

# Yarrow Housing Limited

## Old Oak Road

### Inspection report

20 Old Oak Road  
Shepherds Bush  
London  
W3 7HL

Tel: 02087432113  
Website: [www.yarrowhousing.org.uk](http://www.yarrowhousing.org.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was conducted on 27 July, 3 August and 7 September 2017. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day. We gathered additional information for the inspection by reviewing staff files at the provider's office on 7 September 2017. At our previous inspection on 19 and 21 May 2015 the service was rated as Good in all five key lines of enquiry and received an overall rating of Good.

At this inspection we found the service remained Good in four of the key lines of enquiry and had improved to an Outstanding rating in Caring. Overall the rating has remained as Good.

Old Oak Road is a six bedded care home for male and female adults with a learning disability, and there was one vacancy at the time of the inspection. The home has two bedrooms on the ground floor and four bedrooms on the first floor, with a passenger lift to connect the two floors. The bedrooms do not provide en-suite facilities; however there are communal bathrooms and toilets on each floor. There are other communal areas, including a combined lounge, dining room and rear garden.

The service had a registered manager in post. 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. The registered manager was present at the inspection and has managed the service for over 20 years.

The provider was outstanding in regards to the caring and compassionate way that staff supported people who use the service. People, relatives and external health and social care professionals stated that staff were exceptionally kind and respectful at all times. Throughout the inspection we observed that staff were committed to providing people with support and encouragement to enable them to lead enriched and fulfilling lives. People's dignity and independence was promoted, and their achievements were positively recognised by the registered manager and the staff team. Actions had been taken by staff to gently and sensitively support people following a recent bereavement.

People using the service told us they felt safe living at their home and they trusted the staff to protect them from harm and/or abuse. Some people could not verbally express their views; however we observed that interactions between people and staff were warm and friendly. Staff were familiar with the provider's safeguarding adults' policies and procedures, and had received relevant training.

Detailed and up to date risk assessments had been developed to provide staff with appropriate guidance to support people in a safe manner, whilst promoting people's independence and taking into account their wishes and choices. Staff understood their responsibilities in regards to ensuring that people's medicines were safely stored and administered, and properly disposed of if necessary. Records showed that staff had up to date medicines training.

We saw that sufficient staff were deployed to ensure people received support with their personal care, and the support they needed to participate in their favoured social and recreational activities at home and in the wider community. During the inspection people went out as planned with staff to their chosen activities, which included restaurant trips, clothes shopping and a visit to a barber shop. The provider adhered to robust recruitment practises to make sure that newly appointed staff had suitable skills and knowledge to provide safe care and support.

Staff were supported with their training and development needs. The provider's training programme was tailored to enable staff to meet mandatory training requirements and undertake training that specifically addressed people's individual health care needs. Systems were in place to provide staff with individual and group support, for example staff attended one to one formal supervision sessions and regularly held team meetings.

People using the service were supported by staff to participate with the planning and preparation of their meals and snacks. Staff consulted people every week about the proposed grocery shopping list and the menu plan. We saw that staff discretely supported people who needed assistance with eating and drinking. 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 the capacity to make decisions and where it is necessary to restrict their freedom in some way, to protect themselves or others. We noted through discussions with staff and by looking at records that staff had received appropriate training about how to protect people's rights.

People's care and support plans showed that their health and social care needs had been comprehensively assessed before they moved into the service and these assessments were used in order to develop individual care and support plans. Clear processes had been implemented to ensure that people were supported to meet their identified needs. For example people were supported to visit health care professionals including GPs, practice nurses, psychologists and dentists, and people's health care needs were explained in straight forward terms within their health action plans.

The provider had produced documents in an easy read format for people who use the service, so that staff could support them to understand their rights and entitlements. The people we spoke with during the inspection and relatives knew how to make a complaint and they expressed full confidence in the registered manager's ability to investigate and resolve any concerns in a professional and supportive manner.

