

Yarrow Housing Limited

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Inspection report

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11 December 2019

16 December 2019

17 December 2019

19 December 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Yarrow Housing is a supported living service. It provides care and support to adults with learning disabilities who live in their own homes. At the time of the inspection there were 96 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People felt safe receiving care from the service. Safeguarding systems were in place to investigate and monitor incidents and staff understood their responsibilities to protect people from avoidable harm.

People were protected from the risk of harm and abuse. Staff were recruited safely and there were sufficient staff in place to meet people's needs and wishes. There were management plans to address risks to people's wellbeing and also to ensure positive risk taking. Risk plans emphasised the benefits to people of doing activities and promoted people's independence. There were appropriate plans in place to support people who could be at risk of behaviour which may challenge.

Medicines were safely managed by staff who had the skills and training to do so. The service reviewed when incidents had occurred to make sure that lessons were learned.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood and provided person-centred care. Staff and managers were clear about their roles and understood the values of the organisation. There were quality assurance systems and processes in place to help the service improve. The service continued to ensure that people were involved in its development and future plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was outstanding (published 13 March 2019).

Why we inspected

We received concerns in relation to the management of safeguarding adults and staffing levels. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains outstanding. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yarrow Housing Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yarrow Housing Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and three inspection managers.

Service and service type

This service provides care and support to people living in 31 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with quality assurance officers or social work teams in three London boroughs in which the provider operates. We reviewed records of serious incidents that the provider is required to tell us about. We used all of this information to plan our inspection.

During the inspection

We visited the registered location which is the provider's office to examine records relating to incidents and accidents and looked at records of recruitment for eight staff members. Between 10 and 19 January we visited 11 supported living services. We spoke with 13 people who used the service, 7 relatives and two visiting health and social care professionals. We spoke with the registered manager, director of care, two care service managers, two human resources officers, five house managers and 18 support workers. We looked at records of care and support for 12 people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their families told us they felt safe with staff. Comments included, "I am happy" and "I feel safe here, staff are really kind". Comments from relatives included, "My [family member] is safe at the home" and "We have never had any concerns."
- Safeguarding processes were operated effectively. The service worked with local authorities to investigate allegations and safeguard people from abuse. Staff understood their duties to detect and report abuse and had received training in safeguarding adults.
- People were safeguarded from financial loss or abuse. When the service kept money on behalf of people records were maintained of transactions and balances were checked regularly. These were reviewed by a manager regularly and audited by the provider's finance office.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety. This included risks from people's domestic environments, from doing particular activities and accessing the community independently. Risk assessments emphasised the benefits to the person and the risks to their independence and wellbeing of not doing the activity. This promoted positive risk taking.
- Risk management plans were in place to mitigate risks. These contained specific guidance on how to support people to complete activities safely including household tasks and going out. There were plans to address risks from long term health conditions. People told us the measures they had agreed with staff to stay safe.
- The service effectively managed behaviour which could challenge. People had positive behavioural support plans in place when needed. These indicated triggers and signs that a person was becoming upset, with clear guidance for staff on appropriate interventions for each person. Staff had received appropriate training in supporting people with behaviour which may challenge.
- There were plans to follow in the event of an emergency. People had personal evacuation and egress plans (PEEPs) when required. These included details of the support a person would require to evacuate safely.

Staffing and recruitment

- There were enough staff available to meet people's needs. Rotas were planned around people's needs and preferences where possible, including appointments and people's chosen activities. Staff members told us they thought there were enough staff available.
- Staff were recruited safely. The provider operated safer recruitment measures to make sure staff were suitable for their roles. This included obtaining a full work history, references and ensuring people had the right to work in the UK. The provider carried out checks with the Disclosure and Barring Service before

people started work and had systems in place to repeat these regularly. The DBS provides information on people's backgrounds, including convictions, to help providers make safer recruitment decisions.

