

Yarrow Housing Limited

# Yarrow Housing Limited - 1- 2 Elmfield Way

## Inspection report

1-2 Elmfield Way  
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15 March 2019

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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

About the service: 1-2 Elmfield Way is a care home for people with learning disabilities and autistic spectrum conditions. At the time of our inspection there were four people using the service.

People's experience of using this service:

- People using the service experienced positive outcomes. Care was designed to meet their needs and support people to develop their independence. Staff were able to provide positive behavioural support to reduce the risks from behaviour which may challenge by de-escalating situations and maintaining routines which were important to people. People were supported to develop their independence and to improve their health and community involvement.
- 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.
- The provider followed safer recruitment processes. Staffing levels were planned to meet people's needs. There were sometimes short periods when staffing levels were not safe due to staff sickness and there was not a clear risk management plan to address this. We have made a recommendation about this.
- We observed positive interactions between people using the service and staff. Staff were able to communicate effectively with people using a range of tools. People's plans were reviewed regularly to make sure their needs and goals were met. The provider worked closely with the local authority and health teams in order to meet people's needs and manage risks to their health and wellbeing. The provider assessed people's ability to make particular decisions and met legal requirements to act in people's best interests when they were not able to do so.
- Managers had systems in place to ensure good communication, to develop staff skills and knowledge and to ensure the service remained of a good standard. There were systems to learn from incidents and from people and the service was open about when things had gone wrong. People were safeguarded from abuse and improper treatment. People's medicines were safely managed with appropriate oversight and measures to prevent over-medication.
- A relative of a person using the service told us, "Overall I'm completely satisfied with Elmfield Way and the staff, they're very very nice. All of them."

Rating at last inspection: At our last inspection we rated the service 'requires improvement'. Breaches of regulations were also found. At this inspection we found the provider was now meeting these regulations.

Why we inspected: This was a routine inspection. We also carried out this inspection to check that the provider had followed their action plan.

Follow up: The service has been rated 'good'. We will continue to monitor the service and will carry out another comprehensive inspection within 30 months of this report.

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Yarrow Housing Limited - 1-2 Elmfield Way

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by an adult social care inspector.

Service and service type:

'Yarrow Housing Limited - 1-2 Elmfield Way' is a care home. People in care homes received accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who had applied to register with the Care Quality Commission. This means that they and the provider will be 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 on the first day. The provider knew we would be returning on the second day.

What we did:

Before the inspection:

- We reviewed information we held about the service, such as notifications of significant events that the provider is required to tell us about.
- We also had regular contact with a quality assurance officer from the local authority.

During the inspection:

- We visited the service on 13 and 14 March 2019. On 15 March 2019 we visited the provider's head office to review staff files.
- We reviewed records of care, support and medicines management for three people.
- We looked at records relating to the management of the service such as staff handovers, training, rotas and team meetings.
- Due to the conditions and disabilities of people using the service people were not always able to give an account of their experiences of care. We carried out observations of people's support and interactions with support workers.
- We spoke with the service manager, two deputy managers and four support workers.
- We looked at records of supervision for three support workers and records of recruitment for four staff members.

After the inspection:

- We made calls to three family members of people using the service and one social worker.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had a suitable safeguarding policy and staff received training which reflected this.
- People's family members told us they thought the service was safe. A social worker said "As far as safety it's not a concern."
- Care workers were clear about what they needed to report and were confident that managers would take their concerns seriously.
- Where abuse was suspected managers worked with the local authority to investigate this and to safeguard people from further risk.
- People were protected from financial abuse and loss as there were good systems for recording and checking transactions. These were checked every day and reconciled every month. There were external audits of these from the provider's finance team each year.

Assessing risk, safety monitoring and management

- At our last inspection we found that the provider was not meeting regulations as risk assessments were not always in place.
- At this inspection we found the provider was meeting this regulation. The provider had completed detailed risk management plans for each person's day to day living skills and for one-off activities. There were clear actions for support workers on how to react to an incident without escalating it and how to avoid likely triggers for behaviour which may challenge. Staff were required to read and sign these plans.
- Plans were also clear about the benefits of carrying out activities which encouraged positive risk taking. For example, although there were risks associated with people accessing the community, risk assessments highlighted the benefits of social inclusion and exercise. This meant that people did not have their rights to carry out activities of their choice restricted to keep them safe.
- The provider had a schedule for regular health and safety checks, including those relating to fire safety and checks of the premises.

Staffing and recruitment

- Support workers were recruited in line with safer recruitment processes. This included obtaining identification, proof of the right to work in the UK and where relevant evidence of satisfactory conduct in past employment. The provider told us that they were continuing to recruit new staff and had identified skills and roles they needed to recruit to, based on people's needs.
- There were sufficient staffing levels planned to meet people's needs safely. People using the service had high support needs and were often supported one-to-one in the home and always supported two-to-one in the community.
- However, on two occasions staffing levels were not safe for short periods due to staff sickness. There were two staff on duty for a period of two hours in the morning on these days. A care worker told us "[Staff shortages] do happen, but not often."

- There was a risk assessment in place should staffing levels become low. It was not clear about what would constitute an unsafe staffing level or whether urgent action should be taken to make more staff available.
- We recommend the provider take advice from a reputable source on ensuring that staffing risk assessments contain clear guidance for staff to follow.

#### Using medicines safely

- Medicines were managed safely. Support workers received training in administering medicines and did not administer medicines before their competency was assessed.
- People's medicines were recorded on medicines administration recording (MAR) charts. These were correctly completed and counter signed by a second member of staff. Support workers carried out daily checks of medicines tallies and checked medicines as part of the daily handover. Staff also carried out daily temperature checks to ensure that medicines were stored at a suitable temperature.
- There was a clear process for administration and recording medicines, including the ordering of people's medicines. There were also guidelines in place for medicines which were given 'as needed'. These are also known as PRN medicines. Guidelines included information on when these should be given and what precautions should be observed.
- People's medicines were reviewed regularly by health professionals, with consideration given to how to prevent people being over medicated.

#### Preventing and controlling infection

- There were suitable measures to control infection. Staff had received infection control training and told us they had access to personal protective equipment.
- Risk assessments covered how people could be supported to maintain their continence and ensure that they were protected from cross infection risks.
- We saw good food hygiene was maintained, including the safe storage of food and regular checks of fridge temperatures.

#### Learning lessons when things go wrong

- The provider followed processes for reviewing and learning from incidents. Managers investigated when serious incidents had occurred and reported these to the provider's quality committee to discuss what could be learned from these incidents.
- Support workers had the opportunity to have a debrief with managers following incidents and had identified how similar incidents could be prevented in future. Risk assessments and procedures were reviewed because of this. Staff members we spoke with had a good understanding of the causes of incidents and how they had learned from these.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service, the provider carried out detailed assessments of people's needs with input from the person, their family members and other professionals involved in their care.
- Assessments of people's needs included cultural and religious factors, staff needs, the support people needed with personal care and needs relating to their behaviour and personality. The provider assessed what decisions needed to be taken about people's placements and whether this was compatible with the law.
- Managers discussed the Care Quality Commission's (CQC) key lines of enquiry with support staff in supervision and team meetings and gave people the opportunity to reflect on how they were meeting standards.

Staff support: induction, training, skills and experience

- The provider had systems to ensure that support staff received regular mandatory trainings. These included equality and diversity, infection control, manual handling and food hygiene. Support workers and managers received training specific to meeting the needs of people using the service, including autism awareness, Makaton and epilepsy. The manager told us "It's about developing people."
- New staff members received a detailed induction when they joined the service. This included health and safety policies and a detailed introduction to each person's needs and routines. New support workers were subject to a probationary period with regular review of people's progress and recommendations for further action. A staff member told us "It's been a learning curve, it's all good. I was well looked after." Support workers told us they received sufficient training to carry out their roles and could always request more.
- The service manager delivered specialist training in PROACT-SCIPr-UK. This is an approach for supporting adults with behaviour which may challenge which is promoted and accredited by the British Institute of Learning Disabilities (BILD).
- Support workers received regular supervision from their line managers. These included reviewing previous action plans, the staff member's current role and performance and agreeing an action plan to meet current development needs. Sometimes these lacked detail, such as stating that a particular objective was 'ongoing' rather than giving clear dates and goals for staff members to follow.
- All staff had had a yearly appraisal. This included areas where performance had developed and areas for development and any training that would be required in near future

Supporting people to eat and drink enough to maintain a balanced diet

- People using the service had pictorial menu plans to help them make choices about their food and had unrestricted access to the kitchen.
- Staff told us of the work they had done to encourage people to make healthy choices, whilst recognising

how the lack of certain preferred foods could be a trigger to behaviour which could challenge. A relative told us "They are trying with [my family member]". A staff member told us "It's a balancing act against [the person's] obsession with food". There were clear guidelines on how to offer preferences and encourage healthy food for particular meals.

- The provider had detailed systems for each person to identify tasks which people could learn to do for themselves in the kitchen and to measure how they had been supported to develop this.

