Yarrow Housing Limited

Angela House

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 29 October and 3 November 2014. The first day of the inspection was unannounced and we told the registered manager we would return on the second day. At our previous inspection on 27 December 2013 we found the provider was meeting regulations in relation to the outcomes we inspected.

Angela House is a six bedded care home for adults with a learning disability or autistic spectrum disorder. Four of the bedrooms are used for single occupancy and there is one shared bedroom. At the time of this inspection there were no vacancies.

There was a registered manager in post, who had worked at the service for over 20 years. 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.

Staff had been trained about identifying and reporting signs of abuse and there were policies and procedures in place to protect people from harm or abuse. Care plans contained up-to-date, relevant risk assessments,

Summary of findings

including assessments to support people to safely access community facilities and to support people with behaviour that may challenge the service. We saw that there were sufficient staff to provide people with one-to-one support as required and to take people out. Medicines were stored, administered and disposed of safely, and records showed that staff had received training in regard to the safe handling and administration of medicines.

People received effective care from staff, who had appropriate training and supervision. People were supported to make choices about their food and drinks, and their nutritional needs were monitored. Staff supported people to visit health care professionals, including GP's, psychologists, speech and language therapists and dietitians. Staff were aware of the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), which care homes are required to meet.

We observed that people had positive relationships with staff, who demonstrated their understanding of people's individual and complex needs. Staff understood people's likes and dislikes, and could explain people's life histories. People were spoken with and treated by staff in a respectful and kind manner and their privacy and dignity were promoted. For example, people were asked by staff if they were happy to show us their bedrooms and their wishes were respected.

Care plans were regularly reviewed, involving people, their relatives and health and social care professionals. Relatives told us they were asked for their views about the quality of the service and had an opportunity to do so, for example, through attending annual review meetings and completing surveys. There were opportunities for people to take part in a range of activities within the service, and to go out on local trips. During the inspection we saw that staff had enough time to respond to people's needs in a timely way. Relatives knew how to make complaints and said they were confident that any complaints would be taken seriously.

The registered manager was described by relatives and professionals as being caring and competent. We saw the registered manager interacting well with people who used the service, staff and a visiting relative. The staff told us they felt well supported by the manager. They were supported through regular one-to-one and group meetings, and also used 'handover' meetings between shifts. This meant any concerns and important information could be shared with colleagues. There were systems in place to monitor the quality of the service and foster a culture of continuous improvement. There was evidence that learning took place from the results of audits and through seeking the views of relatives and professionals.

Summary of findings

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 was safe.

Staff knew how to recognise abuse and keep people safe from harm, and had attended safeguarding training. There were risk assessments in place for any identified areas of risk. These risk assessments were reviewed annually or more frequently if a person's needs changed.

The registered provider ensured that staff were safely recruited for working with vulnerable adults, including criminal record checks, and made sure there were sufficient suitably qualified staff on duty to meet people's needs.

Medicines were properly stored and administered by staff with relevant medicines training.

Good

Is the service effective?
The service was effective.

Staff received the training and support they needed to meet people's needs. Care plans showed that people and their representatives were asked about their preferences and people received individualised care.

People were supported to have a balanced diet, which took into account their likes and dislikes, as well as cultural and medical needs.

The service appropriately referred people to health and social care professionals, such as GP's, district nurses and the community team for adults with a learning disability.

Staff understood their responsibilities in relation to Deprivation of Liberty Safeguards and the Mental Capacity Act (2005).

Good

Is the service caring?
The service was caring.

We saw that staff treated people with respect and kindness, and promoted their dignity and independence. People and their relatives told us they were happy with the care and support, and we saw positive interactions between people and staff.

Staff encouraged people's interests and hobbies, and celebrated people's achievements. Health and social care professionals told us that the registered manager and staff were kind and caring.

The service assisted people to access independent advocates.

Outstanding

Is the service responsive?
The service was responsive.

We found that the service assessed people's needs and recorded suitably detailed guidance and information so that staff knew how best to meet these needs.

Good

Summary of findings

People were supported to access a wide range of activities within the home and in the local community.

Relatives knew how to make a complaint and felt their concerns would be listened to and acted upon.

Is the service well-led?

Good 

The service was well-led.

Relatives and staff told us that the registered manager was approachable and would respond if they raised any concerns about the service.