Using medicines safely

- Staff understood how to give medicines safely. There was a medicines policy in place, staff received regular training in managing medicines and had yearly assessments of their competency.
- There were appropriate records maintained to ensure the safe management of medicines. People had medicines care plans and risk assessments in place. Staff recorded when they had administered medicines on medicines administration recording charts (MARs) and these were checked by managers and other staff at handover meetings.
- There were arrangements in place to ensure medicines were stored safely. Depending on people's needs and wishes these were stored either in people's rooms or in a medicines cabinet in the staff office. Storage temperatures were checked daily to ensure these were within safe ranges.

Preventing and controlling infection

- People were protected from infection. There was an infection control policy in place and staff had completed training in infection control. People's homes were kept clean and well maintained.

Learning lessons when things go wrong

- Lessons were learned when incidents had occurred. Staff recorded what had happened and managers reviewed these to determine any further actions which were required. This included reviewing risk assessments and addressing the root cause. For example, when a person had fallen staff had identified the person's shoes were worn and had thrown these away. Accidents and incidents were monitored by the provider's quality committee.
- Additional systems were put in place when things had gone wrong. For example, in one service a number of medicines errors had taken place. The provider addressed this by installing an electronic system for medicines management to allow closer monitoring by staff and managers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted values of person centred care and promoting choice, inclusion and independence. A staff member told us, "For me it's about having fun, being safe and ensuring they can have the best possible life ever."
- Staff members told us they felt there was an open culture within the service. Staff could raise issues at team meetings and we saw that feedback from staff was acted on. Staff in a service which had transferred to Yarrow were positive about the changes which had taken place. New staff received additional mentoring to encourage them to reflect on and develop their practice.
- The service was usually, but not always proactive in identifying concerns. External monitoring in some services had identified issues of concern which were addressed. However, in some cases managers had been less proactive in identifying issues, and some were only identified after staff had raised concerns.
- People and their relatives told us they had a good relationship with managers. Each service had a designated manager who was the first point of contact. Comments from relatives included, "The manager is impressive, I am always treated with great respect" and "The manager is perfect, she is very supportive and approachable." We saw examples of people using the service approaching managers confidently for help or information.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities with regards to their registration. Notifications of significant events were submitted to us when this was required by law and the service's rating was clearly displayed.
- The provider was open and honest when things had gone wrong. We saw examples of external managers carrying out investigations into concerns and issues and making recommendations as a result. Where an allegation had been made, the service worked quickly to establish where the possible risks were and were transparent about this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider worked to improve quality performance. There were intervention and development plans in place where services had recently transferred to Yarrow or where poor performance had been identified. This included support for staff, discussing and implementing the provider's values and additional monitoring by external managers.

- There were detailed systems of audit to establish quality performance. Staff carried out regular checks in each service, and these were further checked by senior managers. Managers carried out unannounced visits of other services, including speaking with people and assessing whether they were happy with what they were doing.
- Staff were clear about their roles. People had allocated keyworkers. A keyworker is a specific member of staff with additional responsibility for planning a person's care. Each shift had a designated leader with clear responsibilities for holding keys and monitoring medicines and finances. Within the main office there were well organised responsibilities for monitoring finance, training and recruitment issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with people and the local authority to develop the service. The provider was developing a model of care which enabled people to plan their care with the use of individual budgets. Implementing this included a number of events where people could discuss what they wanted to achieve and how to plan their care. The provider was working with local organisations to develop a market for people to buy activities and services. There was a clear co-production strategy for ensuring people were involved in decisions and changes.
- The service worked to engage people who used the service. This included through reviews, meetings and easy read questionnaires. Comments from relatives included, "My [family member] is always asked for their opinion" and "I am invited to meetings and my opinion is always taken on board." People were supported to engage with local organisations such as the police and local services and to hold events based around their interests and personal priorities.
- Staff told us they felt well supported by managers. Staff received regular supervision and appraisals and told us they could approach managers for support. Comments included, "I feel very supported, I can talk to my manager" and "There is a good atmosphere here, we work as a team."
- The provider was in the process of merging with another local organisation. There was a clear plan in place for how ownership would change and how responsibilities would be managed in future. The provider continued to keep people updated on the merger, but did not expect any changes in the day to day management of the service as they would continue to exist as a single unit.