Staff working with other agencies to provide consistent, effective, timely care

- The provider used a multi-disciplinary approach to plan and review people's care. This included working with the local learning disability team, psychology and psychiatry.
- Support workers had worked with a local flexible response team in order to plan and improve a person's activity programme including their access to the community.
- People's risk management plans were reviewed by the multi-disciplinary team and the provider had acted on feedback to improve these.

Adapting service, design, decoration to meet people's needs

- The provider had adapted the house to meet people's needs. This included ensuring décor was calming and that there were large uncluttered spaces. There were wet rooms which enabled people with limited mobility to shower easily.
- The provider reviewed risk assessments and adapted the environment in response to previous incidents. For example, windows had restrictors fitted so that a person could not climb out of these and the satellite television receiver was placed in a different room to avoid this being damaged. One person would damage aspects of the building and the decoration, and the provider took prompt action to repair this and redecorate.
- The layout of the building had been changed so that people who did not interact well could lead separate lives. This included leaving a bedroom vacant and allowing one person to have their own sitting room. There was an outside summer house which was used for activities and the provider showed us their plans to install a sensory room by moving the staff office.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care in a timely manner. This included recording the support people had received to attend appointments and what needed to happen as a result. When a person with high support needs needed to stay in hospital they were supported by their regular support workers throughout their admission.
- Relatives told us they thought the service supported people to improve their health and gave examples of how they had done so. One relative told us "They are trying with [my family member]".
- People had health action plans which described their current health needs and ensured that they received regular check-ups from the right professionals. There was accessible information for people on how to maintain oral health and people's weights were checked monthly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and were aware of their responsibilities.
- People were often deprived of their liberty and subject to continual supervision in their best interests. Where this was the case the provider had met their requirement to apply to the local authority in line with DoLS.
- The provider assessed people's capacity to make specific decisions and met with people's families and other professionals to decide how to work in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives of people using the service told us they thought support workers were kind and caring. Comments included "I think they are taking good care of [my relative]", "It was [my relative's] birthday and they threw a birthday party, that was good of them" and "We do get lots of smiles when we visit."
- We observed respectful and positive interactions between people who used the service and the staff team. People were confident approaching care workers and managers for advice, support and reassurance.
- People's plans emphasised what people liked and admired about the person and what was important to them. These included cultural needs relating to people's diet, their community and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- Support workers demonstrated good awareness of the need to ensure people could express themselves and how this reduced the risks to people's wellbeing. A deputy manager told us "When I travelled I really empathised, when people don't understand your language it's really upsetting."
- We saw examples of staff using good communication with people, including Makaton, pictures and objects of reference. Staff understood how people used Makaton, including personal signs and when people preferred to finger spell and how a person would use their tablet computer to look up foods they wanted to eat and how to make lists. Support workers understood how and when people were communicating jokes and appreciated these.
- People had clear communication plans to explain to staff how they preferred to communicate. These included using social stories, which were pictorial representations of a sequence of events which were specific to each person and the plan. Examples of these included attending a social event and a hospital appointment. One was used to reassure the person when their visiting relative was delayed in traffic.
- Support workers demonstrated a good understanding of what was important to people and how their routines could be maintained. We observed support staff communicating changes to people's routines effectively without causing the person distress and offering alternative plans and ensuring the change was agreeable to the person.

Respecting and promoting people's privacy, dignity and independence

- We saw examples of people being supported to develop and keep skills. For example, one person greatly enjoyed cooking and was supported to cook their own meals. Care workers were skilled in providing minimal verbal prompts and reassurance to ensure safety without intervening in a way which would affect the person's independence.
- Staff received training in, and were implementing, active support techniques. This is a way of identifying and breaking down skills and tasks which people could gain for themselves and tracking how these skills have developed and been maintained. This included supporting people to maintain their living environment and to cook and prepare drinks.

- Comments from relatives included "[My family member] is now making cups of tea with supervision, does their bedroom, mops the floor and takes the plates out. I think they're doing a lot more with [him/her] now" and "[My family member] seems to be thriving there."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were clear about how best to support them with personal care in a way which met their cultural needs and their gender preferences for care workers. These were reviewed regularly in person-centred reviews, which included recording what was going well for the person and what needed to change. Reviews were also used to set goals with the person and keyworkers reported back on what was being done to meet these.

- People had activity timetables which suited their interests and preferences. People using the service had a good understanding of these and knew when activities were scheduled. These included swimming, access to the community and working at the provider's office. Comments from relatives included "It is good for [my family member] that there is a routine and there are boundaries" and "[My family member] is doing a lot better than they were."

