

Norwood

Kadimah

Inspection report

Ravenswood Village
Nine Mile Ride
Crowthorne
Berkshire
RG45 6BQ

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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

Kadimah is a care home without nursing which is registered to provide a service for up to eleven people with learning disabilities and some with physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were nine people living in the service one of whom was in hospital on the day of the visit. All accommodation is provided within a two-story building within a village style development. Each person had their own bedroom and there were no immediate plans to increase the occupancy further.

This unannounced inspection took place on 28 November 2018. At this inspection we found the service remained Good overall.

Why the service is rated Good overall:

There is a registered manager running the service who is also the registered manager for a separate adjacent service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's safety was upheld by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff demonstrated understanding of how to protect people and who to alert if they had any concerns. General environmental/operational risks and risks to individuals were identified and appropriate action was taken to eradicate or reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely and effectively. The service benefited from a core of stable and experienced staff. The provider had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

Staff were well-trained and able to meet people's health and well-being needs. They were able to respond very effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs. We have made a recommendation in respect of the food safety practices conducted within the service.

People were encouraged 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 practise.

The committed and knowledgeable staff team provided care with kindness and respect. Individualised and person-centred care planning ensured people's equality and diversity was respected. People were provided with a range of activities, according to their needs, abilities, health and preferences. Care plans were reviewed on occasions by management staff. Care plans mostly contained up to date information and records demonstrated that risk assessments were reviewed within most stated timescales.

The registered manager was well regarded by staff and family members. He was described as supportive, approachable and focussed on the needs of the people living in the service. The good quality of care the service provided continued to be reviewed and improved, as necessary.

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 remained good.

Good ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained good.

Good ●

Kadimah

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 28 November 2018. It was completed by one inspector.

The provider sent us a provider information return (PIR). This document is designed to provide key information about the service, what the service does well and improvements they plan to make. We gathered this information as part of the inspection visit.

We looked at all the information we had collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at documentation for three people who live in the service. This included care plans, daily notes and other paperwork, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff supervision and training records.

During our inspection we observed care and support throughout the day of the visit. We interacted with the people who live in the home. We spoke with three staff members, the registered manager, the operations manager and the two deputy managers who were very familiar with the home. We requested information from a range of external professionals both from social care and health care and we received four formal responses and no information of significant concern from others. We spoke with one family member who was visiting their relative on the day of the inspection and received written comments from two others following the inspection visit.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive training which included safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been one safeguarding notification within the last 12 months which had been dealt with appropriately.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and self-harming behaviour. We received comments from a family member seen on the day of the visit which stated, "We know that the staff work very hard to meet my [family members] needs and are committed to providing the best possible care to keep him safe." We were confident from observations and discussions with staff that they were aware of the risk management plans in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan which was tailored to their particular needs.

We saw and observed that staff were very familiar with people's needs and acted quickly to deal with any expressions of anxiety people showed without delay. Staff understood people's individual communication methods and people were seen to be relaxed and comfortable when interacting with staff.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety checks and most fire equipment checks. We were already aware that the provider was in discussion with their external contractor about a range of unfulfilled contract obligations, including regular fire safety checks etc. It was hoped that an acceptable outcome would be achieved without delay. In the meantime, Kadimah staff were undertaking regular fire safety checks in lieu of the completion of the negotiations.

The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. The environmental health department confirmed the five-star food safety rating at their inspection in October 2018. Despite this we noted that some fridge/freezer temperatures were above the recommended limits without evidence of action taken. Also, we could see no evidence of food temperature checks being taken at the point of delivery of frozen food or the probing of cooked food at the point of serving. This was despite paperwork directing staff to do this. We recommend that advice is sought to ensure that all necessary checks are undertaken and recorded in line with current best practice.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. There had been one medicines error

during the previous year. This had been appropriately dealt with and had not resulted in any harm to anyone. We noted from the staff training record that all staff who were medicines administrators were up to date with their class room based medicines training and any requiring renewals were already booked. It was acknowledged that there had been issues with the electronic recording of e-learning training when completed, however, the registered manager confirmed that they maintained a manual record to ensure that an accurate picture of staff training was kept. We were informed that the organisation was moving to a training system run by the local authority which would be better able to maintain accurate records of all staff training undertaken.

