Yarrow Housing Limited

Old Oak Road

Inspection report

20 Old Oak Road
Shepherds Bush
London W3 7HL
Tel: 0208 740 1296
Website: www.yarrowhousing.org.uk

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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 19 and 21 May 2015. The first day of the inspection was unannounced and we told a deputy manager we were returning on the second day. At our previous inspection on 30 January 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

Old Oak Road is a six bedded care home for men and women with a learning disability. The home has two bedrooms on the ground floor and four bedrooms on the first floor, and there is a passenger lift. The bedrooms do not provide en-suite facilities; however there are communal bathrooms and toilets on each floor. There are other communal areas, including a combined lounge and dining room and a rear garden.

There was a registered manager in post, who has 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 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.

Summary of findings

People told us that they felt safe living at the service. Policies and procedures were in place to protect people from harm or abuse and staff had received safeguarding training. Staff told us about possible circumstances during which they might use the safeguarding procedure and/or the provider's whistleblowing policy in order to ensure people's safety.

Care plans contained up-to-date risk assessments. They provided guidance for staff about how to support people to make decisions about their lives, while making sure that their safety and well-being was promoted. For example, one person's risk assessment showed how they could be supported to continue to socialise with friends and relatives in the local community, taking into account the person's healthcare needs.

We observed that there was sufficient staff on duty to support people with their personal care and hobbies at home, and to go out for activities and entertainments. Staff showed us how medicines were stored, administered and disposed of safely. Staff had received medicines training and they were aware of their role and responsibilities when supporting people to safely take their prescribed medicines.

Staff had supervision and training, including training that focused on how to meet the needs of people living at the service. This meant that people received support from staff with appropriate knowledge and guidance to meet their identified needs.

People were involved in the menu planning and supported to meet their nutritional needs. The menu plans reflected people's known preferences and people told us they enjoyed their food and beverages. We observed staff sensitively supporting people who needed assistance at mealtimes.

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 regarded as necessary to restrict their freedom in some way, to protect themselves or others. Records demonstrated that staff had received appropriate training and understood how to protect people's rights.

We observed positive interactions between people and staff. People told us they felt respected and they were supported to maintain important friendships and relationships. During the inspection we saw that people went out with staff for lunch and came into the office to speak with the deputy managers. People told us they particularly liked their days out with their keyworker, which took place once or twice a month.

People remarked that they were pleased with the quality of their care and support, and we also received positive comments from the relatives we spoke with. Care plans showed that people and their representatives were involved in the care planning and reviewing process. People were supported to access community medical and healthcare facilities, and to follow guidance from healthcare professionals.

People and their relatives told us they knew how to make a complaint and thought that the registered manager would take any complaints and concerns seriously.

People told us that this was a good home to live at and relatives said they were happy with how the service was managed. People's views about the quality of the service and how it could be improved upon were sought during regular review meetings and through the provider conducting surveys. The service also sought and acted upon the views of their relatives. There were systems in place to audit the quality of the service, including unannounced visits from the provider.

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 had attended safeguarding training and understood how to recognise and respond to any signs of abuse, and keep people safe from harm.

Risks to people's safety, health and well-being were identified and plans had been established in order to manage these risks.

There were sufficient staff and they had been properly recruited to ensure they were suitable to work with vulnerable adults.

Medicines were safely stored and administered by staff who had received applicable training.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and guidance to carry out their roles and responsibilities.

Staff understood how to support people to meet their personal care and social care needs. People's care plans had been written in consultation with people, their families, keyworkers and external health and social care professionals. This approach ensured people's needs were addressed in a holistic way.

Staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take the appropriate actions to ensure people's rights were protected.

People were supported to meet their nutritional needs and participate in menu planning and food preparation at home.

Good

Is the service caring?
The service was caring.

We saw kind and respectful interactions between people and staff. Staff supported people to get involved in activities that enabled people to feel a sense of enjoyment and independence. People and their relatives were provided with information about how to access advocacy support.

People's privacy, dignity and confidentiality were respected.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and their care plans provided sufficient information for staff to meet their needs.

People's objectives, aspirations and any changing needs were taken into account.

People were encouraged to take part in meaningful activities at home and in the community.

Good

Summary of findings

People were given pictorial guidance in regards to how to make a complaint. People and their relatives believed that the registered manager would fully investigate and respond to any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

People and relatives spoke positively about the leadership style of the registered manager.

People were asked for their opinions about the quality of the service through meetings and surveys. Relatives told us they were asked for their opinions.

Staff told us that the registered manager and the two deputy managers were supportive and always accessible. There were systems in place to monitor the quality of the service.

