

Norwood

Norwood - 55 Edgeworth Crescent

Inspection report

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Date of inspection visit:
25 October 2017

Date of publication:
21 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?	Good ●

Summary of findings

Overall summary

Norwood - 55 Edgeworth Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to six people in one adapted building, with four people living there at the time of our visit. The service's stated specialism is for people who have learning disabilities.

At the last inspection of this service, in August 2015, the service was rated 'Good'.

At this inspection the service retained a 'Good' rating. We found the service to be well organised, and to support people to achieve good outcomes which improved their quality of life.

People using the service and their representatives provided positive feedback about the service. No-one felt improvements were needed.

The service continued to encourage people's skills and independence. People had been supported to learn to safely travel to places by themselves, manage their own medicines, and undertake household tasks alone. Equipment had been installed to enable people to access their rooms more easily and keep them secure. People who travelled independently also now had safety alarms linked to the service.

People were still being empowered to express their views and make decisions about their care and support, as people were listened to and responded to. 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 service had an effective complaints procedure that people used when needed.

People had developed positive and trusting relationships with staff who treated them well. People were supported by staff who had skills and knowledge relevant to their support roles. There were enough suitable staff working at the service to keep people safe and meet their needs.

Risks to each person's health and welfare, and with how the service operated, were identified and managed. Safety was promoted in a way that supported people's independence. People were supported to take medicines safely. The service followed safeguarding procedures when any abuse of individuals was suspected.

The service supported people to engage in activities that reflected their personal interests, and to develop and maintain strong links with the local community.

People were supported to maintain good health and eat a balanced diet. The service enabled community healthcare professional support to be acquired and followed where needed.

The provider and registered manager promoted a positive, open and empowering culture, both for people using the service and staff.

There continued to be a variety of quality and risk audits used to drive service improvements. Our overall findings, and a service improvement plan, showed these were being achieved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Norwood - 55 Edgeworth

Crescent

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 25 October 2017, was unannounced, and was undertaken by one adult social care inspector.

The provider completed a Provider Information Return (PIR) in advance of the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The registered manager was on a short period of leave at the time of the inspection visit, but the local operations manager attended to support with the inspection process. During the visit, we spoke with the four people using the service and three staff members. We observed support being provided in communal areas of the service, and looked around parts of the premises.

We looked at care and medicines records for two people using the service and a range of management records such as quality audits, complaint records and staffing rosters. We also received feedback from the relative of one person, and a community healthcare professional. Following our visit, the registered manager sent us some further information relating to our findings.

Is the service safe?

Our findings

People using the service and a community professional told us they had no concerns about safety. One person showed us particular equipment they had for helping them transfer seats and that staff helped with ensuring that occurred safely. People showed us new safety fobs carried by anyone going out alone. If the person felt in danger, pressing one button on the fob enabled contact with staff at the service and the person's whereabouts to be immediately established.

Risks within the environment were well managed. Records showed regular safety checks, such as fire drills, occurred, with action taken where needed. There were up-to-date professional safety check certificates for aspects of the premises, such as electrical wiring and gas safety.

Risks to each person's health and welfare were identified and managed. Each person had comprehensive risk assessments in place, for example, around management of their money and aspects of community safety. This helped guide staff on how best to support each person safely but in a way that promoted their independence where possible.

People told us of good medicines support, either from staff or through systems of enabling them to manage medicines themselves. Staff told us of periodic medicines training and capability assessments. There were detailed guidelines and medicines records for each person. The management team recorded regular checks of people's medicines systems, which usually identified any discrepancies so action could be taken to ensure people received their medicines safely.

There were enough suitable staff working at the service to keep people safe and meet their needs. People told us there were enough staff working at all times, and staffing rosters showed two care staff were on duty during the day, with one sleeping at the service at night. Where additional staffing was needed, the provider's team of as-needed 'casual' staff were used.

There were safeguarding procedures in place at the service. Records showed staff received safeguarding training. Staff knew what constituted abuse and could tell us what procedures to follow if they were required to report any concerns. Notifications sent to us showed the provider had reported and investigated potential safeguarding concerns appropriately.

A community professional told us of incidents being appropriately reported and addressed. The operations manager told us a panel reviewed accidents and incidents to identify any trends or patterns, and to help minimise the risk of reoccurrence. We saw records in support of this.

Is the service effective?

Our findings

People told us they were happy with the service. "I like it here" was a typical comment. A community professional praised the service, and a relative told us they would recommend it, "without question."

People were supported to maintain good health. They told us they were helped to attend medical appointments where needed. Records showed they received health professional input for routine matters such as dentistry, and for matters that were specific to their needs such as medicines reviews. There were health action plans that provided detailed information on each person's specific health needs, and hospital passports to assist with any hospital attendance.

People were supported to maintain a balanced diet. Some people told us of how they were "watching weight" or trying to eat healthily such as by drinking enough water. The service supported this. Staff told us of supporting some people to attend a gym regularly. People's care files included individual nutritional support guidance, for example, dietitian advice.

A picture-based menu was displayed in the kitchen that showed a range of meals that prompted healthier eating and a kosher diet. Staff showed understanding of a kosher diet, and kitchen fixtures and equipment supported this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw a time-limited DoLS authorisation had been updated for one person following assessment by independent health and social care professionals. The service was operating in line with this authorisation.

People's autonomy and independence was valued at the service. For example, some people went out independently, and some people were being supported to develop skills such as for managing their own medicines and money. There were consent forms for some specific care circumstances such as the management of people's personal finances. These included capacity assessments and records of best interest processes where applicable. As one person put it, "Staff stop me spending all my money." The service was therefore continuing to work within the principles of the MCA.

