Yarrow Housing Limited

Yarrow Housing Limited - 1-2 Elmfield Way

Inspection report

1-2 Elmfield Way
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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

Overall summary

This inspection took place on 14 and 16 July 2015. The first day of the inspection was unannounced and we informed the registered manager we were returning on the second day. At our last inspection on 28 January 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

1-2 Elmfield Way is a six bedded care home for men and women with a learning disability. It is a single storey building with single occupancy bedrooms, a combined dining and lounge area, and a large rear garden with a summer house. None of the bedrooms are en-suite; there are shared toilets and bathrooms in the communal areas.

There was a registered manager in post, who had managed the service for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 relative of one person told us they felt appropriate actions were being taken to promote the safety of their family member and protect them from the risk of abuse. Staff told us about the actions they would take to protect people from abuse and records showed they had attended safeguarding training.

The management and staff team demonstrated a positive approach towards managing risk and keeping people safe. Potential risks of harm to people or others in their daily lives were assessed and identified. Strategies were in place to provide guidance for staff, in order to mitigate risks and enable people to take part in their preferred activities and safely access community amenities.

There were sufficient staff deployed to support people with their personal care and their preferred activities at home and in the community. Recruitment records demonstrated that the provider's policies and procedures were followed to ensure that suitable staff were selected and appointed to work with people using the service.

The internal premises were tidy and clean. Records showed that the property was being safely maintained in regards to areas such as fire safety, and the professional maintenance and servicing of equipment and installations.

Medicines were stored, administered and disposed of safely. Staff had received medicines training and their competency was regularly assessed.

Staff received ongoing training, bi-monthly supervision and an annual appraisal of their performance. Staff received mandatory training, such as moving and handling people and fire safety. There was also training focused upon how to meet the individual needs of people using the service, for example training to support people with behaviour that challenged the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. Staff had received training and understood how to protect people's rights.

People were supported to have a nutritious and enjoyable diet, which took into account personal preferences, and any cultural and dietary needs. They were encouraged to get involved with menu planning, food preparation and kitchen chores, in accordance to individual interests.

Staff supported people to access and follow guidance from relevant healthcare professionals. Focused work was carried out by staff to support people to understand medical interventions such as blood tests and 'well woman' screening procedures. Each person had a health action plan which contained information about how they were being supported to meet their identified health care needs, which included advanced planning for routine and elective surgery hospital admissions whenever possible.

A relative described staff as being "brilliant with the residents, they are all so kind, patient and genuine." During the inspection we saw that staff interacted with people in a thoughtful and caring manner. We received positive comments from external health and socialcare professionals in regards to the conduct and approach of staff.

We saw that people were consulted about their wishes and preferences. For example, some people expressed that they wanted to have supported employment opportunities and the service had arranged this. Another person told us they liked swimming and we saw that this activity featured every week on their individual schedule. People were supported to use computers and electronic tablets for communication and social purposes.

A relative informed us they had been given information about how to make a complaint and felt confident the provider would respond in an open and helpful way in the event of a complaint. People were provided with a pictorial complaints leaflet and other more detailed pictorial materials were used to help people express their concerns and views.

Summary of findings

A relative described the registered manager as “a wonderful head of the home, approachable and leads the staff well.” Appropriate quality assurance systems were in place to check the quality of the service and identify ways to improve.

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?

Good

The service was safe.

Staff understood how to identify and respond to signs of different types of abuse, and keep people safe from harm.

Risks to people's safety, health and well-being were recognised, and plans had been developed to assess, review and manage these risks.

Staff were robustly recruited and deployed in sufficient numbers to meet people's needs.

Medicines were safely managed, in accordance with legal requirements.

The premises were clean and safely maintained.

Is the service effective?

Good

The service was effective.

People received support and care from staff who were provided with appropriate training, supervision and support.

Staff understood about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. This meant they could take the appropriate actions to ensure people's rights were protected.

People's health care needs were understood by staff and they were supported by staff to receive appropriate care to meet their needs.

People, and their relatives where applicable, were asked about favourite foods and beverages, and this information was used to plan the menus. Some people expressed their preferences through non-verbal communication, which was understood by staff.

Is the service caring?

Good

The service was caring.

We saw friendly interactions between people and staff. Staff promoted community involvement and supported people to maintain contact with family members and friends.

Staff showed us how they involved people in making decisions about their care and support. We saw staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed taking into account their wishes and views, and in consultation with their chosen representatives.

People received personalised care and support that was responsive to their individualised needs. Their care and support needs were regularly assessed and reviewed.

Summary of findings

Staff knew people's social interests, their likes and dislikes. People were encouraged to engage in meaningful activities.

Staff understood how people expressed themselves through verbal and non-verbal communication.

Is the service well-led?

Good 

The service was well-led.

A relative of a person using the service and external professionals told us they thought the service was well managed.

Staff told us they felt properly supported by the management team.

Arrangements were in place to monitor the quality of the service, including audits and spot checks, and unannounced visits by the area manager, the registered manager and the deputy.

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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 14 and 16 July 2015. The first day of the inspection was unannounced and we informed the registered manager we would be returning for a second day. The inspection was carried out by one inspector. Before the inspection we read through the information we held about the service. This included notifications of significant incidents reported to the Care Quality Commission and the last inspection report of 28 January 2014, which showed the service was meeting all regulations checked during the inspection.

We spoke with three people living at the service, and had a telephone discussion with the relative of one person after the inspection. We spoke with two members of the care staff, one of the two deputy managers and the registered manager. We observed support and care being given to people in communal areas and checked a variety of records which included health and safety documents, and policies and procedures. We looked at three care plans and checked five recruitment folders.

Some people had limited spoken language due to their disability, so we used the Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used pathway tracking which meant we looked at how the service worked with people from before they started using the service through to the present.

We contacted external professionals with current knowledge about this service and received information from three health and social care professionals.

Good

Is the service safe?

Our findings

We spoke with a relative who told us they thought their family member was safe, and described specific actions that staff had implemented to promote their safety. We observed positive interactions between people and staff, which demonstrated that people felt safe in the company of staff members. People appeared relaxed with staff and were able to express their wishes. For example, people asked staff for assistance to make drinks in the kitchen, go out for a walk to a local café or provide reassurance.

Records showed that staff had received safeguarding training in order to protect people from abuse. Staff were able to describe different types of abuse and the signs they would watch out for. We looked at the provider's safeguarding and whistleblowing policy and procedures, which contained appropriate guidance about how to report concerns. The registered manager and members of the staff team explained to us about the complex needs of people, which at times resulted in people experiencing difficulties with other people living at the service. Staff told us about how the service had worked consistently with external professionals in order to protect people, which was confirmed by a relative and via the information we received from local health and social care professionals. We saw that the service had followed external professional guidance and kept relevant parties informed, including people's relatives and the Care Quality Commission.

Risk management plans had been developed in order to identify what actions should be taken to reduce potential risks that people could encounter as part of their daily lives. They formed part of people's care plans and provided guidance for staff in regards to how support and care should be delivered. The risk management plans included actions staff needed to take to manage identified risks, to enable people to be as safe and independent as possible. For example, we saw risk management plans to support people to travel safely by car or public transport, and to access community leisure facilities.

A relative told us they thought there were sufficient staff on duty. The registered manager told us that staffing levels had been reviewed since the previous inspection and specific changes had been made this year in order to ensure people's safety at all times. The staff rotas showed that there were sufficient staff on duty on both days of the inspection. Staffing levels took account of the needs of people who required one-to-one support at home and in the community. Some people received additional support from staff employed by the local NHS and social services partnership for people with a learning disability; we observed this in action.

During the inspection one person spent a day at the provider's main office taking part in the recruitment of new staff. Staff told us the person had received training and enjoyed this role. We checked a sample of the staff files and found that there were safe recruitment procedures in place, including criminal record checks, written tests as part of the interview process and other checks to ensure that people had authentic and relevant references. This showed that effective measures were used to ensure people were supported by suitable staff.

Systems were in place to support people to safely receive their prescribed medicines. Records showed that staff had received medicines training and their competency to administer medicines was subject to periodic assessments. Staff were knowledgeable about people's medicines and told us the GP provided them with useful guidance to monitor the effectiveness of particular medicines, for example topical creams prescribed for skin conditions. Medicines were securely kept in a lockable cabinet and daily checks were carried out to ensure that stock levels were accurate and balanced with the number of medicines that had been dispensed.

The premises were purpose built by the NHS in 2000, on the site of a former hospital. We observed that the premises were clean and satisfactorily maintained but were beginning to show evidence of wear and tear. The registered manager said that she had identified some actions needed to improve the premises and planned to request a budget for this work from the provider. Some environmental improvements had already been agreed and funded. For example, one person was due to move out soon after the inspection and there was a plan to turn the spare bedroom into a new lounge, which would give people more space and staff more options for managing behaviours which challenged the service.