Old Oak Road

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 19 and 21 May 2015. The first day of the inspection was unannounced and we told a deputy manager we would be returning for a second day. The inspection was carried out by one inspector. Prior to the inspection we looked at the information we held about the service. This included notifications of significant incidents reported to CQC and the last inspection report of 30 January 2014, which showed the service was meeting all regulations checked during the inspection. We read a Provider Information Return (PIR), which we asked the provider to send us 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.

We spoke with three people living at the service, and had telephone discussions with the relatives of two people after the inspection. We spoke with two members of the care staff and both deputy managers. The registered manager was on annual leave at the time of the inspection. We observed support and care delivered to people in communal areas and looked at a range of records. The records we reviewed included three people's care plans, medicine administration records, health and safety records, staff recruitment folders and the complaints log. We contacted two social care professionals with knowledge about this service but did not receive any comments back from them.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and relatives informed us they believed their family member was safe. One person told us, "I like it and the staff help us, I feel safe." A relative said, "I have never worried about the safety of [my family member.] I have turned up at different times of the day and you see that there are enough staff around and they always treat people nicely."

There were systems in place to ensure that people were protected from the risk of abuse and harm. Records showed that staff had received safeguarding training and subsequent refresher training. Staff were able to identify potential signs of abuse and described to us how the actions they would take to protect people. The provider's whistleblowing policy advised staff of how to raise any concerns about the day to day operation of the service. One of the deputy managers told us they had been involved in the delivery of the provider's most recent programme of safeguarding training. They said this had provided useful experience and enabled them to speak with staff about the individual potential risks for each person using the service.

The care plans demonstrated that individual risk assessments were conducted in order to support people to be as independent as possible with their activities of daily living, whilst minimising risks to their safety. We saw a range of individual risk assessments in place, including ones to support people to visit local amenities of their choice, take holidays and reduce the risk of falls. Risk assessments included actions that staff needed to take to mitigate risk. This meant that people were supported to make meaningful choices, whilst taking into account their safety and wellbeing.

We checked some of the service's maintenance and servicing records, which showed that the provider took appropriate actions to promote the safety of people using the service, staff and visitors. Records showed that daily checks were carried out, for example staff made sure that there were no obstacles blocking fire exits, emergency lighting was working correctly and excess fluff was removed from the filter of the tumble dryer. Other checks and certificates were in place including weekly water temperatures, hoist servicing, gas safety, portable electrical appliances and professional maintenance of fire equipment.

We observed that there were sufficient staff to support people to meet their identified needs and wishes during the inspection. On the first day of the inspection three people went out with members of staff for a community activity followed by lunch. Upon their return, two other people went to a dancing group accompanied by staff. We saw that there were enough staff on duty to ensure that people could go out every day if they wished to. The rotas showed that additional staff could be rostered on busy days, for example if several people had planned activities, events and/or appointments.

One person told us they had received training from the provider in order to participate in staff recruitment and they particularly enjoyed this role. We checked five staff recruitment files, which were securely stored at the provider's head office. The files demonstrated that staff had been recruited safely and contained documents including two relevant and verified references, proof of identity and eligibility to work in the UK and criminal records checks. There was written evidence of how staff performed at their recruitment interviews, and records to show successful completion of induction training and probationary programmes. These measures meant that people received care and support from staff who were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

People told us they enjoyed living at the service. One person said, "They (staff) cook fish and chips here. We are going to Brighton on a minibus, we went last year. I play bingo and we go every week to two local restaurants." Another person told us, "I go out to do computers every Monday and my friend visits me. The food is good, apart from tomatoes and green beans. They give me something else to eat. Everything here is nice, it's a nice place." A third person told us, "I am going on holiday to Spain with my friend. I like to go out and do a bit of shopping. Staff are very good, I get on with them."

Relatives said they thought their family members were provided with good care and support. One relative told us. "I feel my [family member] is doing alright there and is very settled. I can talk to the staff, they know what's going on and keep me informed" Another relative commented, "I know [my family member] is happy because [he/she] tells me and I see it. [My family member] likes to go out with relatives and friends, but is happy to come back to the place they call home."

We looked at training records and talked to staff about the training they attended. Staff told us they received mandatory training, which included moving and assisting people, equal opportunities and diversity, fire safety, safeguarding training and infection control. We saw that staff were offered specific training to meet the needs of people using the service, for example epilepsy awareness, understanding learning disability and mental health, dysphagia awareness and understanding autistic spectrum conditions. Staff told us that they were encouraged to attend additional training in order to increase their knowledge and skills, and work towards career progression if they wished to. For example, one person told us they had completed a national qualification in health and social care and had been encouraged by the registered manager to apply for the next level of qualification. Staff informed us that they could attend training courses and also use online training facilities, which was confirmed by the training certificates. The two deputy managers told us they had accessed training to meet their managerial roles, such as management and leadership, conflict resolution and train the trainer courses. This meant that staff received training to address their individual identified needs, according to their existing knowledge and experience, position and development plans.

We saw that there were systems in place to support and inform staff. Records showed that staff had one-to-one formal supervision approximately every four weeks and an annual appraisal. Staff commented that they felt supported by the registered manager and the two deputy managers. One staff member told us they used to work with people with learning disabilities in a supported living service and felt the management team had provided good support to enable them to adjust to working in a registered care home. We saw that team meetings were also used to discuss how to support people using the service. The minutes of the team meetings showed that staff discussed people's needs and were provided with information about training opportunities, local or national changes impacting upon health and social care, and new policies and procedures. There were also discussions to support staff to prepare for a CQC inspection.

We observed that people were consistently asked for their consent. For example, people were asked if they were willing to speak with us and view their bedrooms. People told us they had been consulted about whether they wished to receive personal care from a staff member of their own gender and how they wanted their personal care to be delivered. One person's care plan stated that they liked to get up later in the morning, unless they had to be ready to attend a medical appointment. We saw that staff respected the person's wishes and adhered to the agreed care plan. A staff member told us how they sought the consent of people who could not verbally express their views. For example, we were told that one person led staff to either the bathroom or shower room to demonstrate what type of personal care they wanted each morning.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of the inspection five people using the service were subject to a DoLS authorisation. Records showed that staff had received MCA training, and during discussions at the inspection they demonstrated an

Good

Is the service effective?

understanding of current legislation and guidance. For example, staff told us about occasions when meetings were held to discuss how to ensure care and support was provided for people taking into account their best interests.

People told us that they liked the food. Comments included, "My favourite is the chilli con carne", "I like everything as long as it's not too spicy" and "We are having sandwiches and crisps for lunch, we choose what we like." We observed lunch being served on both days of the inspection. On the second day pizza was served, as this was the agreed choice at a menu planning meeting. A couple of people did not enjoy the lunch and either told staff or showed their dislike of the meal through the use of non-verbal communication. We saw that staff promptly addressed the situation and offered people an alternative that they were happy with. People told us about their weekly menu planning meetings, which were used to draw up a grocery shopping list and a menu plan. We were shown pictorial food cards which were used to support people to participate in the menu planning and indicate what sort of cafes and restaurants they wanted to visit.

Care plans contained information about how to meet people's nutritional needs, including likes and dislikes and any cultural requirements. One of the care plans provided guidance about how to support a person who needed a special diet for medical reasons and another care plan stated that a person wished to be supported with baking cakes. The person's keyworker had compiled cake recipes, recorded when baking sessions took place and described what type of cakes were produced. This showed that the person was being supported to develop their skills, confidence and baking repertoire.

One person told us how staff supported them to meet their healthcare needs and their relative confirmed they were happy with the support given. Their care plan showed that staff supported them to attend appointments and followed the guidance given by medical and healthcare professionals. The service supported the person to be as independent as possible, taking into account restrictions caused by their medical condition. For example, the person was supported to continue with longstanding social activities in the community and friends that they could no longer visit were welcomed each week to the service. The staff meeting minutes showed that people's healthcare needs were discussed and arrangements were made to support them to attend appointments with healthcare professionals such as GPs, dentists, podiatrists, community nurses and opticians. The health action plans in people's care plans were reviewed annually or more frequently if required. They provided comprehensive information about how to meet people's healthcare needs and were discussed with people, their representatives and the local authority reviewing officers. This demonstrated that people were asked about their healthcare needs and their views were listened to.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and nice. One person said, “This is a much better place as I used to have climb stairs where I lived before. I like it having a room downstairs.” Another person told us,“ Staff are nice. I go out with my keyworker and it’s fun.” Relatives told us they felt their family member was looked after properly by caring staff.

We met three people who told us they were supported by staff to maintain important relationships and friendships with people who were not relatives. One person told us that their girlfriend lived at another service managed by the provider and they saw each other regularly. Staff confirmed that they were consulting with the person and their girlfriend in order to help plan a European holiday, in accordance with their wishes.

There were no vacancies for new people at the time of this inspection. We looked at the provider’s policy for supporting prospective new people to move into the service. Staff said that there would be a gradual process, which would enable people to visit for a meal and then build up to an overnight and weekend stay. This enabled people, and their representatives if applicable, to get to know the service in a relaxed and planned manner before deciding whether to move in for a trial stay.

Some people using the service were able to make their views known verbally and other people used non-verbal communication to express their needs and wishes. We saw that staff checked with people if they were happy for us to come into their rooms or show us around the rear garden. A staff member explained to us how they communicated with people that did not have verbal communication. For example, one person used their own form of sign language which staff understood and staff used objects of reference to communicate with other people. Staff told us that they had supported a person to attend an activity group at a day centre because the person had shown an interest in the activity at home. However, staff observed over a couple of weeks that the person did not appear happy when they returned from their activity. They cancelled the person’s attendance, advocated on behalf of the person for a refund of fees and offered an alternative activity which was being enjoyed.

The pictorial complaints guidance informed people of how they could access support if they wished to make a complaint. The deputy manager’s told us that people were ordinarily supported by family members to make their views known.

Good

Is the service responsive?

Our findings

Care plans showed that people and their chosen representatives were consulted about their needs and wishes, which was confirmed in our discussions with people and their relatives. Care planning was carried out using a person centred approach and people were supported to invite their relatives and friends to attend their annual review meetings. We saw that care plans were updated whenever there were significant changes in people's needs.

We saw that one person did not want to do activities that they found too strenuous because of their healthcare needs. We saw that staff had supported this person to develop a gentler programme of activities that included aromatherapy massages from a qualified practitioner and pampering sessions from staff. Another person informed us they were concerned about their ability to travel abroad to visit relatives in the country of their birth, because of their healthcare needs. They told us, "The deputy manager has got it sorted, you can look at the plan." The person and staff told us that the plan was to try out a short trip to another destination to see how the person coped with travelling, with a view to then planning the wished for holiday.

Care plans showed that people and their chosen representatives were consulted about their needs and wishes, which was confirmed in our discussions with people and their relatives. Care planning was carried out using a person centred approach and people were supported to invite their relatives and friends to attend their annual review meetings.

People took part in weekly residents' meetings. The minutes showed that their views were listened to and acted upon. For example, people said they liked to attend 'Funky Nite' disco parties so staff checked the organising body's website and kept people informed. We did not observe a residents' meeting during this inspection but joined people and staff during a conversation about art galleries. One person had recently visited an art gallery with their keyworker and liked it. Staff told the person about another art gallery which was adjacent to the one they had been to, and explained how the collection of paintings were different. Other people joined in the conversation about places they had visited or would like to visit and their comments were welcomed. This showed that people's views were listened to, valued and responded to.

People had outings once or twice a month with their keyworkers. This was in addition to outings organised by their day centres and other events arranged by the service. One person told us, "We do all sorts. Trips to zoos, parks and museums, it is great." A staff member told us that these were opportunities for people to try out a new activity, visit a place of interest, have fun and expand upon their experiences of the large range of entertainments in London. Staff said it was also a way for people and their keyworkers to build upon their relationships. The service had created a pictorial guide book which showed a range of interesting places to visit. This meant people were supported to develop new and fulfilling interests.

People using the service told us they would tell a relative or the registered manager if they had a complaint and had been given pictorial information about how to make a complaint. Relatives told us they thought the registered manager would resolve any concerns in an open and professional way. One relative told us they had made a suggestion about the care of their family member, as they had concerns about the person's safety. The registered manager explained the service's reason for why care was being delivered in a certain way, which reassured the relative.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well managed. One person said, "[The registered manager] is on holiday, you can't meet her. She's really good." Relatives told us the registered manager was experienced and approachable, and they had confidence in her as a manager.

Staff told us they felt well supported by registered manager was supportive and felt that she kept them informed. One member of staff told us, "[The registered manager] runs a tight ship. We are asked to come up with ideas and she helps us. I have learnt a lot working here." Staff told us they liked the management structure, as the registered manager was supported by two deputy managers. One of the deputy managers worked full-time at the service and the other deputy manager divided her full-time hours between the service and a nearby supported living service for one person. A staff member said, "Each member of the management team brings different strengths and knowledge. Two of the team have nursing backgrounds so that brings a different perspective."

The service requested the opinions of people and their families by sending questionnaires every other year. The results of the most recent questionnaires showed that people were happy with the quality of care and support. There was information in the minutes for residents' meetings and staff meetings about a three day event organised by the provider to look at the future development of the organisation, which was held since our last inspection visit. This meant that people's views were being sought to contribute to both the service and the wider organisation.

The service had a number of audits, including audits of the petty cash and property maintenance. We saw how the service appropriately recorded accidents, incidents and complaints, and used this information to improve the service. The area manager for the provider carried out unannounced visits to the service and produced reports, which contained actions for improvement. These were used by the registered manager and the management team to continuously improve the service.