Relatives commented on the dedicated and approachable manner of the registered manager. Staff described the registered manager as being an inspiring and motivating role model, who consistently led by example. There was a strong ethos of empowering people who use the service and supporting them to participate wherever possible in the daily management of the service. People's views and the views of their chosen representatives were sought and acted on as part of the provider's quality monitoring systems. The service worked well with a range of external organisations that supported people using the service to meet their various health and social care needs. Complimentary opinions written by local health and social care professionals had been gathered by the provider as part of its own quality assurance processes.

## 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 remains safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service was outstandingly caring.

People and relatives confirmed that staff provided considerate and respectful care and support, which was delivered in a cheerful and relaxed manner.

There was a strong commitment from the registered manager and the staff team to ensure that people's dignity and their entitlement to make choices was constantly upheld.

Excellent interactions were observed between people and staff. The firm ethos of the staff team was to ensure that people were happy and comfortable, and they frequently went the 'extra mile' to achieve this.

Outstanding ☆

### Is the service responsive?

The service remains responsive.

Good ●

### Is the service well-led?

The service remains well-led.

Good ●

# Old Oak Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 27 July, 3 August and 7 September 2017, and was carried out by one adult social care inspector. The inspection was unannounced on the first day and we informed the provider of our intention to continue the inspection on the two subsequent days.

Prior to the inspection we spoke with the local authority safeguarding and commissioning team to find out their views about the service. We reviewed the information we held about the service, which included statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the provider to complete a Provider Information Return (PIR). 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.

During the inspection we met everyone living at the service and had discussions with two people. Some people were not able to tell us their views about living at Old Oak Road so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four support workers, both deputy managers and the registered manager. We looked at three care and support plans and their accompanying risk assessments, a selection of the provider's policies and procedures, health and safety records, the storage of medicines and medicine administration records, and staff records for supervision, training and appraisal.

Following the inspection we received comments from the relatives of three people who use the service and a relative of a person who had recently passed away. We contacted health and social care professionals to find out their opinions about the quality of the service and received eight responses.

## Is the service safe?

### Our findings

People using the service informed us that they were happy living at their home and said they felt safe with the registered manager and the staff team. Comments from people included, "I have lived here for a long time. I used to live with [relatives] and then I came here. I like it here, it feels safe. I can tell [registered manager] and [key worker and other staff members] if anything is wrong" and "They look after me so I don't fall." Relatives told us that their family members were supported in a safe manner. One relative said, "[My family member] is now frail and not able to walk safely on their own. They make sure [my family member] moves about safely in [his/her] wheelchair." Another relative reported that they had recently attended a social event at the service and had observed how staff interacted with their family member, "The staff are lovely towards [my family member], they always are. You can see that [he/she] adores them and feels safe with them. It was a lovely meal and a happy atmosphere." A health and social care professional informed us, "I have always felt the level of care they provide is to a very high standard and service users are kept safe. The unit feels like a warm and friendly environment and a 'home' above all else."

Thorough systems had been implemented in order to protect people from the risk of abuse and harm. The staff we spoke with provided detailed information about the different types of abuse that people using the service could be subject to and they explained the actions they would take to protect people. This included an awareness of the provider's whistleblowing policy, which included details about how to raise concerns internally and how to contact external organisations if required. (Whistleblowing is when a worker reports suspected wrongdoing at work). Records showed that staff had completed safeguarding training and information about safeguarding for people who use the service had been created in an easy read format.

Individual risk assessments had been conducted to identify risks to people's safety and wellbeing. Written guidance was in place to assist staff to support people to be as independent as possible whilst minimising risks to their safety. We noted that the risk assessments were up to date and kept under review. The risk assessments addressed different activities of daily living and specific aspects of people's health care needs, for example risk assessments and guidelines to manage the risks had been developed so that people could safely use public transport and access community resources.

We checked a sample of the service's maintenance and servicing records, which demonstrated that the provider undertook suitable actions to promote the safety of people using the service, staff and visitors. Records demonstrated that various daily checks were carried out, for example staff made sure that there were no obstacles blocking fire exits, emergency lighting and window restrictors were operating correctly, and excess fluff was removed from the filter of the tumble dryer to reduce the risk of a household fire. Other checks and certificates were in place including weekly water temperatures, the service's fire risk assessment, quarterly fire drills, hoist servicing, gas safety, portable electrical appliances testing and the professional maintenance of fire equipment. We observed that the service now had a new holding area which had been installed on the first floor, in order to meet fire regulations for people living in bedrooms on the first floor of the premises. The registered manager and a support worker explained to us how they would move people to the holding area and a person using the service confirmed that staff had provided them with training and guidance about the correct use of this area in the event of a fire at the premises. People had a current

Personal Emergency Evacuation Plan (PEEP) in place. (A PEEP is a bespoke 'escape plan' for people who may need help and assistance to leave a building in the event of an emergency evacuation).

People had an individual 'hospital passport'. This is a document that provides essential information about a person's health care needs and their prescribed medicines, so that hospital staff have essential and easily accessible important information to ensure that people's needs are safely met in the event of a hospital admission. We noted that the registered manager had developed links with designated nurse practitioners at the local hospitals so that there were clear systems for communication for times when people were significantly unwell and needed support within a hospital setting.

We saw that there were sufficient staff deployed to promote people's safety, and support people to meet their identified needs and wishes. During the inspection people went out with staff to their planned activities and entertainments. The rotas showed that additional staff could be rostered on busy days, for example if several people had planned activities, events and/or appointments. The registered manager and members of the staff team told us that people could choose to go out every day and we noted that the staff rota was suitably flexible to facilitate this.

At the time of this inspection one person using the service had been booked on a training course so that they could participate with staff recruitment and we were informed that another person had received this training. We looked at five staff recruitment files, which were securely stored at the provider's main office in the neighbourhood. Records within these files showed that staff had been interviewed by people who use the service as part of the overall interview and assessment procedure; in fact the files for some staff showed that they had been questioned by a former resident of the service. The files demonstrated that staff had been recruited safely and contained documents including two relevant and verified references, proof of identity and eligibility to work in the UK. The provider checked any gaps in employment and we looked at evidence that Disclosure and Barring Service (DBS) checks were in place prior to any prospective staff being allowed to begin employment. (The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions). There was written evidence of how staff performed at their recruitment interviews, and records to show successful completion of induction training and probationary programmes. These measures meant that people received care and support from staff who were suitable to work with vulnerable adults.

The service demonstrated that there were robust systems in place to support people to safely receive their medicines. At the time of the inspection none of the people using the service independently administered their medicines. We checked the provider's medicine policy and looked at the medicine training records for staff. Additionally we were shown the mandatory competency assessments that staff undertook annually so that the registered manager could ascertain if they remained competent with this duty or if they needed training and support to improve their understanding and practice. We looked at the medicines for three people using the service and the corresponding medicine administration records (MARs). The support staff we spoke with understood why people were prescribed specific medicines and were knowledgeable about how to administer these medicines. Records showed that all medicines were administered by two staff members, and counted and checked at each staff handover. Separate records were kept to evidence that surplus medicines were returned each month to the service's dispensing pharmacy, which ensured that people were not at risk of the potential hazards associated with the storage of obsolete medicines. However, we noted that eye drops that needed to be disposed of 28 days after opening had not been marked with the date of opening. We also observed that MAR charts had no written entry in the section that listed if people had a known allergy. The registered manager informed us that the people concerned did not have any known allergies and agreed that it is safe practice to have a short written comment on the MAR charts to confirm this. We were told that the service had just switched to a new pharmacy and the registered manager intended to address this issue that day.

## Is the service effective?

### Our findings

People using the service and relatives told us they were very happy with how staff met people's individual health and social care needs. One person said, "I am going out with [staff member] to get my hair cut and then we are going out for lunch. [Key worker] has asked me where I would like to go for my holiday and I would like Spain or somewhere sunny." Another person using the service told us how staff supported them to go out to cafés, play board games, do word search puzzles and receive regular visits from a long-standing friend who lived at another service managed by the provider. Relatives informed us they were delighted with the skills and abilities demonstrated by members of the staff team. One relative remarked, "They will always ring me if [my family member] is not well or is due to go with one of the staff to the hospital for an appointment. They keep me so well informed. When I visit I see how [my family member] is so settled and at home here, it really is a marvellous home." A health and social care professional told us, "There is great consistency of staff and new members of staff are always well supported, as are the student nurses who do their placements at Old Oak Road."

Records showed that staff were provided with a range of mandatory training, and other training to understand and meet the individual needs of people using the service. This training included epilepsy awareness, understanding autistic spectrum conditions and the use of Makaton. (This is a language programme that uses signs and symbols to help people communicate). The registered manager provided staff at the service with moving and positioning training, and was the medicine trainer for the provide across several services. A support worker told us, "I work part-time and have been given the same induction and training as other staff. I have done mandatory training online and at the central office. The safeguarding training was online and there were also face to face discussions." A senior support worker said they felt well supported by the registered manager to develop their career, "I started as a bank worker and was offered a permanent position. I have a degree in [a discipline associated with health and social care] and the registered manager has told me that if I can find a relevant course the provider will offer support for me to do it." Both deputy managers confirmed to us that they had undertaken appropriate training to develop their knowledge and skills in relation to their management and leadership responsibilities.

There were structures in place to support and guide staff. Records showed that staff received one to one formal supervision approximately every six weeks and an annual appraisal. Staff told us that they received very good support and beneficial supervision from the registered manager and the two deputy managers. One staff member stated, "[Registered manager] is very fair, she will say something if it needs to be said. For example, if we don't keep up to date with our planning for people's reviews and we are their key worker. Then we know it is warranted. [Registered manager] really keeps us motivated." Another staff member said, "In my supervisions I have been given step by step guidance and support if I am new to a situation. There is loads of online and one to one training. I feel encouraged to think about developing my career towards management. [Registered manager] is a very good trainer. She is not frightened to tell you how to do something or tell you that you have made a mistake."

The service provided placements for nursing students who were studying to become registered nurses for people with a learning disability. The registered manager and one of the deputy managers were both



qualified nurses, and the registered manager was approved as a practice teacher and mentor by a university in West London. During the inspection we met two nursing students who both told us they were enjoying their placements and felt well supported by the registered manager and the staff team. Although the students were supernumerary in terms of staffing levels, we observed that they contributed to many aspects of the service's daily life, and enriched people's experience by supporting social activities at home and in the wider community. We noted that the service had received written comments from the students after they had completed their placements. These comments included, "All the staff have been very supportive and helpful. All the staff work well together and the manager creates a welcoming environment" and "Your kindness has helped us flourish in our adventure to become learning disability nurses. We will miss working with such a strong team who are very supporting and courteous."

The minutes taken at the monthly team meetings demonstrated that discussions took place about how to effectively support people using the service. Additionally the team meetings were used as a forum for discussing training opportunities, new policies and procedures and important issues within the health and social care sector. A staff member commented to us, "At team meetings we talk about what we can do as a team to improve and we talk about the needs of people who use the service."

We observed that people were consistently asked for their consent. For example, people were asked if they were happy to speak with us and/or to allow us to view their bedrooms. People confirmed that they had been consulted about whether they wished to receive personal care from a staff member of their own gender and how they wanted their personal care to be delivered. For example, one person was going out for a haircut on the first day of the inspection, followed by a pint at a pub of their choice. The activity had been planned in line with their wish to be accompanied by a support worker of the same gender. A staff member told us how they sought the consent of people who could not verbally express their views. For example, we were told and also observed that one person lead staff to either the bathroom or shower room to indicate what type of personal care they wanted each morning.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of the inspection all of the people using the service were subject to a DoLS authorisation. Records showed that staff had received MCA training and described circumstances when it had been necessary to conduct a best interests meeting, for example if a person was unable to consent to necessary medical care and treatment. Staff demonstrated an understanding of their responsibilities to ensure that people's rights were protected.

People told us that they enjoyed the food. Records showed that weekly menu planning meetings took place, and people's preferences and wishes were used to develop a grocery shopping list and a menu plan. Pictorial food cards were used where necessary to support people to participate in the menu planning and indicate what sort of cafés and restaurants they wanted to visit. People's care and support plans described how to meet people's nutritional and hydration needs and contained important information about people's likes and dislikes, dietary needs in relation to any health care issues and any cultural requirements. Staff supported people to participate with various kitchen and household chores associated with meal times, for example laying up the dining area table, preparing snacks and light baking. We noted that people were offered a balanced and nutritious diet, which included a choice of fruit and vegetables, and low fat items for snacking on.

