Yarrow Housing Limited

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Inspection report

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Date of inspection visit:
31 March 2016
01 April 2016
08 April 2016
12 April 2016

Date of publication:
07 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Yarrow Housing Limited provides care and support to people with a learning disability, in order to enable them to live independently in their own homes. People who use the service reside as tenants in a range of shared houses and flats owned by different local housing associations across five boroughs in West London.

This inspection was announced. We gave the provider 48 hours' notice of the inspection, to make sure that key staff would be available. At the time of the inspection the service was providing personal care to 72 people in 24 properties. At the previous inspection in February 2014 we found the provider was meeting the regulations inspected.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

People received their personal care and support from staff they trusted and felt safe with. Staff had received training in how to protect people from abuse and knew how to raise any concerns in regards to people's safety and wellbeing. People's support plans showed that risks to their safety were identified and plans were put in place to mitigate the risks.

People told us they felt well supported by staff and confirmed that there were sufficient staff to meet their needs. Records showed that there were safe systems in place for the robust recruitment of new staff to ensure they were suitable to work with people who used the service.

Staff had received effective training, supervision and support to meet people's needs. This included training about the Mental Capacity Act 2005, so that staff understood about supporting people to make their own choices and decisions. People told us they were supported to eat healthily and choose foods that met their dietary and/or cultural need, and to eat out at places of their choice. The provider supported people to meet their healthcare needs through assisting them to attend appointments and follow guidance from healthcare professionals, which was documented in people's support plans.

People received a caring and compassionate service, which demonstrated some outstanding features. The provider consistently consulted with people and relatives to ensure that their needs and wishes were understood and met. People told us they felt valued as they took part in projects and open days organised by the provider and were supported to make meaningful contributions. The provider keenly sought to celebrate people's achievements and ensure people understood that their needs were at the core of the organisation. People were treated with dignity and respect and staff protected their confidentiality and privacy.

People received a service that responded to their individual needs and was person centred. People's needs were properly assessed, and their assessments and support plans were regularly reviewed to ensure they were relevant. The provider responded to people's aspirations for more independence and their wishes to access community resources, such as regular visits to gyms, cinemas and shopping centres. People were confident about how to make a complaint and relatives said they thought complaints would be dealt with in an open and fair manner.

People received a service that was managed well by the registered manager and other members of the management team. The provider held a clear vision and values that were shaped by people's contributions to their current strategy plan, and understood by people, relatives and staff. There were systems in place to regularly monitor the quality of the service and identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received personal care and support from staff they felt safe and comfortable with. Staff understood how to report any concerns in relation to people's safety and welfare.

Robust risk assessments and risk management plans were in place to ensure that identified risks were appropriately managed.

Thorough procedures were used for staff recruitment to make sure that people received their personal care and support from suitable staff.

People's prescribed medicines were safely managed.

Is the service effective?

Good

The service was effective.

People's choices and decisions were promoted by a staff team with suitable knowledge about the Mental Capacity Act 2005 (MCA).

Staff received training and support in order to understand and meet people's needs.

Systems were in place to support people to meet their health care and nutritional needs.

Is the service caring?

Outstanding

The service was outstandingly caring.

People received personal care and support from compassionate and caring staff.

Staff supported people in a respectful manner and their entitlement to dignity was actively promoted.

People and their chosen representatives where applicable, were consistently consulted for their views and wishes in relation to

the delivery of their personal care and support.

People were assured that their privacy and confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

People were encouraged to contribute and participate in the assessment and care planning process to develop their individual support plans.

Support plans were kept under regular review and updated as necessary in response to any changes in people's needs, wishes and circumstances.

The provider took complaints and concerns seriously and responded to complainants in an open and professional manner.

Is the service well-led?

Good

The service was well-led.

People and their relatives commented positively about how the service was managed.

People, their relatives and staff had contributed to the production of the provider's vision and values.

Various quality monitoring practices were used to ensure people were provided with a service that listened to their opinions and endeavoured to achieve improvements.

Yarrow Housing Limited

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was conducted by one adult social care inspector, who visited on 31 March, 1 April, 8 April and 12 April 2016.

Prior to the inspection we looked at the information we had about the service, which included the statutory notifications the provider had sent to the Care Quality Commission. A notification is information about important events which the provider is required by law to send to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to supply some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of our pre-inspection planning.