There were a number of procedures in place to monitor the quality of the service. These included audits, regular staff meetings, surveys and monitoring of accidents and incidents.

Angela House

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 inspection took place on 29 October and 3 November 2014. The first day of the inspection was unannounced and we told the registered manager we would be returning for a second day.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in the care and support of people with a learning disability.

Before the inspection we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC and the report for the last inspection that took place on27 December 2013, which showed the service was meeting all the regulations we checked during the inspection. We also looked at a Provider Information Return (PIR) we asked the provider to complete before 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.

During the inspection we spoke with four people using the service and one relative. We also contacted two relatives after the inspection and one relative sent us comments. We interviewed three members of staff, the deputy manager and the registered manager, and observed care in communal areas and reviewed records. The records we looked at included three people's care plans, medicines records, staff records and records relating to the management of the service.

People living at the service were not fully able to tell us their views and experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We contacted health and social care professionals in order to find out their views about the service. We received comments from an advocate who supported people living in the service to make decisions about their own care, two local authority reviewing officers responsible for assessing people's care and a speech and language therapist, who assessed and treated people's language and communication problems to help them better communicate.

Good

Is the service safe?

Our findings

A relative told us they felt their relative was safe living at the service. They said, "All the staff seem 100% committed and very caring. The staff have been here for years and they aren't strict with residents. It feels safe here and I have nothing to worry about."

People appeared to be relaxed and comfortable with staff. Staff were able to demonstrate how to keep people safe from the risk of abuse. They were able to tell us the actions they would take if they thought a person was at risk of abuse and they understood how to use the provider's whistle blowing policy, including how to contact other appropriate organisations with any concerns. The training records demonstrated that staff received regular safeguarding training.

There were systems in place to identify any risks to people's safety and develop appropriate plans to manage risks. We looked at three care plans, which all had up-to-date and individual risk assessments. There were assessments for general health care needs such as mobility, nutrition and falls prevention, and also risk assessments specific to people's health conditions. Risk assessments which had been updated following any incidences or changes in people's needs and new preventative actions had been put in place. Staff were able to describe how they supported people to keep safe whilst enabling them to make choices.

Where necessary, care plans and risk assessments contained information about how to support people with behaviour that may challenge the service. Staff were able to describe the actions they would take if a person became agitated or distressed, such as giving people time to calm down or offering them time to relax in the sensory room. Records showed that staff had received training in supporting positive behaviours and techniques to de-escalate behaviour that may challenge the service. During this inspection we saw how staff used their knowledge and skills gained on their training courses.

There were four staff on duty on the first day of our inspection, which included the deputy manager. There were five people living at the service, as one person had been admitted to hospital. The rotas showed that the number of staff during the day varied but was calculated to ensure that people could be supported to attend day centres, appointments and access community events and amenities. Staff told us they were usually able to support people to go out daily if they wished to, which we observed on both days of our inspection. The registered manager regularly assessed people's dependency levels, which enabled her to make adjustments to staffing numbers and if required, request for people to be re-assessed for additional staffing hours from their placing authority. The rotas showed that the service did not use agency staff but used a small number of regular bank support workers, in order to provide a consistent service.

We checked a sample of the service's maintenance and servicing records. They demonstrated that equipment including fire safety apparatus, gas and electrical appliances and hoists had been regularly checked to make sure they were safe.

Staff files contained evidence of all of the required recruitment checks such as proof of identity, criminal records checks and a minimum of two verified references. The permanent staff we met at the inspection had worked at the service for between eight and 25 years, hence they were not able to discuss their recruitment and induction. However, the registered manager and support staff told us that new bank support staff carried out a few shifts as supernumerary staff, which meant they could observe and build up a rapport with people using the service.

There were appropriate medicines policies and procedures in place. We observed medicines being administered at breakfast time. Staff explained what the medicines were for and we saw how staff gently encouraged and supported people to take their medicines. We checked how the service stored medicines, including the arrangements for the safe disposal of medicines no longer required. We looked at a sample of medicine administration record sheets (MARS) and found they were appropriately completed in accordance with the provider's medicines policy. The registered manager carried out periodic audits to check that medicines were being safely managed.

Good

Is the service effective?

Our findings

Relatives told us they thought staff were well trained for their role and responsibilities. One relative told us, "They look after [my family member] so well and make their life happy." Another relative told us their family member continued to be happy and settled living at the service.