People were able to access care treatment and care from external health care professionals, and received the support they required from staff to meet their identified health care needs. We noted that people's health care needs and the support they required were explained in their care and support plans. Records showed that people primarily went out to attend health care appointments with staff support, although they

also received home visits from health care professionals. This meant professionals could observe people within their home setting in order to advise about useful equipment or environmental alterations to support people to maintain their independence. A health and social care professional told us, "I have been working in my current team [for a number of years] and over this time have seen a number of service users to offer [specific health care] input and have always found the staff very approachable, motivated and professional in their conduct." Additionally people had a 'health action plan' which was presented in an easy read format. These plans evidenced that the service liaised with health care professionals to ensure that people's health care needs were regularly reviewed and that people had up to date guidance about how to meet their health care needs. Staff supported people to understand the measures they could take to maintain or improve their health. We observed that one person was encouraged to gently exercise to maintain their mobility. We noted that other people were supported to have rest periods during the day to maintain their skin integrity and reduce the risk of pressure sores, in line with guidance from their GPs and district nurses.

## Is the service caring?

### Our findings

People and their relatives told us that staff were exceptionally kind and caring. One person using the service told us, "They (staff) are all lovely, I like them" and another person said, "They are nice to me." Comments from relatives were very complimentary, "They make a wonderful home for [my family member] and all the other residents. We have always thought that [my family member] has been fortunate to find a place where the manager and carers are so kind to [him/her]. It has been very reassuring for the rest of the family to see [my family member] so happy", "It always seems fine when we visit, [my family member] looks happy and well looked after" and "[My family member] thinks of the care home as [his/her] home, [he/she] would not want to be anywhere else and we feel the same. You read about problems in care homes but all the staff at this home are so kind, gentle and patient."

Local health and social care professionals informed us they thought people were treated with kindness and compassion. The service had recorded comments from visiting professionals which included, "Old Oak Road is a lovely, friendly and 'person centred' service. The residents are all treated with dignity and respect by the staff, observed by myself when visiting over the last seven years" and "I was very impressed with the warmth and professionalism of the staff in Old Oak Road. A great deal of attention had been put into making [the people who use the service] feel at home, and personalising things like activities and meals. I thought it was an excellent care home."

The remarks we received from health and social care professionals after the inspection emphasised how caring the service was. One health and social care professional stated "I noted that the interaction between the client and key worker was warm, and respectful. I attended the review and found the attitude of staff supportive, respectful and attentive to the client's needs and preferences" and a second health and social care professional told us "The care staff who accompany residents to [resource centre operated by a different provider] are amongst the very best I have ever worked with. They always treat residents with care and respect and we work together to ensure people's needs and wishes are the highest consideration. The residents who are able to express themselves verbally talk about other activities, holidays and family visits organised by the staff and it is clear that staff do all they can to make sure the residents are happy and have interesting things to do."

We were given an example of how the service supported people to integrate within their local community, and avail of social and leisure facilities. A third health and social care professional said, "The staff at Old Oak Road are very good. They are very supportive with their clients." The professional explained that staff enabled people to participate in activities that would otherwise not be possible without staff support. For example one person went to a fitness class with a member of staff. This was a general class as opposed to one designed for people with a learning disability, hence the dedicated approach of the support worker meant that the person managed well and enjoyed the class. The hospitable and homely environment at the service was commented on by a fourth health and social care professional, "The team work well together and there is very much a family feel to the service. The staff during my observations have always been respectful and warm in their interactions with the residents and the residents that can verbally communicate have always spoken very fondly of the staff and about being happy at Old Oak Road."