Throughout the inspection, the provider asked people who used the service if they were willing to speak with us, either at the provider's main premises at 214-216 Goldhawk Road or in their own homes. We spoke with people when they were participating in supported employment or other appointments at the main premises, during our visits to four houses, and through our attendance at an Autism Awareness event hosted by the provider and people who used the service. We talked with 21 people who used the service, 10 support workers, four supported living scheme managers, two trustees, the registered manager, the chief executive and other members of the management team. We received the views of five relatives during telephone discussions after the inspection.

We gathered information about the service by reading the support plans for seven people and through looking at a wide range of policies and procedures, which included whistleblowing, safeguarding and maintaining people's confidentiality. We checked five staff recruitment files and looked at records for staff training and development, supervisions and appraisals. Records were viewed, which included accidents and incident forms, complaints investigations and medicine charts. Following the inspection visit dates we contacted six health and social care professionals with knowledge about the quality of the service, and

received comments from two professionals.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "I always feel safe and I know the carers well" and "Yes, it is a safe place to live, it is my home. The staff let me know they are here to help me."

Staff demonstrated that they understood about different types of abuse and described the actions they would take if they suspected that a person was at risk of abuse, or being abused. Records showed that staff attended safeguarding training, which was regularly refreshed. The provider's safeguarding policy and procedure gave clear information and appropriate contact details for reporting safeguarding concern to the local safeguarding team. Staff were familiar with the provider's whistleblowing policy and told us they were confident that the management team would effectively respond to any concerns expressed about poor practice.

People's support plans contained a range of risk assessments to safely promote people's independence. These risk assessments addressed areas of daily living and leisure activities that people participated in, for example we found risk assessments to support people to travel on their own on public transport and support people to comply with clinically advised healthy eating and/or exercise guidance. One support plan contained detailed guidance about how to support a person who had behaviours that challenged the service and included advice and instructions from health care professionals about how to support the person to continue to safely enjoy their favourite community activities. The monthly written summaries within the person's support plan showed that staff adhered to the guidance and enabled the person to lead a socially active and fulfilling lifestyle.

People's files contained an individual personal emergency evacuation plan (PEEP). The PEEP was devised for each person who used the service and it provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency.

The provider demonstrated rigorous recruitment practices, which meant that people were not placed at unnecessary risk of receiving their personal care and support from inadequately recruited unsuitable staff. The recruitment files we looked at contained relevant checks, which included checks if applicants were eligible to work in the UK, proof of identity, two verified references and Disclosure and Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. People who used the service were offered training and opportunities to take part in staff recruitment. We met people during the inspection that either currently participated in staff recruitment or were due to. One person told us, "We can make sure only nice staff work here."

People told us about the different types of support they received in order to live as independently as possible, for example support with having a shower or bath, support with grocery shopping and support to take part in activities such as tenpin bowling and cinema trips. Comments from people, relatives and support staff indicated that there was always sufficient allocated staffing time to provide people with individual care that met people's needs and wishes. The majority of support staff and all of the scheme managers told us they had worked for the provider for several years, as they enjoyed their roles and thought

that the organisation offered good opportunities for professional development and career progression. This meant that people who used the service were able to build positive relationships with permanent staff, and receive their personal care and support from staff they were familiar and comfortable with.

Medicines were safely managed. The provider's medicines policy was comprehensively written and records showed that staff had received medicines training and competency checks. The medicine administration records we looked at had been appropriately signed by staff, and subsequently audited by scheme managers to make sure that people received their medicines as prescribed. There were protocols in place to enable people to manage aspects of their own medicine regime, in accordance with people's own wishes and individual abilities. This demonstrated the provider's commitment to supporting people to achieve increased independence by accomplishing knowledge and skills in relation to their own prescribed medicines.

People told us they liked their home environment and were supported by staff to keep their individual bedsits or bedrooms clean and tidy. Our inspection did not include environmental checks as people were living in their own homes; however we observed that the houses we visited were generally attractively decorated, welcoming and well maintained. We saw that systems were in place to protect people from the risk of infection. During our visits to people's homes, staff told us they had appropriate access to personal protective equipment such as disposable gloves and aprons. Records showed that staff had attended infection control training and were familiar with the guidance contained in the provider's infection control policy. We saw audits to demonstrate that scheme managers regularly checked to ensure that people were provided with a clean and hygienically maintained home, and that staff adhered to correct infection control practices.