The service continued to provide sufficient staff to meet people's needs and keep them safe. This was confirmed in discussion with staff. There was a minimum of five staff during the day with some of the staff working long days. There was adequate night cover with two waking night staff. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours or familiar bank staff. In any event only staff who were known to the people in the home were used wherever possible.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff who were the most recently recruited and they confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the manager. The manager reviewed any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared. We received no evidence from any source which would indicate any concerns with regard to the safety of people living in the home.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People benefitted from monitoring of the service that was designed to ensure the premises remained suitable for their needs and was well maintained.

The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences. There was also the facility to request additional training over and above the usual programme if this was in the interests of the people supported and would enhance the care provided.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism if required. We noted that some staff had not completed all required e.Learning largely due to staff shortages. This deficit formed part of the Continuous Improvement Plan which was designed to address all shortfalls and serve as a prompt for management staff. A deadline had been set for this issue to be completed.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were appropriately supported with their health care needs. We noted that one care plan referred to someone having a soft diet which was not correct. We brought this to the attention of the manager who undertook to review information in all care plans to ensure their accuracy. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. A health care professional provided feedback which included, "I feel the individuals that live in the service are well supported and also feel the staff team have a difficult job at times due to the ageing population and the changing health needs of the individuals that live there; they are always prompt to contact us for advice and support and welcome us into the service when we visit." Whilst another advised, "Management are proactive about requesting input from health professionals." A visiting professional did point out, "Sometimes I think staff struggle to cope with the very complex needs and health problems – they seem to have a high proportion of residents with a high level of need."

Staff were required to receive formal supervision approximately every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was on-going which was confirmed by the staff we spoke with. Staff also confirmed they had regular one to one supervision and said they felt supported by their manager and the assistant managers. We saw the supervision record which confirmed appropriate frequencies. Staff felt they could go to the registered manager/assistant managers at any time if they had something they wanted to discuss. Regular team meetings were held with additional times scheduled for specific topics or issues. The minutes reviewed were detailed and professionally written

and included relevant topics. We noted that some topic headings were standing items but it was not always clear whether there were issues or not. The registered manager undertook to review the headings to ensure clarity. All staff not present were provided with copies of the minutes. Staff told us communication between team members was good and everyone was supportive towards each other.

People were involved in choosing menus. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for identified choking/swallowing risks and weight management meal plans. The advice of speech and language therapists was sought, as necessary. Staff regularly consulted with people on what type of food they preferred by using their preferred means of communication and ensured healthy foods were available to meet peoples' diverse needs and preferences.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. One health care professional told us, "Yes, "Best Interest" decisions always taken in liaison with family, care manager and Health Professionals."

Is the service caring?

Our findings

People were supported by a dedicated and caring staff team who knew them well. People indicated by their demeanour that they were happy living in the home. People were seen to be comfortable and confident in staff presence. One family member told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. A relative told us, "I see a wide range of care settings and Kadimah is up with the best." Another said, "The staff are extremely caring and work very hard" The majority of staff knew people extremely well and listened to them and acted on what they said. Most staff were highly knowledgeable about the needs of each person and what they liked to do. Those staff newer to the service were building up their knowledge of people and told us they always referred to colleagues if they were not sure of something.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person very well. People were supported to make as many decisions and choices as they could. People's individual communication methods were well understood and documented by staff which ensured that all interactions were as clear as possible and were acted upon. We were provided with several examples of people communicating their needs by their behaviour. Staff were confident in interpreting this behaviour which resulted in positive outcomes for people. Appropriate distraction techniques, which were personally tailored to the individual, was one example of staff intervention.

People were treated with respect and their privacy and dignity was promoted. A comment from a visiting health care professional stated, "Staff are aware of people's dignity and privacy, they will always talk to the residents to explain what is happening and why when I visit as a professional." Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were written and updated together with people wherever possible, using input, where appropriate, from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept locked in the office and the staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Is the service responsive?

Our findings

The service remained responsive to the care and support people needed. We observed the staff team recognising and responding to people's requests or behaviour when they needed assistance. A relative provided written feedback which stated, "Overall I am extremely pleased with the care given to my [family member]. It is first rate."