Fulfilling relationships had developed between people using the service and staff. For example, staff praised people's accomplishments and spoke with pride about people's skills and talents. For example, one person had given up smoking and staff initiated a conversation about smoking with the person in order to encourage them to tell us about their achievement. We noted that people visited a new activities day centre in a neighbouring borough, which was managed by the provider. Staff told us that people enjoyed doing arts and crafts at the centre but they also liked to go because the former deputy manager at Old Oak Road was now the manager of the centre, which enabled people to maintain an important relationship. One support worker employed by the provider's bank team spoke about the special atmosphere at the service and the focus placed on staff building positive relationships with people. They told us, "I joined the bank 17 months ago and thought I would come here for one day as part of my induction. I was introduced to all the residents and chatted to [person using the service]. I went with [person] and [support worker] to [his/her] yoga class. I loved being at this caring place and stayed here, I don't work anywhere else." Another staff member told us they had personal experience of supporting a person with a learning disability and this had influenced their decision to work at the service, "I watched how staff worked and I loved the way staff looked after the residents."

We were given numerous examples by people who use the service, relatives and health and social care professionals about the way that staff 'went the extra mile' to support people and provide meaningful outcomes. For example, three health and social care professionals told us about how the staff had supported different people to reunite with family members and friends that they had regrettably lost contact with due to unforeseen circumstances. A person who used the service had concerns about travelling outside of the UK, therefore staff supported them to take a short trip off the UK mainland so that they felt more confident about travelling further afield. A staff member told us about how they had liaised with other organisations to support the person to access a copy of their birth certificate so that they could obtain a passport. When this was achieved, the person was supported on more than one occasion since the previous inspection to visit the country of their birth and meet up with relatives. We were also told that another person who uses the service had attended religious services years before they moved to the service and had recently expressed a wish to attend a local church that reflected their beliefs. The person's key worker was supporting the person to pursue this.

People using the service were supported to make decisions in regards to their care and support. A health and social care professional commented on how staff supported people to make choices, "At the pre-course interviews we have discussions with the students (people who use the service) and staff about what courses people would like, and it's always evident that Old Oak Road staff have discussed the options with their clients before coming into the interview, so that their wishes are better followed." The service had developed communication passports for people who do not use speech. We saw staff using Makaton and objects of reference to support people to express their needs and choices. Information was available in easy read formats to enable people to understand their rights and entitlements. For example, people were provided with information about how to make a complaint and a residents contract in an easy read style. The registered manager and staff team supported people to access independent advocacy services and at the time of the inspection an advocate was working with people. The service supported people from diverse cultural backgrounds and this was reflected through the choice of meals, activities, holidays and celebrations within the home. For example, the provider had organised a party for St Patrick's Day this year and an autism awareness day in 2016 featured food and music that reflected the multicultural experiences and interests of people who use the service.

We saw that staff ensured that people's privacy and dignity was maintained. People using the service confirmed that staff knocked on their bedroom doors and waited for a response that it was alright to enter. During the inspection staff checked with people if they were happy to speak with us and/or allow us to look

at their bedrooms. The bedrooms we were invited to view clearly demonstrated people's individual tastes and interests, for example we noted if people supported a particular football team or had a favourite music genre as their bedrooms had been personalised with sporting memorabilia, pictures and other items that they liked. There were systems in place to ensure that people's confidentiality was maintained. Confidential documents were stored in lockable office and staff demonstrated their awareness of the need to ensure that confidential information about people who use the service was only shared with individuals or organisations with a legitimate need to know.

The provider had systems in place to promote the importance of treating people with dignity. An annual social event was held by the provider and was attended by people who use the service. The event last year was a Dignity Tea Dance and its purpose was to increase people's understanding about the importance of dignity within the organisation and demonstrate to people they were valued. Senior managers spoke with people about how the provider endeavoured to treat people with respect and as individuals, and people were asked to share their views. This was followed by a traditional afternoon tea, games and dancing. The service was awarded by the provider for its achievements in supporting people with dignity.

The provider demonstrated that its commitment to valuing people and acting with caring values was embedded in its daily practice. People who use the service were enabled to valuably contribute to their local community, as the provider was an accredited trainer for the police service. People were supported to undertake a short course so that they could participate in training sessions to broaden the knowledge and understanding of police personnel. Additionally the provider has appointed a person who uses one of their services as a trustee, and they met with people from Old Oak Road at regular functions.