Prior to this inspection we had received notification that the London Fire and Rescue Service had served an enforcement notice on the premises due to inadequate fire safety. Records showed the provider had taken action to fully meet the requirements detailed in the enforcement notice. We checked other records for the premises

Good

Is the service safe?

including monthly fire drills, fire alarms testing, emergency lights testing, gas safety check and inspection of electrical installations, which were found to be satisfactory. This showed that there were suitable practices in place to ensure people were provided with a safe home environment.

Good

Is the service effective?

Our findings

A relative told us they thought staff had the right training and support to meet the needs of their family member. One community professional told us that staff had carried out some excellent work with people using the service and another community professional told us they were aware that staff regularly attended training courses.

Training records showed staff received mandatory training such as food hygiene, fire safety, and equality and diversity. Staff also had training to meet the needs of people using the service, for example, training to communicate with people who could not communicate verbally and training to support people with behaviour that challenged the service. One member of staff told us that a clinical psychologist had come to a team meeting to provide guidance and training to meet the needs of a person with behaviour that challenged the service.

Records demonstrated that staff had one-to-one formal supervision approximately every six to eight weeks and an annual appraisal. The content showed that staff were provided with opportunities to discuss the needs of people using the service and to identify their ongoing training needs.

We observed that people were always asked for their consent. For example, people were asked if they were happy to meet us, if they agreed for us to have a look at their bedroom or join in with an activity, such as a board game with staff. Care plans showed that people and their representatives were asked about how they wished to be supported; for example whether they wanted to receive personal care from a care worker of the same gender as themselves.

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report on what we find. This Act sets out what must be done to make sure the rights of people who may lack capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of attaining this. Staff demonstrated a clear understanding of their responsibilities in regards to MCA and records showed they had received appropriate training. Where necessary, mental capacity assessments had been carried out and Deprivation of Liberty Safeguards applications had been sent to the local authority. One of the care plans we looked at showed that best interests meetings had been held in order to support a person who required medical care.

A relative told us they thought their family member received a balanced diet which took into account individual preferences. People were not able to tell us their views about the quality of the food; however, staff used a range of methods to find out about people's favourite foods and identify any changing preferences. The care plans contained information about how to meet people's nutritional needs, including likes and dislikes, any cultural requirements and information given by families. Staff told us they showed people pictorial menus and shopping lists, and observed people's responses to different foods at parties and buffets. We were told that some people showed staff their preferences by selecting food out of the fridge and kitchen cupboards.

We observed one meal time and saw that staff sat with people and had a meal, in order to promote a homely atmosphere. We spoke with a member of staff preparing an evening meal and saw that there were good sized portions of healthy foods. The kitchen was well stocked with a variety of fresh fruits, cereals, snacks and beverages.

Care plans contained 'Health Action Plans' which identified people's healthcare needs and how to address them. Staff were knowledgeable about people's individual healthcare needs and showed us how they used a series of pictures and photographs to explain to people that they were due to attend a medical or dental appointment. The care plans showed that people attended various healthcare appointments, including visits to GPs, practice nurses, podiatrists and opticians. The service had completed shorter healthcare documents that could be used for hospital admissions, so that external healthcare staff would have comprehensive information including how to meet a person's communication needs. The registered manager had drawn up a staffing schedule for a person that was due to enter a hospital for elective surgery, so that they would receive 24 hours support from staff they were familiar with.

Good

Is the service caring?

Our findings

A relative told us staff were "very kind and genuine". We received positive comments from the community healthcare professionals about the conduct and approach of staff. During the inspection we saw staff interacted with people in a kind, patient and thoughtful manner. For example, one person wanted to join us when the registered manager showed us around the building and the garden. The person's wishes were respected and their contribution was valued. Staff demonstrated their ability to communicate with people who were not able to verbalise their needs and wishes. Each staff member we spoke with emphasised the importance of getting to know people well, which meant they could promptly identify any changes in a person's mood and wellbeing.

Most people using the service were offered a therapeutic employment opportunity. Some people went to the provider's main office in a neighbouring borough to carry out an office task once a week, supported by a member of staff. Staff told us that people liked this activity as it promoted their self-esteem and they could use the payments for café trips or other leisure pursuits of their choice.

At the time of the inspection one person was being supported to move to a different care home. We saw that the person was being assisted to visit their new home every week and their relatives had been consulted. Staff spoke positively with the person about how the forthcoming move would offer greater independence and fulfilment. We received complimentary feedback from a community professional about the service's ability to support people in sensitive and caring ways during periods of transition.

We noted that personal care was carried out in the privacy of a person's bedroom or in a bathroom, and staff knocked on bedroom doors before entering. Staff explained to each person that an inspection was taking place, using verbal and non-verbal communication tailored to people's individual communication needs. Staff reassured people and told them they did not have to change their plans for the day.

Staff told us they could refer people to a local independent advocacy service if they needed support to make decisions about their care and support. The registered manager said that some people were supported to make their views known by their relatives and most people were able to present their own wishes and opinions in varying ways. For example, we saw that one person actively used a tablet computer and another person used a detailed and individualised picture book.

People were provided with a pictorial contract that explained their rights and entitlements living at the service, and a pictorial guide about how to make a complaint. Staff told us that some people raised a complaint by leading staff into their room or a communal area and pointing out their concern.

Good

Is the service responsive?

Our findings

A relative told us that they were invited to contribute to their family member's care plan. For example, their relative visited the family home once a week accompanied by a member of staff. The relative told us that this plan had been developed to take into account the wishes of the person and when possible, their family. The care plans were up-to-date and had detailed information that showed staff understood people well.

People's care plans demonstrated that staff sought to support people in a multi-disciplinary way. We saw that there were assessments carried out by other professionals, including social workers, psychologists and psychiatrists. The deputy manager told us the service worked closely with psychology assistants. During the inspection we met staff from the local learning disability service, who supported two people to broaden their community opportunities, and follow strategies to support their social and behavioural needs. We saw the staff working at the service exchanged information with the community team before people went out and upon their return.

Community professionals described people's needs as being complex due to their autism and behaviours that challenged and told us that staff were responsive and co-operative in the way they supported people's changing needs. One community professional told us that staff responded to new guidance, made changes to care plans and actively worked with people to achieve new objectives.

Staff presented as being skilled in knowing what triggers to look out for if a person was at risk of becoming upset, anxious or agitated. For example, one person collected specific objects and the loss of an object caused distress. With the support and advice of the local health and social care learning disability team, the service had purchased identical objects they could offer to the person while staff searched for the original.

The care plans showed people were supported by staff to participate in different activities. Staff told us one person liked to cook with staff and another person enjoyed wiping tables after meals. People had recently been on trips to Brighton, the London Eye, Greenwich and to a fruit picking farm. One person attended college and other people had their own interests such as swimming and walks along the canal with staff. This showed people were supported in an individualised way to engage in fulfilling activities.

One relative told us they had never made a complaint but were confident the service would respond to complaints in an open and helpful manner. The relative confirmed they had been given a copy of the complaints procedure. We looked at the complaints log and found there were no complaints since the previous inspection.

Good

Is the service well-led?

Our findings

A relative told us they were pleased with how the service was managed and felt they had developed a positive relationship with the registered manager.

The service requested the opinions of people, and their families and friends, by sending questionnaires every other year. The responses for the most recent questionnaires showed that people's representatives were happy with the quality of the service.

Since our last inspection visit people using the service and their representatives had been invited to attend a three day event organised by the provider. Its' purpose was to consider the future development of the organisation. This showed that people's views were being sought to help shape both the service and the wider organisation.

Although the comments we received from community professionals indicated that they thought the service was well managed, it was suggested that staff would benefit from more leadership to help them engage people in meaningful activity at home.

The registered manager informed us the appointment of a second deputy manager at the service was a recent development. The registered manager told us they had advised the provider that the service needed a larger management team due to the complex needs of people using the service and the provider had positively responded to this recommendation. At the time of the inspection the new deputy was being inducted and not carrying out managerial duties. The registered manager planned to hand over some of her responsibilities to the deputy, such as staff supervision for support workers, so that she could focus upon improving the quality of care.

We saw that the area manager, the registered manager and the established deputy manager carried out unannounced monitoring visits. The registered manager showed us a report of the most recent unannounced visit by herself and the deputy which took place over a weekend. There were areas identified for improvement which the service was addressing.

The registered manager sent in notifications of incidents and safeguarding alerts to the CQC as required. Accidents and incidents were discussed with the local health and social care learning disability team and monitored by the service in order to identify any emerging trends.