- People using the service sometimes had behaviour which could challenge the staff team and other people who lived there.

- Staff received appropriate training in how to manage this, and there were positive behavioural support plans in place for people, which were written with the support of external professionals. These were written with reference to the nationally recognised strategies that the staff team had received training in. The provider had a specialist team to help staff teams devise strategies to support people effectively.

- Causes of people's behaviour were well understood and the staff team continued to devise strategies to prevent a recurrence. For example, one person had become upset and agitated when certain personal items were missing. Support workers now kept spares of these items and had pictures of these to allow the person to communicate what was missing. This had been added to the person's positive behavioural support plan.

- The provider recognised that people using the service had high support needs, and consequently had agreed with the local authority to leave two rooms vacant in order to ensure that the needs of people using the service were met. Comments from relatives included "I think they know how to calm [my family member]" and "[My family member's behaviour] has got a bit better now. They do manage [him/her] very well I believe."

Improving care quality in response to complaints or concerns

- There had not been any formal complaints made about the service. The provider had a complaints policy available.

- Family members told us that they knew how to make complaints and were confident raising concerns with a manager. A family member gave us examples of when they had raised minor concerns and how the staff team had acted on these.

- Where a family member had raised a concern, managers had met with the person to record this, and had taken appropriate action as a result.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was meeting their responsibility to display the ratings of the previous inspection and to notify the Care Quality Commission when serious incidents had occurred. Relatives told us they were informed promptly of serious incidents. The provider's registration requires that they have a registered manager in place. At the time of our inspection there was a full time manager in the service who had applied to be the registered manager.
- Staff told us they felt well supported by their managers. Comments included "Overall it's very positive", "The new manager is shaking things up a bit" and "I know they put service users first. When it comes to service users they are there in a minute, but when it comes to staff it can take longer."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found that managers were not meeting regulations in this area. This was because managers were not carrying out sufficient checks to ensure the quality of the service was maintained. At this inspection we found the provider was meeting this regulation. The manager carried out audits of the service, including those relating to health and safety. In addition, senior managers carried out general audits which were then reported back to the provider's quality committee with feedback on service development.
- There was a clear process for handover, including making sure that finances and medicines were checked and that appointments and tasks were communicated between shifts, as well as communicating people's days and plans in detail.
- There were guidelines to explain the roles of shift leaders, when to report situations to the on call manager and logs and incident reports showed that this was being followed. The manager maintained a read and sign file, which contained key risk assessments, minutes of quality monitoring visits and important post-incident debriefs with learning for staff. Staff members were required to read these and sign to show they understood the contents.
- The manager understood the complexities of change management and was realistic about timescales for changes to embed. Certain staff members had been appointed to lead on key areas, such as food safety, and keyworkers met regularly to discuss people's needs and how to meet their goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us that the service engaged well with them. This included keeping them informed when a person was unwell or when a serious incident occurred. We saw examples of newsletters which were given

to relatives when their family member visited. These included details of activities, health appointments and people's diets. A relative told us "I get a newsletter every Monday which I requested telling me what [my family member] does each day."

- Relatives were also invited to complete quality assurance forms to give their views of the service. This included checking whether they were made to feel welcome, whether they thought staff were compassionate and caring and whether they knew how to complain about the service.
- People using the service were also given the opportunity to complete similar forms with the support of staff, but it was not always clear that these were people's views rather than those of the support team.

#### Continuous learning and improving care

- The staff team had regular team meetings. These were used to identify areas for improvement, including feedback from the team on what was working well and what was needed to improve. For example, the implementation of active support was reviewed with staff invited to reflect on how it could be improved in future.
- Support workers were encouraged to complete a learning log when they completed an activity or learnt something new about the person. This included reflecting on what went well and what didn't work so well, what the staff team needed to keep doing and what they needed to do differently.
- The manager and the provider had worked with the local authority to review the findings of the last inspection report and to act on these. There was a project plan for developing the service and improving the environment and its progress was reviewed by the provider.

#### Working in partnership with others

- The provider had worked closely with the local authority in order to improve the service. This included regular visits from a monitoring officer and agreeing a plan for what needed to improve. The manager told us "[They] have been an absolute delight and excellent for development."
- The staff team took a multi-disciplinary approach to improving people's care. This included how they managed people's health needs, risks to people's wellbeing and promoted more varied activities and community inclusion.
- Support workers told us they felt well supported by their colleagues. One staff member told us "It's a lovely service to work in, the staff team are great and I love working here."