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the quality of personal care and support provided by staff. Comments included, "I really like it here, I do lots of new things", "I am getting support to go to the hairdresser, get my nails done and plan a holiday" and "Staff support me to have a shower and a shave, and to go out to my [activity] group." Relatives told us they thought their family members received the care and support they needed to achieve fulfilling, healthy and safe lives within their local communities. One relative said, "[My family member] always appears clean and well dressed, I have no concerns. He/she is supported to go out for pub lunches and shopping trips, and attend all of their medical appointments."

Training records demonstrated that staff received a wide range of training to enable them to meet people's needs. Staff told us that some of their training was undertaken through e-learning courses and other training was via attendance in classroom settings. One support worker told us, "When we do online training our understanding is tested at the end of the training session. We then are expected to discuss our learning with our line manager at supervision and put it into practice." Staff told us that the standard and scope of the training was helpful for their roles and responsibilities. The provider kept up-to-date records to monitor staff attendance at mandatory training, which included safeguarding, moving and positioning people, health and safety, medicines management and fire safety. Scheme managers told us that they discussed training needs with support staff during supervision sessions, appraisals and staff meetings, and assisted staff to book up for any training they had missed due to being on leave or other circumstances.

Staff training records showed that newly appointed staff followed a structured induction programme and their permanent appointment was subject to successful completion of agreed learning and development objectives during their probationary period. We noted that support staff were provided with opportunities to enrol for nationally awarded health and social care diplomas at levels two and three. In addition to the mandatory training programme, staff participated in training to meet the specific needs of people who used the service, for example dementia care, understanding autism and bespoke training from external professionals to support people with healthcare difficulties, such as dysphagia. (A medical condition which results in people having problems swallowing certain foods or liquids). Four members of staff were qualified trainers for PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use therapy and strategies for Crisis Intervention and Prevention), which is a method for supporting people with behaviour that challenges the service.

Staff told us they felt well supported by the provider. One support worker told us, "The scheme manager is always accessible and approachable. He/she keeps us informed about any changes and we talk about national policies that affect the people we support." Records evidenced that staff were supported through regular one-to-one supervision sessions with their line manager, annual appraisals of their performance and staff meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in supported living services are to be made to the Court of Protection.

We noted that the provider had policies and procedures in place in regards to MCA and records demonstrated that staff had received training. Our discussions with the registered manager and members of the staff team indicated a clear understanding about when people had the mental capacity to make decisions, and the necessity to respect their decisions. We observed that people had signed their support plans to confirm they had given consent for the personal care and support they received, where applicable. Staff told us about occasions when 'best interests' meetings were held to support people who did not have capacity to make specific decisions and we found evidence of this in one person's support file. The registered manager informed us that if she suspected that a person who used the service was being deprived of their liberty in their best interests, the provider appropriately made an application to the Court of Protection. We noted that applications were made by the provider and the registered manager told us about the underlying circumstances for these applications.

People were provided with support to meet their nutritional and hydration needs, in accordance with their individual assessment and their own wishes. People told us they were supported by staff to compile their weekly shopping list and go out to the local supermarket. At one of the houses we visited, we noted that people shopped at different supermarkets and markets, which took into account their own preferences and chosen routines. One person told us, "Today is my day to go to [supermarket] with [support worker] but first I check what's left in my kitchen and then write the shopping list." The support plans showed that the provider's aim was to support each person to develop their confidence, skills and independence with food and drinks preparation. One person showed us their flat within a communal building and we observed they had a recipe book. They told us, "I like making scrambled eggs and omelettes, I like learning new things to cook." The support plan for another person discussed how they enjoyed a sense of achievement by making a cup of tea for themselves, with some support from staff. One relative told us, "The staff encourages [my family member] to eat well, fruits and salads, they have helped [my family member] feel happy and healthy."

The registered manager told us that in line with current Department of Health guidance, scheme managers and staff were supporting people to choose healthier food options and take more exercise in order to help people improve or maintain their health and wellbeing. A weight loss support group took place at the main office and people's support plans showed that they took regular exercise, for example swimming, gym sessions and/or walks in nearby parks and open spaces with people living in their accommodation and staff. We looked at the minutes for a healthy eating project that commenced in June 2015 and was operative at the time of the inspection. The planning group included people who used the service. People were supported to find out about which fruits and vegetables were in season and learn about their nutritional values. This was followed by visit to farms where they could pick their own fruits and vegetables and/or visit farmers' markets to meet the vendors and buy produce. People and staff retuned with their purchases and cooked together.

People received appropriate support to meet their healthcare needs. The support plans contained detailed information about people's healthcare requirements and the type of support they should be given. Support plans showed that people were supported to attend appointments and they accessed the services of a range of healthcare professionals including doctors, dentists, opticians and community nurses. We noted that staff supported people to adhere to guidance from healthcare professionals and documented their actions within people's support plans, for example if a dietitian advised a change to a person's diet in order to improve their health. This showed that the provider worked positively with healthcare professionals and

relevant organisations to support people to address healthcare needs. The support files also contained brief documents about people's healthcare needs and other relevant information, such as their communication needs, which could be shared with ambulance and healthcare personnel in the event of an emergency hospital admission.

Outstanding ☆

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments from people included, "It's very good, I have support to go to the gym and I go out for a meal every week, it's nice. My favourite restaurant meal is fish and chips. I go with my keyworker" and "We get on very well with each other and the staff, we have a laugh here." One person told us about how staff had helped them to build up their confidence and learn new skills, "I am now writing poems, travelling independently on buses and meeting up with my new friends at [provider's] social group. They (scheme manager and staff) have done a lot to encourage me." Relatives told us they felt staff were caring and supportive. One relative said, "[Scheme manager] is such a nice person, they really do care about [my family member] and another relative told us that although they experienced problems with a previous scheme manager, the new scheme manager had created a noticeably more caring and compassionate environment.

Support staff told us that they had sufficient time to speak with people and develop positive relationships. One staff member told us, "I love this job as it is so rewarding. I can see people making progress slowly, even if it might seem to others as a small achievement to us it's great. We support people with personal care needs but we also do lots of social activities and have the time to chat and listen." Another staff member said, "I work at a service where we prepare young people to hopefully move on to independent living. It is so sad when people do leave because we have built up such a good rapport, but we are happy too that they have met their goals."

We observed extremely caring conduct by staff throughout the inspection. People popped in with their support workers to speak with us at the main office and we saw that there were excellent interactions and rapport. For example, one person came to the main office to sort out an administrative matter with an accompanying member of staff. The person chatted to us for a while but was then keen to get going to their activity session at a sport centre followed by a café lunch with their support worker. We joined coffee mornings at two houses and observed joking and laughter between people and the staff.

We found that the provider actively celebrated people's different accomplishments. For example, we met a person who had gained commercial success with their artwork and another person who performed as a musician at events, including functions organised by the provider. People's keyworkers and other staff spoke with genuine pride about people's talents, skills and achievements across a wide spectrum of daily living activities and interests including arts and crafts, successful weight loss to reach a healthy weight, acquiring baking skills and learning how to budget for grocery shopping. A staff member told us that people who used the service to move on to independent living had a celebratory event of their choice before they moved out, which was organised by their keyworker. The provider organised a 'Celebration Day' in December 2015 for people who used the supported living, residential and day opportunities services. We were shown the agenda leaflet and photographs taken at the event. In addition to games and lunch, people were asked for their thoughts and ideas about their support during 2015 and how they wished to be supported in 2016.

People were supported to be as involved as possible with planning their care and support. The provider

carried out detailed care planning work with people, and their family members where applicable. We were shown large posters that were created as part of an exercise to support people to develop personalised support plans. The guidelines for one of the care planning events at a house for four people showed that two days were spent developing support plans and a month later two further days were spent looking at how people's ideas could be implemented within their allocated budgets. Staff acted as facilitators and presented people's ideas in writing or drawings, in line with people's wishes. The registered manager told us that people identified interests and prospective hobbies that they had not previously discussed and it was an opportunity for staff to think creatively about how to meet people's needs.

Staff respected people's privacy and maintained their dignity. People told us that staff always knocked on the door of their flat or bedroom and waited for permission to enter. Support plans included information in regards to whether people wished to receive their personal care from a support worker of the same gender and provided guidance about how to support people to be as independent as possible with aspects of their personal care such as having a shower or dressing. Support plans reflected that people experienced better self-esteem if they were able to manage some of their personal care needs and were reassured by knowing that a staff member was present to provide the help they needed.

The provider informed us about their membership of the Dignity In Care network, which is a national group for individuals and organisations who work to put dignity and respect at the centre of care services, to enable people to have a positive experience of care. People who used the service and staff were invited to a Dignity Tea Dance to commemorate the annual Dignity In Care Day in February 2016. The purpose of the event was to increase people's understanding about the importance of dignity within the organisation and show people they were valued. The registered manager and senior staff spoke with people about the importance of being supported in a way that promoted their dignity, and sought their views through a questionnaire about whether they felt their support was respectful. People described staff as being "nice", "friendly", "lovely", "kind", "a good cook" and "offers me choices." This session was followed by a traditional afternoon tea, entertainments, dancing and bingo.