Earlier this year the people using the service and the staff team experienced the sad loss of a person who had lived at the service for several years. Due to the sudden circumstances staff had not been able to prepare people. We had spoken with one of the deputy manager's at the time who informed us that people and the staff team felt very upset and shocked, and staff were supporting people to grieve.

At this inspection we were provided with written comments from a relative of the person, who had asked the registered manager to forward their views to the Care Quality Commission. The relative had informed us that their family member had been very happy living at Old Oak Road and expressed their gratitude for the support given to the bereaved relatives by the staff team. The registered manager told us that all of the people using the service attended the funeral, accompanied by staff. The staff team supported the relatives to plan the funeral and find a priest to conduct the funeral service, in line with the person's known wishes. A gathering was held at Old Oak Road after the service, which was attended by the relatives. The registered manager was asked by the relatives to read the eulogy. People and staff spoke about the person during the inspection and said they planned to create a permanent memorial in the garden. Staff told us that people chose to commemorate the anniversary of the person's birthday by having a quiet gathering to remember their former housemate and we noted from the minutes that people were supported to ask questions at a residents' meeting that took place soon after the person's death. Our observations at the inspection demonstrated that people had received sensitive and compassionate support at a very difficult time and this support now enabled people to focus on treasured and comforting memories and tributes. We also found that people received support to mourn the deaths of relatives and friends. Where necessary, this support was discussed and planned with people and their relatives, and recorded in their care and support plans. For example, this could be support from staff to purchase and place flowers at a loved one's grave on special occasions or it could be support to attend professional bereavement counselling with a staff escort, depending on the needs and wishes of individual people.

## Is the service responsive?

### Our findings

A health and social care professional told us, "From my professional perspective this service treats their residents as individuals, utilising a person centred approach. When they assess new residents they ensure that they take into account the needs of the residents who already reside with them to ensure that all residents are compatible rather than just filling bed space."

The registered manager told us that people's needs were assessed before they moved into the service and these assessments were used in order to develop individual care and support plans. The plans we looked at showed that people's needs were reviewed every six months or more frequently if they presented with changes to their identified needs. We saw that where people had experienced changes in their health care needs or a deterioration in their functioning skills, this had resulted in a review of their care and support plan and the involvement of applicable health and social care professionals, for example occupational therapists, dietitians and/or psychologists.

There were effective processes to identify any acute changes in people's needs, for example if a person suddenly deteriorated due to ill-health. We observed how staff spoke in detail about how people were during the handover meetings between shifts. For example one person's care and support plan identified that they had a low weight and staff were following guidelines from a dietitian and a speech and language therapist.

Discussions with staff during the inspection demonstrated that they provided care and support in a person centred way. For example, each person using the service had a day excursion with their key worker once a month. Each member of staff with key working duties was required to consult with the person they were allocated to in order to find out their preferences and support them to plan their day out. We saw that people were supported to make unique choices based on their likes, interests and different abilities. For example, one person told us they had been to the Star Wars exhibition whereas other people liked musical shows and concerts.

The service supported people who use the service to engage in activities that appealed to them and access facilities in the wider community. We noted from our conversations with people and through reading a sample of the care and support plans that people took part in a variety of social events, weekly groups and college classes. One person told us they went to a computer class and played bingo at a local day centre. They also enjoyed certain home based activities which included baking, completing jigsaw puzzles, using a colouring book designed for adults and making greeting cards. Staff told us that people attended different local resources operated by the provider and other organisations. Activities included music classes, a dance class, a weekly pub lunch and a pint of Guinness, twice monthly visits from an aroma therapist and pet therapy sessions. There were also opportunities to attend day trips with people living at other services managed by the provider and one person using the service told us they had booked up for an outing to Southend and was planning to go to a wildlife park. Staff confirmed that other people living at the service also planned to go on the Southend trip and/or another outing featured on the provider's current schedule.

Systems were in place to seek people's views. Residents were supported to have meetings once every fortnight and the minutes showed that staff acted on their wishes. For example the meetings were used as a forum to carry out the menu planning and we saw that the requested meals reflected people's known preferences, which included jerk chicken, curries, chilli con carne and gammon with cabbage. People's views had been sought about a forthcoming party that relatives and friends had been invited to. One person told us they had been asked about the type of entertainer that should be booked and they had already decided what they planned to eat and drink with their guest.

