

Yarrow Housing Limited

Richford Gate

Inspection report

52-53 Richford Gate
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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 29 December 2014 and 2 January 2015. The first day of the inspection was unannounced and we told the registered manager we were returning on the second day. At our previous inspection on 12 December 2013 we found the provider was meeting regulations in relation to the outcomes we inspected.

Richford Gate is an eight bedded care home for adults with a learning disability. The service comprises two adjoining first floor flats, each with four single occupancy bedrooms. Each flat has its own lounge, kitchen, bathroom and separate toilet.

There was a registered manager in post, who has managed the service for three 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.

There were policies and procedures in place to protect people from harm or abuse. Records showed that staff had attended relevant safeguarding training and they were able to tell us the actions they would take to protect

Summary of findings

people. The four care plans we looked at contained risk assessments, which provided guidance about how to support people with varying wishes and needs, including how to support people to safely use a cooker and to travel with confidence on public transport. We found that there was enough staff available to support people with their personal care and social interests at home, and to go out for activities. Medicines were stored, administered and disposed of safely. Staff undertook appropriate medicines training and could describe their duties in regard to the safe management of medicines.

Staff had regular supervision and training, including training about how to meet the needs of people with a learning disability. This meant that people were supported by staff with suitable knowledge and skills to meet their needs. People were offered choices about their food and drinks, and encouraged and supported to make their own snacks, light meals and beverages in accordance with their individual wishes and abilities. 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. We found that staff had received applicable training and could explain how they protected people's rights.

We saw that people had positive and friendly relationships with staff, who demonstrated their understanding and knowledge of people's needs and wishes. Staff knew about people's hobbies, college courses, relationships with family and friends, and favourite local cafes, markets and leisure facilities. People were spoken with and treated by staff in a caring and respectful manner, and their privacy was maintained. For example, people were asked by staff if they were happy to have a chat with us and show us their bedrooms.

People using the service told us they were happy with their care and we received complimentary remarks from their families. Care plans reflected people's needs and interests and were up to date. People were involved in planning and reviewing their goals, and relatives told us they were consulted about their family member's care and support. People accessed community medical and healthcare facilities and the local practice nurse was involved in the care planning to meet healthcare needs.

People's relatives told us they were pleased with how the service was managed and they described the registered manager as being "caring", "friendly but professional" and "always approachable". We observed the registered manager interacting well with people who used the service and staff. There were systems in place for the ongoing monitoring of the quality and effectiveness of the service, in order to use this information to make improvements.

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 received safeguarding training and knew how to recognise the signs of abuse, and keep people safe from harm. Risks to people's well-being, safety and health had been identified and plans put in place to manage these risks. There were enough staff and they had been safely recruited to make sure they were suitable for employment with people using the service. Medicines were securely and correctly stored and administered by staff who had received appropriate training.

Good



Is the service effective?

The service was effective.

People were supported to enjoy interesting, active and independent lives. People were encouraged and assisted to participate in preparing food and drinks and were involved in the menu planning for the daily main meals and groceries shopping. Care plans had been developed with people, their families and external health and social care professionals, in order to meet healthcare and behavioural needs.

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

Good



Is the service caring?

The service was caring.

We saw positive, respectful and cheerful communication between people and staff. Staff encouraged people to engage in activities that promoted their independence, confidence and happiness. People either knew how to access advocacy support or were provided with information.

People's dignity, privacy and confidentiality were respected.

Good



Is the service responsive?

The service was responsive.

The service assessed people's needs and care plans contained detailed information to enable staff to meet these needs. The planning of care and support took recognised and acted upon the wishes of people using the service and their families. People were supported to access a broad variety of activities within their home and in the community.

People using the service were provided with pictorial information about how to make a complaint and their relatives were confident that the registered manager would thoroughly and openly investigate and respond to any complaints.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were asked for their opinions about the quality of the service through meetings and surveys. Relatives told us they were sent questionnaires and asked for their views when they attended review meetings.

Staff told us they felt the registered manager was supportive and provided an 'open door' approach. There were ongoing arrangements for monitoring and improving the quality of the service.

Richford Gate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 December 2014 and 2 January 2015. The first day of the inspection was unannounced and we told the registered manager we would be returning for a second day. The inspection was carried out by two inspectors on the first day and one inspector on the second day. Before 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 12 December 2013, which showed the service was meeting all regulations checked during the inspection. We looked at 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.

At the time of this inspection one person was in hospital and there was one vacancy. We spoke with five people living at the service, and also spoke by telephone with the relatives of four people after the inspection. We spoke with three members of care staff, the deputy manager and the registered manager. We observed support and care delivered to people in communal areas and looked at records. The records we reviewed included four people's care plans, medicines records, staff records and documents relating to the management of the service. We contacted health and social care professionals with knowledge about this service and received responses from representatives of the commissioning teams of the two local authorities which placed people at the service at the time of our inspection.

Is the service safe?

Our findings

People using the service told us they felt safe and relatives told us they felt their family member was safe. One person told us, "It's good here, the staff make me feel safe". One relative told us, "We feel it is safe here for [our family member], we know and trust all the staff. [The registered manager] has known [our family member] for many years and is always open and honest."

There were effective systems in place to make sure people were protected from the risk of abuse and harm. Staff told us how they would identify and report abuse and the training records demonstrated they had attended safeguarding training and refresher training, where applicable. Staff knew about the provider's whistle-blowing policy and could explain how they would raise any concerns about the service to the provider and to external authorities such as the local authority and CQC, if necessary. The service had promptly reported two safeguarding concerns to CQC in the past 12 months and supplied clear information about the actions they took to protect people.

The four care plans we looked at showed that individual risk assessments were carried out in order to support people to be as independent and fulfilled as possible, whilst minimising risks to their safety. We saw risk assessments in place to support people with behaviour that challenged the service, travel on their own to college, shop independently and take holidays. This meant that people were protected and their freedom was supported and respected.

We looked at a selection of the provider's maintenance and servicing records. They demonstrated that equipment including fire safety apparatus, radiators and gas and electrical appliances, had been regularly checked and professionally maintained to make sure they were safe. Records also showed that staff carried out a monitoring programme within the premises, such as the weekly checking of water temperatures and the daily checking of food expiry dates. Regular fire drills were undertaken and the results were discussed with people at the monthly residents' meetings. This meant people were provided with feedback about safety procedures and enabled to give their own views.

On the first day of our inspection people were looking forward to a cinema trip that afternoon. We saw that there were sufficient staff on duty to support people who wished to go out for the activity and also support people who wanted to stay at home. People using the service told us there were enough staff to support them with their personal care and activities. One person said, "I do my own laundry and staff put it away. It makes me feel happy because it's tidy for the next day". Another person told us, "I got up this morning and had a bath. [Staff member] shaved me." Relatives also told us they felt there were sufficient staff. One relative told us, "I have called in at different times of the day and at weekends and you always see staff helping people and taking them out." The staff rotas showed that additional staff were scheduled when needed, for example to support people to attend healthcare and other appointments. The registered manager told us there was currently one vacancy, which was being covered by employing regular bank staff.

The four staff recruitment files we looked at all contained satisfactory information to demonstrate that staff had been recruited safely, including criminal record checks and two appropriate references. Records showed that staff were monitored and assessed during a probationary period. This meant that people received care and support from staff who were suitable for employment working with people who used the service.

One person told us that staff put a cream from the doctor on their legs every morning and said staff did it well. We looked at the provider's medicines policy and staff training records for administering medicines, which showed that staff received training and guidance. A member of staff showed us how they recorded medicines arriving at the service and described the arrangements for the pharmacy to collect medicines no longer required. The staff member was able to provide a straightforward and non-clinical explanation of why people were prescribed their medicines, and they showed us an up-to-date reference book for researching any medicines they were not familiar with. We also checked the storage of medicines and looked at a sample of medicines administration records (MAR). Staff told us that all medicines were counted and checked at each staff handover, which we observed during the inspection. A pharmacist from the dispensing pharmacy carried out two audits each year to check how medicines were being stored and administered, and checks were also made by the registered manager.

Is the service effective?

Our findings

People using the service told us they liked living at their home. One person said, "I like drinking tea in the dining room. I went to [pub] round the corner for Christmas dinner and had a glass of wine. I like [staff member] and [registered manager], all staff are nice." Another person told us, "I like it here. I clean my room and go shopping at the market and shopping centre. I go to church and I go to see mum." This person told us that they went on shopping trips with staff to buy clothes and costume jewellery, and stopped at cafés for tea and cake.

Relatives told us they were pleased with the quality of care and support provided by the service. One relative told us, "The staff are meeting [my family member's] needs well. When [my family member] visits me [she/he] is always eager to get 'home' as [my family member] calls it. [My family member] has become really independent, has done travel training and constantly goes out to the cinema and eating out." Another relative said, "[My family member] is very happy. The staff are lovely and have helped them a lot."

Staff told us about their training and we looked at training records. The records showed that staff received appropriate mandatory training and other training relevant to the needs of people using the service. One staff member told us, "We get a lot of training. Recently I have done training about autism, safeguarding, infection control, fire safety and equal opportunities." The minutes of team meetings and individual staff supervision sessions showed that staff were encouraged to update their knowledge and access training. For example, one staff member told us how beneficial they found the autism training and how they now tried to apply their learning when working with people. The team meeting minutes also demonstrated that staff were encouraged to read and discuss new publications about the needs of people with a learning disability, and there were topical discussions about relevant health and social care issues reported in the media.

Staff confirmed they had one-to-one formal supervision every month and an annual appraisal, which we observed when we checked staff records. Staff told us they felt supported by the registered manager. One staff member said, "I feel supported. There is good team working and staff support each other. We talk about problems at team

meetings and we talk about what is good practice." We saw that team meetings were also used to discuss how to support people using the service. There were discussions recorded in the minutes about referring people to healthcare professionals including psychologists and physiotherapists, or about how best to implement guidance given following people's appointments with external professionals. This meant that people received care and support from staff who were appropriately supported by the registered manager.

We saw that people were asked for their consent. People were asked if they were happy to speak with us and show us their bedrooms. We also observed staff giving people information about the planned cinema trip so that they could make a meaningful choice about whether they wished to participate or not. Staff told us they always checked that people consented to being supported with their personal care and the care plans stated whether people consented to receive personal care from a care worker of a different gender.

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 no person using the service was subject to a DoLS authorisation. Staff were able to explain their understanding of

current legislation and guidance, and described occasions when decisions have been made in accordance with people's 'best interests'. Staff told us they did not use physical restraint if a person presented with behaviour that challenged the service but had received training to support people to calm down. Care plans contained guidance for staff and demonstrated that discussions had taken place with people, their families and health and social care professionals.

People said that the food was "good" and "alright, best when [staff member] cooks." One person told us they had pasta for dinner last night which they always particularly enjoyed but there was an alternative offered if people did not want the pasta dish. Another person told us that the registered manager had helped them to make their breakfast that morning, and had also made special treats and drinks for people for the Christmas and New Year celebrations. On the first day of the inspection we met one person who was preparing their breakfast before going to

Is the service effective?

college. They offered to make us a cup of tea and told us they liked to help staff with cooking meals. During the inspection we observed people popping in and out of the kitchen to make drinks and/or get snacks. The minutes for the weekly residents' meetings showed that people were asked to nominate their favourite meals, followed by a group voting session to draw up menu plans. People told us they were involved with food shopping and we saw one person go out with a staff member to get ingredients for the evening meal.

The care plans demonstrated that people's nutritional needs were assessed and they were referred to dietitians where necessary. This meant people were consulted about their dietary choices and preferences, whilst taking into account medical needs, where applicable. People's weight was monitored monthly or at a frequency advised by a healthcare professional. The service was supporting a person with complex nutritional needs and records showed that staff had worked closely with the person, their family

and healthcare professionals to make sure these needs were properly met. Guidance about healthy eating had been discussed at residents meetings and had been published in the provider's quarterly newspaper.

The service worked well with healthcare professionals to ensure people's health care needs were properly addressed. People told us their doctor was on the same street and pointed out the window to the practice. The care plans we looked at contained information about people's healthcare needs and how to meet these needs. Records showed that people attended appointments with a range of healthcare professionals including GPs, dentists, opticians, psychologists and community nurses. The registered manager told us that the service had a good relationship with the local GP practice and people were able to get appointments on the same or next day. We looked at four health action plans and saw that the practice nurse had been involved with the planning and evaluating of people's healthcare needs.

Is the service caring?

Our findings

People told us they liked living at the service and got on well with the staff. One person told us, "They take me to the cinema, bowling and the café. I go to the café for tea and a muffin." Another person told us they were happy and planned to ask the registered manager to buy champagne for people to celebrate the New Year. Relatives told us they were pleased with the quality of care and support provided by the service. One relative said, "The whole family visits and we are happy. The staff are brilliant and we have a good relationship with the home." Another relative said, "[my family member] is well supported and happy." A third relative told us, "Staff are brilliant."

Relatives told us that their family members had lived at the service for several years and many of the staff had worked there for a similar length of time, which meant that people's needs, interests and family relationships were understood. A relative told us how staff supported their family member to play pool, which was important for the person. The registered manager told us that some people liked to regularly attend places of worship and chose to attend with their families. People told us they liked visiting their families and were supported to maintain friendships and relationships. One person told us, "On Friday I am going to see my friend from [another care home managed by the provider]. I am looking forward to it." We saw records that demonstrated staff had discussed how to support another person to meet their friend every week.

Staff told us that any prospective residents would be offered opportunities to visit the service for a meal, followed by a day visit and then an overnight stay before spending a weekend. This meant people were supported to get used to the service in a gradual and reassuring manner before making any decisions about moving in for a trial period.

During this inspection all of the people we met were able to communicate verbally and make their needs known to staff. People told us that staff knocked on their doors and asked them about what kind of support they wanted to meet their personal care needs, for example whether they wanted a bath or shower. We saw that people were consulted about when they wanted support, unless there was an agreed time because people had appointments or college and day centre commitments. Staff spoke with people in a friendly and supportive manner. We looked at a copy of the provider's quarterly newsletter, which showed that people's achievements were celebrated. There were articles about people's holidays, their favourite recipes and information about the countries that reflected people's heritage.

One member of staff told us, "I adore working here as all the people are so unique. I care for them very much." During the staff handover meeting staff talked about the welfare of a person who was in hospital, as a member of staff had been to visit them. Staff told us about the arrangements the provider had previously put in place to make sure that people could come home from hospital following significant changes to their health, for example staff had attended training in order to meet people's new needs.

One person said they attended a local self-advocacy group, which was run by a voluntary sector organisation for people with a learning disability. They told us, "I go to Equal People, I like it and I make my own choices." People were able to access independent advocacy and were provided with information about local advocacy services. This meant that people could get independent support if they did not have the capacity to make their choices known.

Is the service responsive?

Our findings

People told us they liked living at the service and said that staff supported them well. One person told us how they had been supported to develop their skills with food preparation and the relative of another person told us their family member had been supported to learn how to travel independently in the local community. The registered manager explained how staff had devised a structured programme of support for a person who originally was not confident about travelling independently, until the person was happy to travel without an escort.

People told us they were involved in their care planning. One person told us they wanted to move to a more independent type of accommodation. This wish was reflected in their care plan, which demonstrated that the person was being supported to meet their goal. The care plans we looked at were detailed and provided comprehensive information about people, their holistic needs and how to meet these needs. Records showed that people actively took part in their review meetings and the opinions of their relatives were also sought. This meant people's own aspirations were listened to and valued by staff.

People took part in a weekly residents' meeting. The minutes showed that their views were listened to and acted upon. For example, people thought the tiles needed to be replaced in one kitchen and this was dealt with. These meetings were also used as a forum to consult with people about future group events such as celebratory meals and

parties, and proposed refurbishments to communal areas within the premises. The minutes showed that people were being asked for their ideas in regard to how the service would celebrate its forthcoming 20 years anniversary. Each person had their own activities programme, which included college courses, sports, cookery classes, massage, music and dance sessions, shopping, holidays, digital publishing and disco nights. People took part in creating the newsletter about their service.

People had weekly individual 'Talktime' sessions with their keyworker. Staff told us these sessions could be used to talk with people about how they were getting on and also support people with specific needs, for example if a person was having difficulties with friendships or relationships, or presenting behaviour that challenged the service. Care plans showed that staff made referrals to psychologists where necessary, which meant staff actively worked with external professionals in order to support people well.

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 had complete confidence in the registered manager to sort out any concerns and were aware of the provider's complaints procedure. One relative told us they had made a complaint about a maintenance issue and the registered manager had promptly addressed it. We looked at the complaints log and saw that the registered manager had taken appropriate action within the agreed timescales.

Is the service well-led?

Our findings

People talked positively about the registered manager when we asked them if they were happy living at the service. The registered manager was the first name that people gave when we asked which staff they could go to if they had a problem. We saw that people were relaxed and smiling when they chatted with the registered manager and some people popped in to the office to update him with their news during the inspection. Relatives told us they had known the registered manager for many years prior to his current appointment and were pleased with how he managed the service. The registered manager had been in post for three years at the time of our visit and had worked at the service for 10 years. One relative told us, "We have a good relationship with the home. [Registered manager] is very approachable and always returns calls." Another relative said, "We have a good rapport with [registered manager] and a third relative commented, "I am very pleased with [registered manager]. We also received positive feedback from two representatives of the commissioning teams for the two local authorities which used the service. The service was described as being well managed and able to consistently offer people meaningful experiences.

Staff told us the registered manager was supportive and encouraged an open culture. This meant that staff felt they were able to speak about any concerns they had. They told us that if there were concerns, the registered manager

would help them find solutions as a team. They also said that suggestions were welcomed and they were encouraged to try new ways of working. For example, staff told us they had created pictorial guides to support people to learn about infection control and a specific pictorial guide to support a person to understand how to eat a low fat diet.

The service formally sought the views of people and their families through sending out questionnaires every other year. The results of the most recent questionnaires identified that people were happy with the quality of care and support. The registered manager told us about a recent three day event organised by the provider to look at the future development of the organisation. People and their families were invited to attend and three relatives represented the service. 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 medicines, petty cash and property maintenance. We saw how the service appropriately recorded accidents, incidents and complaints, and used this information to improve the service. For example, the minutes of a team meeting showed that a discussion with staff had taken place after a complaint was investigated and the learning points had been recorded. We also noted that the person's care plan was subsequently updated to reflect changes to the person's support.