People were supported by staff who had the skills and knowledge relevant to their roles. Staff told us of good training and support to do their job effectively. A new staff member told us of working additional to the rostered staff during their first week at the service, until assessed as competent to work alone. They had also completed training relevant to people's needs.

The provider's oversight records of training for each staff member showed mandatory courses such as for positive risk taking, equality and diversity, and health and safety were either up-to-date, due shortly for renewal, or that further training had been booked. Training was a mixture of classroom and online courses,

and included courses relevant to the needs of people using the service.

Is the service caring?

Our findings

Everyone told us that they were supported by caring staff. Comments included, "The staff are nice; they joke with me" and "I love the staff here; they're very generous, caring and understanding."

People had developed positive and trusting relationships with staff. Throughout our visit staff interacted with people in a warm and friendly manner. For example, one staff member took the time to support someone to write a letter that the person had requested help with. Staff crouched or sat with one person in a wheelchair to help maintain eye-contact.

We also saw staff treating people respectfully. For example, staff asked if they could interrupt what people were doing if they wanted to discuss something with them. People were supported with their appearance where needed. Staff responded to people promptly and patiently. A community professional informed us of people being respected and supported to maintain independence.

People confirmed that staff listened to them. One person told us staff spent time with them most evenings to ask how their day was. Another person told us they could speak with staff if feeling "low" and that staff "listen well."

People felt their cultural and spiritual preferences were met, such as through support to celebrate Jewish festivals. A community professional also held this view. Staff were respectful of people's cultural and diverse needs.

The service empowered people to express their views and make decisions about their care and support. A new staff member told us they had been "assessed" by people using the service before being offered work there. The operations manager told us people had refused another prospective staff member by this process. People also told us of being involved in their care review meetings, and of there being weekly house meetings that they led.

The service encouraged people's independence. For example, most people had their own keys to the building. Three people now had finger-scanning equipment by which to unlock their bedrooms. One person said this kept their room private. The registered manager had informed us this reduced people's anxiety around lost keys. The fourth person had equipment to enable them to get in and out their room more easily, to call for staff help at night, and to control some devices in their room.

The service enabled people to communicate in different ways. We saw easy-read information was available to help some people understand key documents such as complaint procedures and outcomes. The photo-based staff roster for the day was up-to-date at the start of the inspection, so that people could see who was working with them. The menu for the week was similarly picture-based.

Is the service responsive?

Our findings

The service had worked hard to support people with achieving individually agreed goals. This included for independent travel, managing medicines, and making online food orders. There were clear support plans and monitoring records in support of these goals, along with frequent reviews of progress. People told us this had helped them to develop skills and to "make my own decisions." Staff confirmed this independence progress as a "great improvement," citing as example one person who now travelled safely alone when they used to have no road-safety awareness.

People engaged in activities that reflected their personal interests. One person spoke of the gardening they did with the support of a weekly volunteer, growing "potatoes, strawberries and garlic." Another person told us of enjoying the weekly aromatherapist visits. People had individualised rooms with facilities such as TVs, but one person told us they were pleased there was a new TV in the lounge and comfortable sofas to watch it from.

People were supported to develop and maintain strong links with the local community. For example, some people told us of their jobs which they enjoyed, and of recreational activities such as playing football and going to beauty salons. Some people told us of using mobile phones to keep in contact with friends and family; others said they used the house phone. People also told us of holidays they had just been on. It was clear that people had been to different locations based on their preferences.

People felt their needs were met, and a relative also informed us of "Great care and attention to all the residents' needs." People had extensive care plans that described their needs and preferences plus the support staff should provide. Plans were kept under review, including through annual care review meetings that the person attended and invited relevant people to.

People told us they could raise concerns and complaints if they were unhappy with any aspect of the service. One person told us, "If there's a problem, they sort it out well." We also saw 'Something to Say' forms were available for people to record both service shortfalls and strengths. They tended to be used to show gratitude for parties, day-trips and other out-of-the ordinary events, but were occasionally used to express dissatisfactions.

A community professional and a relative also confirmed the complaints procedure to be effective. Complaint records for 2017 showed people's dissatisfactions with aspects of the service were attended to. This included for fixing broken items and how people experienced staff approaches. People were provided with easy-read complaint outcome summaries, and were asked to fill in a form to rate how satisfied they were with the outcomes, which were generally positive.

Is the service well-led?

Our findings

The service had a registered manager, which 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 fed back positively on the management of the service. A relative informed us of "excellent management" and there was similarly positive feedback from a community professional.

The registered manager submitted a Provider Information Return (PIR) when we had asked for one earlier this year. We found it to provide an extensive and accurate account of how the service operated. Some plans recorded on the PIR had been addressed, such as to help people achieve specific independence goals.

The provider promoted a positive, open and empowering culture at the service. People using the service were empowered to be involved in how the service operated, for example, in weekly house meetings, helping to undertake safety checks, and making records about the service.

Staff told us of good support for their work. Oversight records showed each staff member had developmental supervision meetings with the registered manager at least every two months. Recent staff meeting records included discussions on service standards and people's care arrangements.

There continued to be a variety of quality and risk audits used to drive service improvements. A service-wide audit, a pharmacist audit, and a specialist health and safety audit from earlier in the year identified some areas for improvement that were being addressed, but good overall standards.

The provider used annual surveys to gain people's feedback on service standards. The 2017 survey for this service reported entirely positive results, including for safety, staff and registered manager responsiveness, and support with healthy eating.

After the visit, the registered manager sent us the service improvement plan, which demonstrated progress on 33 particular service goals to be achieved in 2017. These included for supporting people's individual targets, and whole-service progress. The updates showed most matters had been addressed. This helped demonstrate continuous improvement at the service.