Two people using the service told us how they would report any concerns or complaints about the care and support they received. Both people said they would either tell a relative or speak directly with the registered manager. Staff told us that people who could not communicate verbally were able to let them know if something was wrong as staff understood subtle changes in people's non-verbal communication. The relatives told us they have never had any reason to make a complaint and they believed that the registered manager would deal with any complaints in a transparent and responsive manner. We looked at the complaints log and noted that there had not been any complaints or concerns received since the previous inspection visit.



## Is the service well-led?

### Our findings

People and relatives thought the service was well managed and they held the registered manager in high regard. Comments from people included, "I like [registered manager], she makes sure we are okay" and "I like it here, [registered manager] is nice." One relative stated, "Yes, it is a well-led service. The staff seem happy and the manager is always approachable."

Comments from health and social care professionals demonstrated they thought the service benefited from positive leadership. One health and social care professional told us, "The service is strongly and well-led by [registered manager], who is a strong advocate for the service users in her care. You'll often find [registered manager] going above and beyond and supporting the service even when she is not on shift." Another health and social care professional commented on how the registered manager monitored the wellbeing of people who use the service, "The manager will occasionally come to [college] classes to observe for herself how the residents are getting on." All of the health and social care professionals informed us that the registered manager worked collaboratively with other organisations in order to produce better outcomes for people who use the service. One health and social care professional told us that the registered manager assisted them to arrange an event which was attended by a person using the service.

The registered manager informed us that they had been nominated by the provider for the National Learning Disabilities and Autism Awards in 2016. There are a total of 15 award categories and the registered manager was shortlisted to the final seven for the senior manager award. This award acknowledges that managers "set the tone and culture of a service" and acclaims "a manager who has demonstrated a high level of expertise, exceptional skills in leadership and management, great support for colleagues and a positive commitment to person centred support." The registered manager told us that it was a great honour to have reached the final seven and to be accompanied to the event by one of the people who use the service, the person's key worker and the provider's chief executive. Staff had also nominated the registered manager for awards given by the provider and one staff member told us, "We are very proud of [registered manager] and [person who uses the service] had a great time being part of it all."

The registered manager was passionate about providing a superior quality of service, and her great enthusiasm was shared by the staff team. Staff told us they really enjoyed working at the service and thought that the registered manager was a role model. One member of staff said, "[Registered manager] is my supervisor and has encouraged me with career progression. She is an all-rounder and will be hands on when needed." Staff told us they had been on a team building day since the previous inspection and they found the monthly team meetings useful and supportive. The minutes we looked at showed that staff had opportunities to discuss any issues in regards to the person they key worked so that colleagues could suggest helpful ideas based on their own knowledge and experience. The team meetings were also used to update staff about policies and procedures and any new changes to working practices implemented by the provider.

The comments we received from relatives and health and social care professionals, and our own observations, indicated that people who use the service were at the heart of the organisation. For example,



the provider had arranged for people from Old Oak Road and other services to attend themed days to support them to improve their health and wellbeing. A person using the service told us that they had attended the most recent day, which was held at the local town hall. We had previously been sent a promotional flyer for the event, which aimed to provide information and advice about reducing stress, finding relaxation techniques and achieving good mental health. The person told us they had enjoyed the day and had tried out 'taster' sessions for massage. Since the previous inspection the provider had also arranged a day for people to hear about breast cancer awareness. These events showed that the provider valued people who use the service and had created relaxed and sociable opportunities for them to learn about actions to improve their health and wellbeing.

The provider had good quality assurance processes in operation, which included systems to listen and act on the views of people who used the service and their relatives, as well as external health and social care professionals. We noted that the registered manager and the staff team undertook a wide range of audits, in line with the provider's quality assurance processes. This included medicines audits, the auditing of care and support plans and checks in regards to the cleanliness of the premises. Monitoring visits were undertaken by members of senior management, in order to check how the service was operating and suggest ways to develop. and The registered manager understood her responsibilities in regards to her registration with the Care Quality Commission (CQC) and informed us about any significant events at the service, as required by legislation.