Staff were able to explain in detail about people's needs, likes and dislikes. One support worker told us, "We know their moods well and understand the non-verbal clues. We give choice and encouragement." The health and social care professionals who provided comments about the service described staff as being "very knowledgeable" and able to "sensitively give people meaningful choices." Training records showed that staff had achieved nationally recognised qualifications in health and social care, and had also attended training to meet the specific needs of people using the service. This training included epilepsy awareness and how to support people with PEG feeding. This is a percutaneous endoscopic gastrostomy feeding tube, which is used to improve a person's nutritional intake and contribute to a better quality of life when they have severe swallowing problems. Staff records also showed that staff had up-to-date mandatory training in areas such as food hygiene, first aid and moving and handling.

Staff told us they had regular supervision every couple of months, which they described as "useful" and "supportive". The supervision records we looked at demonstrated that staff could talk about the needs of the people they supported as well as their own training and development needs. Staff also received an annual appraisal. We looked at a sample, which were up-to-date.

The relative we spoke with told us they had consistently observed staff asking their family member for their consent, for example, whether their relative would like to have a bath or shower. We observed that people were asked for their consent, for example, to be taken out of the lounge and supported with toileting. This meant that people were asked for their agreement before care was provided and their wishes were respected.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides safeguards to protect people from being deprived of their liberty unless it is in their best interest to protect them from harm. The registered manager told us that she had spoken with people's social workers and reviewing officers in order to identify any potential deprivation of people's liberty, which we saw in the records of people's reviews. No one was subject to a DoLS authorisation at the time of our inspection and the registered manager was aware of the necessity to notify CQC should this occur. Staff had received training about the Mental Capacity Act (2005) and DoLS.

The three care plans we looked at showed that people's mental capacity had been explored during social services reviews. The service actively involved health and social care professionals such as psychologists, social workers and advocates in order to assess what kind of decisions people were able to make and to consider whether a best interests meeting was needed. At the time of this inspection an advocate from a local voluntary organisation was working with three people using the service. The advocate told us that the registered manager and staff were keen to support people to express their own wishes and make fulfilling choices.

People gave us the thumbs up sign, smiled and nodded enthusiastically when we asked about the food. We saw people eating breakfast, snacks and lunches on the first day of our inspection and breakfast on the second day. People were asked what they wanted and shown the items, such as different cereals, biscuits and conserves. One person had a pictorial wall chart with menu choices and staff told us other people were able to make their wishes known through either verbal or non-verbal communication. We saw that people were regularly offered hot and cold drinks. Staff told us that people enjoyed eating out at local cafes and restaurants and we saw people going out for meals in accordance with their wishes.

The care plans showed that people's nutritional needs were assessed and kept under review. People were referred to their GP if staff had concerns about significant weight loss or gain. We saw that people received support from other healthcare professionals such as dietitians, district nurses and speech and language therapists to assess and manage specific nutritional needs.

A relative we spoke with told us they were happy with how the service met their family member's healthcare care needs. Another relative commented on how their relative had been well supported by staff when they recently needed an operation. The care plans showed that people's healthcare needs were identified in a document called

Good

Is the service effective?

their Health Action Plan, which was regularly updated. People were supported to access healthcare, which included visits to opticians, podiatrists, doctors and dentists. The service used a specialist NHS dental team with particular experience in supporting people with learning disabilities. Records were kept in regard to people's attendance at healthcare appointments along with any guidance or instructions for staff to follow. The reviewing officers told us that people received a "high quality of care", which included how staff supported people to meet their healthcare needs.

The service occupied an ordinary domestic property in a residential street. There was a sensory room which was enjoyed by people on a daily basis, adapted baths, ceiling and mobile hoists, and a passenger lift. This meant that people with physical disabilities and/or restricted mobility could access and use facilities within the premises. We observed that although the premises were clean, welcoming and homely, some communal areas were now looking faded and in need of redecoration and refurbishment. The registered manager demonstrated that she had already discussed the need for improvements with the provider and the housing association that owned the property.

Outstanding ☆

Is the service caring?

Our findings

People using the service indicated to us they were happy. One person told us, "happy here" and other people used the thumbs up sign when we asked about what it was like to live there. Throughout the inspection we observed positive interactions between people using the service and staff. We saw how staff promptly recognised and responded to any changes in a person's behaviour that indicated they were becoming anxious or distressed. In these circumstances people were offered reassurance and comfort, delivered in a kind way. Staff explained that some people did not like to be touched if they were unsettled but responded well to the offer of a new activity, time to relax in the sensory room or whirlpool bathtub. Staff were always observed to be compassionate and interested in the holistic needs of the people they supported.

A relative told us, "We know [our family member] loves it here. They like to come and stay with the family for the weekend but are so happy to come back here. The staff are wonderful and go that extra mile. It's the home you want to be at, it's just like a little family." The relative told us they could visit at any time, and were always offered a warm welcome and a cup of tea. Another relative told us their family member was happy and doing well. We received positive comments from health and social professionals. They all mentioned the kindness and dedication of the registered manager and staff, and spoke of the unique and caring atmosphere. One professional told us that the service was caring and person-centred, and staff were kind to people.

Care plans showed how people and their representatives were consulted about their daily routines, likes and dislikes, and their cultural and religious needs. For example, one person spoke and understood some French words and songs and they had been allocated a French speaking key worker. During this inspection we saw staff join in when the person chose to sing a French nursery rhyme. Another person enjoyed nature and liked to collect leaves and small twigs when they went out. Staff told us how they supported this interest by taking the person to a nearby park and providing them with a carrier bag for their finds. We saw how staff encouraged the person and valued their hobby, by talking about the different types and colours of leaves and twigs found in the autumn. Staff were able to tell us each person's hobbies, interests, likes and dislikes.

At the time of this inspection one person was in hospital, having been admitted several weeks before. The registered manager and the staff regularly visited the person and kept in contact with their family. The registered manager had attended meetings at the hospital in order to discuss how the service could meet the person's healthcare needs. Records showed that the service wished to enable the person to return home and were actively exploring how to meet the person's additional care needs. Staff told us they missed the person and their relatives, and felt strongly about providing people with a service that felt like a family home. We looked at the person's care plan, which showed how the service had previously continuously adapted to meet the complex and changing healthcare needs of this person. For example, staff had received specialised training from the district nursing team to meet the person's nutritional and personal care needs.

We saw that people's privacy and dignity was promoted. People were asked if they wished to speak with us and if they wanted to show us their bedrooms. Staff knocked on people's doors and bedroom and bathroom doors were kept shut when people were receiving support with their personal care. Staff told us they asked people for their consent before carrying out any care tasks. We saw this happen when people were being supported to have meals and drinks, or remove coats and gloves when they came indoors from a community activity.

Most people had lived at the service for between 20 and 25 years and many of the staff had worked there for a similar length of time. Staff demonstrated they had a detailed knowledge of people's life history. For example, staff were able to speak with people about their relatives and comfort people if they missed a relative.

We saw that annual reviews took place, which were chaired by their social workers. People attended these reviews and family members were also present, where possible. People's views and the views of their representatives were sought, and people's key workers contributed their knowledge about the person's needs and wishes.

People and their representatives were provided with information about how to access advocacy services, and at

Outstanding ☆

Is the service caring?

the time of this inspection two people had regular contact with an independent mental capacity advocate. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. People were provided with information about the service and their rights in pictorial formats, for example there was a pictorial complaints leaflet.

The care plans we looked at had information about the actions to be taken if a person died. This included any specific arrangements to meet their religious and/or cultural needs.

Good

Is the service responsive?

Our findings

We saw that people were given care and support that met their needs. For example, one person was frequently presenting with behaviour that challenged the service and staff were working closely with a range of health and social care professionals, including a psychiatrist and a psychologist, in order to find ways to appropriately support the person.

The three care plans we looked at included a pre-assessment of people's needs before they moved into the home. A detailed support plan was in place which covered areas including personal care, communication, eating and drinking, mobility and social, emotional and spiritual needs. The support plans were individualised and provided details about what was important for people, for example one person's care plan explained exactly how they liked their mug of tea to be provided. Some people had complex needs and there was information about how to identify warning signs that they may present with behaviour that challenged the service and also how to re-enforce positive behaviours.

Care plans had been appropriately updated when there were changes and regular reviews took place, which meant there was an up to date record for staff about how to meet people's needs. Records were kept of people's appointments with healthcare professionals and significant new information from these professionals was added to support plans. For example, one person had received support from a physiotherapist and physiotherapy guidelines in a joint written and pictorial format had been added to the person's support plan for their mobility needs. Staff documented that they informed relatives of changes to the care plans, which was confirmed to us by relatives.

Staff were able to provide us with information about people's social and healthcare needs and tell us how they responded to any changes to these needs. For example, staff told us that one person with learning and physical disabilities had become increasingly frustrated as they could not express their needs and wishes verbally. The person was referred to a speech and language therapist who worked with the person and the staff team in order to develop objects of reference. This is a communication system which consistently uses specific objects to represent for example, an activity, event or person. We saw that the person was able to choose their activity for the day by picking the applicable object and staff facilitated this choice. The service had also sought the involvement of a specialist nurse for people with epilepsy to help support some of the people using the service.

People's wishes were recorded in their care plan, for example their preferred name to be addressed by and whether they wished to receive personal care from a care worker of their own gender. Staff told us they found out about people's preferences by asking them, or a family member if the person could not make their preferences known. We saw in the care plans that staff had also tried to find out what people wanted through the use of an advocate and by observing them to see what their preferences were. One person's keyworker told us how they had taken the person to try out different local cafes and were then able to ascertain which places they particularly liked.

The service supported people to meet their spiritual needs. The registered manager told us that people did not wish to attend church or have visits from ministers of worship, but one person identified themselves as being a Christian and requested to attend an annual Christmas carol concert a few years ago. Staff organised for the person to attend a carol concert at the Royal Albert Hall, which they continue to do in accordance with the person's wishes.

People's social and recreational needs were identified and met. During the inspection we saw people going out for activities which included dance classes, meals out at cafes and shopping at the nearby town centre. A relative told us, "[my family member] has music lessons, goes out shopping and to the pub. The staff help organise holidays and make life as normal as possible." The care plans we looked at showed that people also went to the cinema, had appointments with massage therapists and reflexologists, and enjoyed car rides out to Richmond and Kew, where they would stop for a walk and a snack. The service owned its own vehicle, which was insured for staff to drive. This meant the service was able to respond more flexibly to people's requests to go out for activities and entertainments.

People were provided with pictorial information about how to make a complaint. Staff told us they had supported people to look at the complaints leaflet, and some people had received additional support about how to make a complaint from the local independent advocacy service. One relative told us, "[My family member] has been here for

Good

Is the service responsive?

11 years and before that they came here for respite stays. I have never had to make a complaint as the care is so good, but they have given me a complaints leaflet." The relative told us they believed the registered manager would investigate any complaints in an open and thorough way. We looked at the complaints log, which showed that there had not been any complaints in the past 12 months.

Good

Is the service well-led?

Our findings

We saw that people using the service had good interactions with the registered manager. A relative said, “She is very approachable and seems to be here a lot. You can always talk to her.”

Members of staff told us that the registered manager promoted an open and supportive culture. One staff member said, “It is an open door policy here. We have residents that have high support needs and the manager or the deputy is always here to listen and advise”. The staff we spoke with understood the provider’s whistle blowing policy.

The registered provider carried out monitoring visits to the service on a monthly basis and sent reports, with actions to be followed up. We saw that the registered manager took appropriate action to remedy any identified shortfalls. We also looked at a report for the provider’s environmental health and safety audit, which took place twice a year and had been carried out a couple of weeks before our inspection. This audit looked at areas including the condition of the building and its interior, risk assessments for the premises and staff training records for manual handling. We noted that the registered manager had started addressing any issues raised within the audit report. The registered manager also carried out her own audits, for example medicines audits and checks to ensure that the care plans were up-to-date.

We looked at the minutes of two of the most recent staff meetings. The registered manager told us she aimed to have monthly meetings. The minutes showed that staff were asked for their views, which were listened to and acted upon. This included observations by staff about changes in people’s behaviour or mobility and what actions could be taken to provide the most appropriate support.

Records showed that the registered manager analysed incidents and accidents so that any patterns could be identified and addressed, in order to reduce the likelihood of incidences reoccurring and promote people’s safety. The registered manager and the deputy were aware of how to appropriately send notifications to the Care Quality Commission.

Annual satisfaction surveys were sent to people’s relatives. The comments received were positive and complimentary about the service.

The registered manager told us she felt supported by the area manager and received regular one-to-one supervision meetings, as well as group meetings with the provider’s other local managers of services for adults with learning disabilities.