

Yarrow Housing Limited

Stephendale Road

Inspection report

78-80 Stephendale Road
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Ratings

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

Summary of findings

Overall summary

Stephendale Road is a six bedded care home for adults with a learning disability. Each person is provided with a single occupancy bedroom, which does not have en-suite facilities. Accommodation is arranged over three floors and there is a passenger lift. The communal areas include a lounge overlooking the back garden, a combined kitchen and dining room, toilets and bathrooms.

At the last inspection in May 2015 the service had an overall rating of Good.

We rated Effective, Caring, Responsive and Well-Led were as Good and Safe was rated as Requires Improvement.

At this inspection we found the service continued to be Good.

There were safe systems in place to assist people with their prescribed medicines and make sure medicines were correctly stored and administered, and returned to the pharmacist if there were surplus supplies. At the previous inspection we found that a person was being supported to administer their own medicines; however the provider had not ensured that the medicines were securely kept in the person's own room. At this inspection we found the person was being supported to keep their medicines in a secure manner.

People using the service felt safe. Staff understood about how to identify different types of abuse and report their concerns, in line with the provider's safeguarding policy and procedure. Risk assessments were conducted to enable people to live as independently as possible, while ensuring that any risks associated with their social interests and health needs were minimised.

Sufficient staff were deployed in order to meet people's needs within the home and support people to access community facilities. Robust recruitment practices were in place and checks were carried out to make sure prospective employees were suitable to work at the service. Staff were supported to carry out their roles and responsibilities through the provision of induction training, supervision and other training to meet the needs of people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and always asked people for their consent before providing care.

The staff team encouraged people to contribute to the planning and preparation of meals and people were supported to maintain a healthy and balanced diet.

People received appropriate support to meet their health care needs as staff attended appointments with them and assisted them to follow professional guidance related to their health and wellbeing.

People and relatives told us that staff were kind and caring. They were supported by staff to maintain

important friendships and relationships, pursue favourite and new interests, and celebrate special occasions in accordance with their own wishes.

Personal care and all other aspects of people's care and support was provided in a respectful and dignified way.

People were consulted about how they wished to be supported and were provided with information about how to access independent advocacy, if they wanted external support to express their views or make a complaint.

People were encouraged to participate in the planning and reviewing of their care and support, and were advised of their entitlement to invite friends as well as relatives to their annual review meetings.

The registered manager and staff team assisted people to find out about local amenities and resources so that people could engage in meaningful activities and try out new ventures.

People had been provided with an accessible complaints leaflet and knew how to make a complaint. They were asked for their views during the residents' meetings and during their one to one time with their key worker.

A range of quality monitoring practices took place to check that people received a good standard of care and support. Information gathered from audits and quality assurance questionnaires was evaluated to identify ways to continue making improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Safe was rated as Requires Improvement at the previous inspection and is now rated as Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Stephendale Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection was carried out on 24 February and 1 March 2017 by one adult social care inspector. The first day of the inspection was unannounced and we informed the registered manager that we intended to return on the second day. Prior to the inspection we checked information that we held about this service, which included notifications about events at the service that the provider is legally obliged to inform us about and the inspection report for the previous inspection in May 2015.

During our observation we spoke with three people who used the service, two senior support workers, and the registered manager. We met a local authority health and social care professional at the service on the first day of the inspection and gathered their views. A range of documents were looked at which included two care and support plans, four staff recruitment folders, records for staff training, supervision and appraisal, maintenance records for the premises, and a range of policies and procedures used by the service to inform staff how to safely meet people's needs. We toured the premises and checked practices and records in regards to the management of medicines.

Following the inspection we spoke by telephone with the relatives of two people. We contacted two health and social care professionals for their views about the service and did not receive any comments.

Is the service safe?

Our findings

Safe systems were used to manage people's prescribed medicines. Medicines were stored in a locked cupboard and the registered manager was aware of how to safely store any medicines that required refrigeration, although there were none at the time of the inspection. We checked the balance of selected medicines and noted they corresponded with the people's medicine administration record (MAR) charts. Records showed that staff had received medicines training.

At the previous inspection we found that one person was independently taking their own medicines, as they wished to increase their independence and confidence. A risk assessment had been developed in consultation with the person, which included staff monitoring of their medicines and the accompanying MAR chart each week. We had observed that although a lockable medicine safe had been provided, the medicines were not locked away and the bedroom door was unlocked. This potentially placed other people at risk of accessing medicines not prescribed for their health care needs. We recommended that the provider refer to the guidance from The Royal Pharmaceutical Society for managing medicines in a care home, in order to take appropriate action. At this inspection the registered manager and the person showed us that the medicines were stored safely and this was regularly monitored by staff.