People's entitlement to confidentiality was recognised and respected by staff. We noted that staff had received training about confidentiality and were familiar with the provider's confidentiality policy. Staff told us that they understood the importance of maintaining confidential information, for example they would only discuss information about people who used the service with professionals and agencies with a legitimate need to be informed, for example people's doctors and their local social services.

People's support plans included information about their culture, heritage and spiritual beliefs, and explained how they wanted to be supported. For example, one person informed us they went to church every week and was a member of the social club attached to the church. They told us that they liked the music played at some of the social club events as it reflected the musical tradition of the country their parents were from. We noted that support plans showed that people were being supported to attend places of worship of their choice and have food at home and at restaurants that was part of their culture. Some people chose to wear clothing associated with their culture, which was supported by staff when they assisted people with clothes shopping trips and their personal care.

The registered manager told us that there were systems in place to support people with end of life care and support other people who felt bereaved. The provider endeavoured to support people to stay in their own home, unless another setting such as a hospice was medically advised. We were told that the provider liaised with local palliative care teams and other relevant healthcare professionals to develop a support plan. We were shown a booklet that was produced by a psychologist to support people living in a house where one person had end of life care needs. The provider recognised that people had built strong

friendships and needed emotional support to understand that their friend was reaching the end stage of their terminal illness. This was followed by support when the person died; including staff support to attend the funeral.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us they had experienced housing and health problems before they moved into a house managed by the provider. They said that the scheme manager and staff had supported them to significantly address their health concerns and gain new skills through support at home with household chores and budgeting. The person explained to us that they were now attending educational classes and felt much more confident. The registered manager told us that the person had recently spoken at a meeting with the provider's board of trustees about how much their life had improved since they started using the service.

During a group discussion with several people at one of the houses, people told us that it felt better to live in their own home as opposed to a residential home. People stated that they thought the service was more orientated towards and responsive to their individual needs, wishes, interests and preferred routines. One person told us, "I go to gigs, on holiday and have done the training with the police." (The provider supports people who use the service to act as co-trainers for Metropolitan police officers to improve the way they work with people with learning disabilities as victims of crime and witnesses. Police officers attend a two day course with people, who are paid for their time.) Another person told us about their favourite singer and holiday destination, and confirmed that staff supported him/her to pursue these interests. They took us to look at their flat and we saw that staff had supported them to personalise their lounge to reflect their preferences.

The support plans were kept at the main office and a copy was held at people's homes. People's needs were assessed before they moved into accommodation managed by the provider. Assessments were carried out by the person's funding authority, and additional assessments in regards to day to day needs and risks to people's safety were conducted by the provider. The support plans we looked at were detailed and up-to-date. The provider organised annual person centred planning reviews, however the arrangements for reviews by placing authorities slightly varied as the provider worked with several boroughs.

People told us about how the provider had developed responsive care to meet their social and recreational needs. We met several people who worked once a week at the main office carrying out an office based task with support from their support worker. One person told us they were paid for cleaning at the house they lived in and other people reported they had been trained for and were paid for their participation in staff recruitment panels. During our discussions with people they mentioned numerous activities that they took part in, for example digital inclusion projects, cookery classes, creative arts, outings to places of interest, shopping, and visits to the community amenities such as libraries, sports centres and parks. People said that although activities were planned to meet their individual needs examples were given of when people got together to enjoy shared interests and companionship. At one of the houses we met people who went to a beauty salon together with staff support and some people told us about going out for a pub lunch with a few people and staff. This showed that the provider sought to offer a flexible balance of activities that responded to people's wishes for one-to-one time with support staff and opportunities to socialise with others.

People told us they knew how to make a complaint and would tell the scheme manager or a member of

staff if they were not happy about how their personal care and support was being delivered, or any other issues that impacted on their safety and wellbeing. Some people said they would also tell a close relative. None of the people we spoke with had ever made a complaint and assured us they were happy with how they were being supported. Relatives told us they did not have any concerns, although one relative said they had concerns in the past and had not made a complaint. These concerns were now resolved.

People were provided with written and pictorial information about how to make a complaint. We looked at the complaints received by the registered manager since the previous inspection and found that complaints had been fully investigated. The registered manager confirmed that as a result of complaints the provider had taken actions to improve the service, for example, implemented closer quality monitoring practices at a particular house until improvements had been achieved and sustained. The Chief Executive told us that they visited each house once every few weeks to meet people, their visitors and staff, which provided people with an informal opportunity to comment about the quality of their personal care and support.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was managed well. When we visited people in their homes or met them at the main office, they spoke highly about the support they received from their scheme manager. People said they were asked for their views about the quality of their service at house meetings and during reviews. We observed that people knew the registered manager well and went into her office for a chat about their plans for the day or to talk about projects they were involve in. The registered manager warmly greeted people and knew their interests and accomplishments, for example people were asked about how they were getting on at their creative writing group, cookery classes or weekly bowling sessions. Relatives also tended to comment on the management style of individual scheme managers. One relative said, "[The scheme manager] is wonderful, we couldn't ask for better and [my relative] adores [him/her]. Another relative commented that the approach of the scheme manager significantly impacted on the quality of the service and they had experienced difficulties with a former scheme manager; however, they were pleased with the improvements made by the current scheme manager.

Professionals commented positively about how the service was managed and the quality of the support for people. One professional told us that the provider understood how to work in a person centred way and support people to make good progress. A second professional reported that the provider was open and professional, and supported people well using a person centred approach.

During this inspection we observed that the registered manager and management team were committed to providing effective leadership and were dedicated to ensuring that staff were well managed and supported. There was a strong ethos about the people who used the service being at the heart of the organisation and the need to continually improve people's experiences of receiving services. The registered manager told us about how they involved people and relatives in the development of services and the quality reviewing. The provider had carried out a three day consultation event in 2014 to consider the future development of the organisation, which was attended by people, their relatives and other stakeholders. The views gathered from this exercise were used by the provider to launch their three year strategy in April 2015, known as 'Making It Personal'. We looked at the evaluation report for the first year of the strategy, which had been produced in an easy read pictorial format. It demonstrated that people who used the service were involved in the provider's achievements, for example there was a link to a video which showed people using the new system for planning their own care and support.

The registered manager told us that one of the challenges faced by the provider was the need to continue providing a high quality of service and strive to improve services with the available funding from placing authorities. We met a person who used the service who came up with an idea to find ways to support people with limited financial resources to undertake meaningful day trips and activities during the summer months. The registered manager held on open day at the main office and invited people and staff from the supported living houses and the registered care homes to pursue this. This lead to a programme of affordable day trips including visits to Hampton Court Palace and the London Eye. This showed that the provider sought people's ideas about improving the service and acted on their suggestions.

We noted that staff meetings were held at individual houses and the minutes were available for us to look at. These meetings enabled scheme managers to share information with staff and provided staff with opportunities to share their views. The scheme managers carried out their own regular audits and monitoring checks, for example health and safety checks, medicines audits and checks to ensure that support plans and risk assessments were up to date. The registered manager also carried out unannounced visits and produced reports with recommended improvements for scheme managers to follow up. We noted that as the provider worked across five London boroughs, they also met contractual agreements with individual local authorities in relation to the frequency of 'spot check' visits and monitoring reports. We looked at the provider's quality monitoring reports for services within two London boroughs and saw they were detailed and up to date.

The provider held regular events to share information with people and relatives, and seek their views to improve the quality of the service. For example, the Autism Awareness Day lunch party and event took place during this inspection and was attended by people who used the service, relatives, staff, the management team, and members of the board of trustees which included people who used services provided by Yarrow. The event was co-hosted by people who used the service, who talked about their experiences of living with autism or provided entertainment. These gatherings were used as an opportunity to ask people and relatives to fill in questionnaires about the quality of the service and what improvements could be made. The registered manager told us this approach was more successful than relying only on posting out questionnaires. The provider responded to questionnaires by publishing the results and confirming the actions they would take in an easy read document.

Prior to this inspection we received whistleblowing information about one of the houses. The allegations included information to indicate that an investigation by the provider did not follow its own procedures. We raised this with the operational manager and the investigation was carried out again in line with procedures.

The registered manager understood their legal responsibilities in regards to informing the Care Quality Commission about events that needed to be reported to us and other statutory bodies, in order to ensure people's safety and wellbeing. Systems were in place to monitor incidents, accident and other events in order to identify any trends that needed to be addressed. People's support plans showed that appropriate referrals were sent to healthcare professionals if concerns were noted, for example referrals to physiotherapy and occupational therapy services if people were identified as needing support due to stumbles or falls.