

# Yarrow Housing Limited

## Stephendale Road

### Inspection report

78-80 Stephendale Road  
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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



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 26 and 28 May 2015. The first day of the inspection was unannounced and we told the deputy manager we were returning on the second day. At our last inspection on 28 April 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

Stephendale Road is a six bedded care home for men and women with a learning disability. Each person is provided with a single occupancy bedroom, which does not have en-suite facilities. Accommodation is arranged over three

floors and there is a passenger lift. The communal areas include a lounge overlooking the back garden, a combined kitchen and dining room, toilets and bathrooms.

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 said they felt safe living at the service. Staff had attended safeguarding training and demonstrated that they understood the provider's policies and procedures to protect people from harm or abuse, including how to use the whistleblowing policy.

A range of risk assessments had been completed for each person. They provided guidance for staff in regards to how to support people to have independence and control over their lives while promoting their safety, comfort and wellbeing. For example, there were risk assessments in place to support people to take their chosen holidays.

There were enough staff deployed to support people with their personal care and their chosen activities. Recruitment records showed that thorough measures were taken to make sure that suitable staff were appointed to work with people using the service.

Medicines were stored, administered and disposed of safely, apart from the storage of one person's medicines. Staff had received medicines training and their competency was assessed every year.

Staff received regular one-to-one formal supervision, training and an annual appraisal. The training programme included mandatory training, such as food hygiene and infection control, as well as specific training about how to meet the individual needs of people using the service.

People were supported to have a healthy and balanced diet, which included foods and drinks they had chosen at their menu planning meetings. Staff supported people to access and follow guidance from healthcare professionals such as dietitians and speech and language therapists.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to

report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. Staff had received training and were aware of how to protect people's rights.

People said they felt respected and consulted by staff. During the inspection we saw that staff interacted with people in a caring manner. One person told us, "I love it here. This is my home and the staff are all lovely." Another person told us that staff had supported them to switch to a different community resource centre in accordance with their wishes and were now supporting their decision to make further changes with their social activities programme.

People said that their care and support was provided in a way they liked. For example, one person told us that staff always checked what time they wanted to get up in the morning and how they wished to spend their day. Care plans demonstrated that people, and their relatives and friends if applicable, were actively involved in the care planning and reviewing process. People accessed community medical and healthcare facilities, and staff attended appointments with them.

People and their relatives confirmed that the provider had given them information about how to make a complaint. They expressed their confidence that the registered manager and the senior staff team would take their complaints seriously and rectify any problems.

People said that they liked living at Stephendale Road and got on well with the registered manager. Relatives informed us that the registered manager kept in touch with them and they thought the service was well managed. The registered manager and the provider had mechanisms to measure and monitor the quality of the service and learn from accidents and incidents.

# 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 completed safeguarding training and knew how to recognise and respond to signs of different types of abuse, and keep people safe from harm.

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

There were sufficient staff who had been robustly recruited in order to ensure they were suitable to work with people living at the service.

Staff understood how to safely and securely manage people's medicines, apart from the incorrect storage of one person's medicine.

Requires improvement



### Is the service effective?

The service was effective.

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

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

People were asked about their favourite foods and drinks, and were encouraged to contribute to the weekly menu planning meetings. Staff were knowledgeable about people's dietary needs and wishes, including diets advised by healthcare practitioners and cultural preferences.

Good



### Is the service caring?

The service was caring.

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

People told us they were involved in making decisions about their care and support. They described how staff respected their privacy and dignity, which we observed to be the case.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed, taking into account their wishes and views.

Care plans outlined people's care and support needs, and were regularly updated.

Good



# Summary of findings

Staff knew people's social interests, their likes and dislikes. People were encouraged to engage in enjoyable and rewarding activities at home and in the community.

People were given pictorial guidance to assist them if they wished to make a complaint. Relatives and friends of people using the service told us that they had confidence in the registered manager's ability and integrity to investigate and respond to any complaints in an open and professional manner.

## Is the service well-led?

The service was well-led.

People and representatives said they thought the service was managed well.

People were asked for their opinions about the quality of the service through meetings and surveys. Relatives and friends told us they were asked for their thoughts about how the service was operating and what improvements could be made.

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

**Good**



# Stephendale 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 26 and 28 May 2015. The first day of the inspection was unannounced and we told the deputy manager we would be returning for a second day. The inspection was carried out by one inspector. Before the inspection we read through the information we held about the service. This included notifications of significant incidents reported to CQC and the last inspection report of 28 April 2014, 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 to 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 representatives of two people after the inspection. We spoke with two members of the care staff and the deputy manager. The registered manager was on annual leave at the time of the inspection. We observed support and care being given to people in communal areas and checked a variety of records which included health and safety documents, staff recruitment folders, and policies and procedures. We used pathway tracking which meant we looked at how the service worked with people from before they started using the service through to the present.

# Is the service safe?

## Our findings

People using the service said that they felt safe. Comments included, “This is a good place to be” and “It’s safe here and at [the day centre].” People’s representatives told us they felt their family member or friend was safe. One person told us, “I have got to know the manager and staff for years and they are lovely, wonderful people. [My friend] is very safe.”

There were established policies and practices to protect people from the risk of abuse and harm. Staff told us they had attended safeguarding training when they commenced employment with the provider, which was followed by refresher training every couple of years. This was confirmed by the training records. Staff explained to us how they identified potential signs of abuse and stated the measures they would take in order to protect people. Staff understood how to use the provider’s whistleblowing policy if required, including external organisations they could contact if necessary.

Care plans showed that risk assessments were carried out in order to promote people’s independence, whilst minimising risks to their safety. We saw a range of individual risk assessments in place, including ones to support people with their personal care, to go abroad on holiday and to cook meals at the service. Risk assessments included actions that staff needed to take to mitigate risk. This meant that people were supported to make choices that were important to them, whilst fully considering their safety and wellbeing.

We looked at a selection of the service’s maintenance and servicing records, which evidenced that the provider took actions to promote the safety of people using the service, staff and visitors. Prior to this inspection we had received notification that the London Fire and Rescue Service had served an enforcement notice on the premises due to inadequate fire safety. Records showed the provider had taken action to respond to fully meet the requirements detailed in the enforcement notice. For example, the registered manager was advised to purchase ski pads for the safe evacuation of people with reduced mobility and the provider had bought these. We looked at some of the health and safety checks carried out by the service, such as fridge and food temperatures, food probe temperatures,

emergency lighting testing and monthly safety inspections, which were all up-to-date. These checks showed that there was a system in place to protect people as much as possible from environmental risks.

We saw that there were enough staff available on both days of the inspection to meet people’s personal care and social care needs. On the first day of the inspection one person went out for a hospital appointment supported by a member of staff. Another person had been admitted to hospital and a member of staff had been allocated to spend the day with the person. The rotas showed that although the service was not sure how long the person would remain an in-patient; the deputy manager had made provisional short-term arrangements for the person to have a staff member at their bedside every day, in accordance with their needs. Two people had gone out to their day centre groups and two people had remained at home. We saw that there were sufficient staff at the service to give both people one-to-one support with social activities and personal care.

One person told us they had attended training to take part in staff recruitment and said, “It was a good thing to do and I wanted to do it.” The recruitment folders were held securely at the provider’s head office, which we visited on the second day of the inspection. We checked the recruitment of five staff at the service and found that appropriate checks had been undertaken to make sure employees were suitable to work with the people using the service. Documents showed that the provider required two verified references and ensured that at least one of the referees had current professional knowledge of a prospective employee, acquired in a workplace or educational institute. There were also proof of identity and address checks, proof of eligibility to work in the UK, copies of educational and training certificates, and criminal records checks. The folders contained evidence of how people were assessed for their role, for example completion of application form, interview notes and competency assessments. This showed that the provider followed rigorous procedures to recruit people with appropriate skills and knowledge to support and care for people.

At the time of the inspection one person was independently taking their medicines. Staff told us that the person had asked staff for support to become self-medicating as they wanted to increase their confidence

## Is the service safe?

and independence. The service had developed a risk assessment with the person, which included staff monitoring of their medicines and the accompanying Medicine Administration Record (MAR) each week. We found that although a lockable medicine safe had been provided, the medicines were not locked away and the person's bedroom door was unlocked. This meant that there was a possibility that the medicines could have been inappropriately accessed by another person. Staff took immediate action and locked up the medicines in the person's safe.

We looked at the provider's medicines policy and staff training records for administering medicine, which showed that staff received training, guidance and competency assessments. Staff were provided with straight forward medicine guidance sheets, which explained what the medicine was prescribed for, how it should be

administered and common side effects. Staff told us this was useful and we found that they were comfortable discussing people's medicines and related healthcare needs. A member of the care staff described how they counted and recorded medicines delivered to the service and the arrangements for returning medicines no longer required to the dispensing pharmacist. We looked at the medicines for two people and the corresponding MAR charts, which were correctly filled in without any gaps. We observed that medicines were administered by two members of staff. Medicines were counted and checked at each staff handover and records were kept to show that these checks had taken place.

**We recommend** that the service refers to the current guidance from The Royal Pharmaceutical Society for managing medicines in a care home.

# Is the service effective?

## Our findings

People told us they loved living at the service. One person told us, "I like [the day centre], I have friends there. I am going on holiday in three months' time and a day trip to Southend. I do computers and art. I get to choose when I go to the hairdresser. I love this house." Another person said, "There are nice people here. [A person using the service] and me go to the same centre. I meet my friends at church every Sunday. My friends visit me here and [my family member]." People's representatives were positive about the quality of care and support provided by staff.

We looked at training records and spoke with staff about the training they attended. One member of staff had worked at the service for less than three months, having previously worked in a healthcare setting. They told us they were pleased with the training they had received so far, which included safeguarding, health and safety, and managing medicines. They were booked in for moving and handling training. The staff member told us, "We have to do online training as well as attend courses. The management checked all my previous training certificates. They are very supportive to new staff." Another member of staff told us they had worked at the service for seven years and had successfully applied for a management position with the provider. They informed us that the registered manager had supported their learning and development objective to gain leadership skills and knowledge. They commented, "I have had lots of training since I started. I did a national qualification in health and social care and have done courses to prepare me for management training."

In addition to mandatory training such as fire awareness and food hygiene, staff were offered opportunities to attend training which was specific to the needs of people using the service. For example, how to support people with swallowing difficulties which was provided by a speech and language therapist (SALT). The deputy manager told us that there had been an in-house training about how to understand and meet the needs of people with dementia, which was relevant to the service.

Records demonstrated that staff had one-to-one formal supervision every four to six weeks and an annual appraisal. The records we saw were detailed and showed that staff were encouraged to think about their learning and development needs and consider ways of developing their knowledge; for example by shadowing staff in other

departments within the organisation. Team meetings were scheduled to take place every month but were sometimes cancelled if staff were needed for other purposes, such as a person being admitted to hospital. The most recent minutes were for a meeting in April 2015 and showed that staff had discussions about the Mental Capacity Act 2005 (MCA), supporting people with healthy eating and staff training. The deputy manager told us that team meetings were also used as an opportunity for staff to update their knowledge if a colleague had recently attended a training course, which was confirmed by staff. For example, if a member of the care staff had been to a training day about understanding autism they were asked to share key points about their learning with members of the team who had either done this training in the past or were yet to attend. This meant that people using the service benefitted by receiving care and support from a staff team that had an ongoing approach to sharing new ideas about health and social care.

We saw that people were always asked for their consent. For example, people were asked if they were happy to show us their bedrooms and any care records that were kept in their bedrooms.

Care plans showed that people were consulted about how they wished to be supported; for example whether they wanted to receive personal care from a care worker of the same 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 two people were subject to authorisation under DoLS. Staff demonstrated an understanding of current legislation and guidance. They 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, which included planning a holiday, support for daily living and managing personal finances.

People spoke positively about the quality of the food. One person said, "I like eating fruit, especially pears. We are going to have a barbeque next week. I like the Sunday lunch." Staff showed us a pictorial food and drink booklet. This was used to support people with limited or no verbal communication to participate in the weekly menu planning meeting.



## Is the service effective?

Care plans contained information about how to meet people's nutritional needs, including likes and dislikes and any cultural requirements. Staff told us that one person using the service had introduced people to eating plantain and it was now a firm favourite. Two of the care plans we looked at showed that people had been appropriately referred to healthcare professionals for guidance and support to meet their nutritional needs. One person told us about the support that staff have given them in regards to healthy eating.

Care plans contained 'Health Action Plans' which identified people's healthcare needs and how to address them. We saw that people and their representatives were encouraged

to contribute to the planning and reviewing of these documents. Staff demonstrated a clear commitment to supporting people with their healthcare needs. One person told us about a course of treatment that they attended at a hospital department for a few months. They said that they were pleased with the care provided by the hospital and had been joined every day, five days a week, by a member of staff from the service. A staff member told us they had stayed with this person for the duration of their daily treatment to provide practical and emotional support, and to liaise with the staff team at the hospital. One person's representative told us about the person's healthcare needs and commented that staff were providing "wonderful care".

# Is the service caring?

## Our findings

People told us that staff were caring. One person said, “[Staff member] really cares about me. I shall miss [him/her] so much when they leave.” A person’s representative said, “They are all such kind people working there. I worked for many years with people with disabilities and I can see the staff are very genuine.”

We saw that staff consulted with people and their representatives about how to support people to maintain important relationships and friendships. For example, one person invited their boyfriend as well as a relative to attend their annual review meeting. We saw photographs of the review meeting, which showed that staff had created a social atmosphere with drinks and snacks. The person told us they were planning to go on holiday with their boyfriend, which was being supported by staff at the service and staff at another service managed by the provider, where their boyfriend lives. Another person visited their girlfriend and staff told us about how they used to support a person to visit a former boyfriend. People’s care plans documented the importance of these relationships and how people wanted to be supported to see each other regularly.

A relative told us that they met their family member and keyworker once a fortnight for a restaurant lunch in another part of London. The relative described these lunches as being enjoyable occasions, which were enhanced by the friendly approach of the keyworker. The keyworker told us that although the person chose not to practice their religion, the lunches formed an important part of connecting with their culture. One person told us that they sometimes went for a coffee with a friend from their church and had been supported by staff to invite their friend to Stephendale Road. Two people told us they went to functions at the church and felt involved in the local

community; for example they had attended the leaving party for the former vicar. Staff told us that another person’s relative had expressed concerns about whether they would be able to continue regularly visiting their family member due to their own health and had asked if staff would take their family member to visit them. We were told by staff that this was now being arranged.

The service was operating at full occupancy. We looked at the provider’s policy for supporting prospective new people to move into the service, which promoted short visits leading to an overnight stay and eventually a trial stay. We saw that the person who had moved in most recently had been offered gradual opportunities to get used to the service. The person had transferred from another service managed by the provider and staff changes had been made so that they could settle in with support from a member of staff they already knew.

Care plans described how staff communicated with people who did not communicate verbally and we observed this taking place during the inspection. For example, one person liked to touch tactile objects, such as cuddly toys and fluffy cushions. Staff made sure that the person had immediate access to these items and commented to the person about how nice their items were. Staff told us that they have gently introduced people to holding their hand and discovered that people enjoyed manicure sessions or massage sessions by professional aromatherapists. We saw that other ways of communicating were used, such as sign language and the use of pictures and objects.

The pictorial complaints guidance advised people of how they could access support if they wished to make a complaint. People had also been given pictorial guides to support them to understand other important information about living at the service, such as a pictorial contract and service users guide.

# Is the service responsive?

## Our findings

People told us they were involved in their care planning. One person told us they had felt bored when they first moved into the service. A staff member explained that the person had been active when they lived in their previous home but they moved to the service following health problems. We saw that the person talked about how they felt bored at their annual review meeting last year and staff said they would consult with them to find new and stimulating activities. We asked the person whether they still felt bored and they smiled at the suggestion. They told us that they bake and cook at home, and take an active role in tidying their room. The person said they have regular shopping trips to the West End, go to a market near their former home and go out for coffee with a member of staff. Staff were now looking at ways to support the person to do some voluntary work with a company they used to be employed by.

Care plans demonstrated that people and their representatives were consulted about their needs and wishes, which was confirmed in our discussions with them. The care plans were up-to-date and had detailed information that showed staff understood people well. Care planning was carried out using a person centred approach and the input of relatives and friends was encouraged and celebrated.

A member of staff gave us an example of how staff responded to people's needs. Staff had observed that two people got on well together and enjoyed their friendship. However, staff also noticed that there were occasions when

one person did not recognise that their behaviour towards the other person was not friendly. The staff member described the actions staff took when these occasions arose and explained how they had spoken with both people to offer support and advice. The service had also referred one person to a psychologist, who provided specialist support.

We observed how staff sensitively responded to people during the inspection, for example if one person did not allow another person to contribute to a group discussion.

People took part in weekly residents' meetings. The minutes showed that people were supported to have interesting and topical discussions about issues that impacted on their lives. One of the meetings before the General Election was used for a group discussion about the manifesto's of different parties, with one person asking about how politicians supported the needs and wishes of people with disabilities. Discussions at other meetings included advice about hand washing techniques to minimise the risk of cross-infection, ideas for summer outings, and the role of CQC and what to expect from an inspection. People told us that a member of staff was leaving to work at a different service and they were having a barbeque to mark the occasion.

People using the service told us they would tell a relative or either the registered or deputy manager if they had a complaint. People's representative's expressed their confidence that the registered manager would resolve any concerns properly, with one commenting "I think they just want the residents to be happy."

# Is the service well-led?

## Our findings

People and their relatives told us they thought the service was well led. One relative said, “The manager is lovely and makes it a nice home.”

The service requested the opinions of people, and their families and friends, by sending questionnaires every other year. We saw the responses to the most recent questionnaires at our previous inspection in May 2014, which showed that people using the service and their representatives were pleased with the quality of the service.

Since our last inspection visit people using the service and their representatives had been invited to attend a three day event organised by the provider. Its’ purpose was to

consider the future development of the organisation. The results of the most recent questionnaires showed that people were happy with the quality of care and support. This meant that people’s views were being sought to help shape both the service and the wider organisation.

The service had a number of audits, including audits relating to the maintenance of the property, medicines, petty cash and completion of health and safety records. 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 made unannounced visits to the service and produced reports, which contained actions for improvement. We saw that the provider had focused upon fire safety this year and supported the registered manager to make the necessary improvements.