There had not been any new admissions for some considerable time, however, indicators from the visit suggested the service would complete a full assessment of any person prior to them moving into the service. The service responded to changing needs such as behaviour or health and well-being and recorded those changes. Relatives indicated within their responses that they were confident their family member's health and social needs were met by staff who knew them and cared about them. Care and support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary. We noted from the plans seen that the information available was accessible and well ordered. We were told by the registered manager that all care plans would be subject to a detailed review by a member of the management team, other than the author of the plan, in view of the anomalies seen by the inspector. We saw this requirement was also included as an action on the service's Continuous Improvement Plan.

People's care remained person centred and care plans largely reflected this. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was already documenting the communication needs of people.

The service continued to provide people with an activities programme which related to their abilities, preferences, choices and well-being. Some people went to organised day care activities according to their needs with staff accompaniment, as necessary. There was an understanding within the service that some people were getting older and health care needs were changing as a result. The service was responsive to these changes and advice was sought from appropriate health and social care professionals with the interests of the individual central to the care provided. One relative in response to the question whether they felt listened to, they replied, "Absolutely, always, by every member of staff. Not only am I listened to but after discussion if we agree on a course of action, it gets done."

Whilst staff spoken to told us that communication between the team was very good, two health care professionals told us that sometimes instructions had not always been effectively passed between shifts or to the appropriate management staff. The registered manager was aware that communication had been an issue and as a result had implemented measures to address this. This included instructions to always read the relevant and enhanced handover documentation and to not rely on verbal handover of important

information. The registered manager reported that they believed that improvements had been made as a result of these initiatives but acknowledged that there was always room for further development. It was thought that once a full complement of permanent staff was appointed all areas including communication could be consolidated and progressed.

The service had a robust complaints procedure which was produced in a user-friendly format and was displayed in the home. It was clear that people would need considerable support to express a complaint or concern, which staff were fully aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that no formal complaints had been made about the service during the previous 12 months. The evidence from discussion and records seen confirmed that any concerns or complaints would be addressed robustly and appropriately and in a timely manner to the satisfaction of the complainant whenever possible.

Is the service well-led?

Our findings

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required, although these were low in number. Notifications are events that the registered person is required by law to inform us of. Records were up to date and kept confidential where required.

The registered manager was experienced and had managed this home and previous services for several years. The registered manager had been appointed as the manager of another home located very close to Kadimah. He was already dividing his time between the two homes with the support of experienced assistant managers located in each service. Staff were very positive about his ability and commitment and we heard comments such as "I have been working at Kadimah for over year and half now and I wouldn't work anywhere else. The manager has been very supportive", and, "I am happy here and know I can approach colleagues or any of the management staff for assistance." A health care professional in response to whether management staff were accessible told us, "Yes, they respond to emails and telephone calls and apologise if they haven't managed to get in touch during an agreed-upon time frame." One relative did say that they often had to chase telephone messages and did not receive call backs promptly. However, we did not find evidence to support this.

The service was monitored and assessed by the registered manager, the assistant managers, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed mostly at the appropriate frequencies. Continuous improvement plans (CIP) had been developed by the provider and had been formulated and updated from listening to people and staff and from the formal auditing processes.

There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy for everyone. The registered manager fostered an approach which included everyone striving for improvement and adopted an inclusive style where staff were invited to comment and provide input to the running of the service. The registered manager told us that they had always been well supported by the provider and the associated specialists based on the site. It was his intention to maintain constant review of the service and drive improvements as detailed in the continuous improvement plan.

The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments. One health professional told us, "I feel the individuals that live in the service are well supported and also feel the staff team have a difficult job at times due to the ageing population and the changing health needs of the individuals that live there; they are always prompt to contact us for advice and support and welcome us into the service when we visit." Partnership working also extended to the in-house teams located on the site who were there to support, guide and instruct services to question and embrace good practice.

The views of people, their families and friends and the staff team were listened to and considered by the management team. People's views and opinions were acted upon without undue delay and were always recorded in their reviews. Staff meetings were held regularly and comprehensive minutes were kept. Staff told us they felt included in decisions and they were confident that their ideas and suggestions would be considered by the registered manager.

The service continued to ensure people's records were detailed, up to date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests