for improvement and where issues had been identified actions had been recorded and signed as having been completed.

Some three months after a person passed away who had used the service. The registered manager and administrator with the support of the staff sent information to the relatives. This included information about the person's life and also comments people had made about them after their death of significant times and memories, photographs and any information about the funeral service. We saw many compliments about this and relatives had found this of comfort to them.