People who used the service told us they felt safe living in their home. One person said, "I can tell [the registered manager] if something is wrong, if I don't like someone or what they are doing to me." Staff confirmed they received safeguarding training and discussed the signs they would observe for that could indicate a person was at risk of abuse. The staff we spoke with stated that they would report any concerns they witnessed or suspected to their line manager and they were aware of how to whistleblow about the conduct of their colleagues or others employed by their organisation, if required. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings).

The care and support plans we looked at contained risk assessments, which were reviewed annually or more frequently if there were changes in people's circumstances and needs. The risk assessments addressed people's needs associated to their health and their needs in relation to maintaining their independence while remaining as safe as possible. For example, risk assessments addressed personal care, safety when accessing community facilities and using public transport.

The staffing rotas showed that there were sufficient staff on each shift to meet people's needs. The rotas demonstrated that an appropriate skill mix was maintained, for example staff usually worked with either the registered manager or the deputy on shift to provide advice and guidance. The registered manager told us that the staffing levels could be flexible if required. We noted that additional staff had been arranged to support people on a forthcoming day out to The Shard observation platform and restaurant, which was taking place at a weekend. Staff said they had enough time to support people to meet their personal care and social care needs, and their wishes for fulfilling activities.

Rigorous systems were used for staff recruitment to ensure people were supported by appropriately vetted staff. The recruitment files were securely stored at the provider's main office, which we visited on the second

day of the inspection. A range of checks were carried out before new staff were permitted to commence employment, which included proof of identity, proof of eligibility to work in the UK, two verified references and a Disclosure and Barring Service (DBS) check. (The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions).

The provider carried out a variety of checks to ensure that the premises were safe and suitable for people to live in, and also safe for staff and visitors. We looked at the records for some of the checks, which included portable electrical appliances testing, asbestos safety check, emergency lighting testing, electrical installations inspection, landlord's gas safety, thermostatic mixing valves weekly checks, quarterly fire evacuation drills and weekly window restrictor safety checks. Each person had their own personal emergency evacuation plan (PEEP) to enable staff to assist people to leave the building in the event of an emergency evacuation.

Is the service effective?

Our findings

People were supported by staff with the appropriate skills and knowledge to meet their needs. A member of the staff team told us, "We have regular training and a specialist nurse provided training here at the care home to help us support [person who uses the service.]" The training matrix demonstrated that staff were provided with a programme of mandatory training and other additional training to meet the needs of people living at the service. The registered manager showed us a recently published health and social care article and explained that he gathered relevant material to discuss with staff at team meetings, in order to enhance their learning and development. Records showed that staff were supported through one to one supervision at least six times a year with their line manager and an annual appraisal.

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. We noted that the registered manager and the staff understood their responsibilities and described circumstances when it was necessary for a best interests meeting to take place, for example if a person needed a planned course of hospital treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated his understanding of the need to apply for DoLS where necessary and check that any authorisations remained valid.

People said they enjoyed the food and were supported to make balanced choices. On both days of the inspection we joined people at the dining table for a coffee break or teatime snack. One person showed us a selection of biscuits they had been supported to buy from a health food shop, as they wished to improve their diet. Other people asked staff to cut up fruit for them as an alternative to the regular supermarket range of biscuits and the items from the health food store. The minutes for the residents' meetings showed that people were asked for their ideas for the weekly menu, which took into account personal and cultural preferences, and specific dietary requirements to meet health care needs. On the first day of the inspection people were looking forward to their weekly takeaway and were asked by a staff member to pick their choices from the restaurant's delivery menu. Staff had been advised by a dietitian that takeaway food was not suitable for one person; we observed a member of staff preparing an alternative healthier meal in the oven, which had a similar appealing appearance and texture as the takeaway food.

Systems were in place to ensure that people were supported to meet their personal care and health care needs. Each person had a 'Health Action Plan' which contained information about their health care needs and how staff should support people to meet their needs. There was also information about how people communicated their needs. These plans were kept under review and could be shared with external professionals involved in people's care, for example when people visited their dentist or optician. Staff

supported people to attend appointments and maintained a written record of any advice and instructions given by healthcare professionals. We noted that the registered manager and the staff team developed specific plans where necessary to support people with behaviour that challenged, which demonstrated joint working with members of the local statutory team for people with a learning disability.

Is the service caring?

Our findings

We observed that people were treated in a kind and caring way, and people appeared relaxed and at ease with staff. One person told us, "I like the staff, they are nice. We go out shopping for new clothes." Another person told us that staff had asked them how they wished to celebrate their birthday and made arrangements for a special outing that their friends could enjoy as well. A third person said they had experienced some changes since the last inspection, which had been difficult for them. They confirmed that staff listened to their concerns and took appropriate actions to support them.

Staff spoke in an informed way about people's unique needs, interests and their likes and dislikes. People were encouraged to maintain their friendships and relationships, for example they were supported to invite friends and relatives to visit them and keep in touch by telephone. Relatives said that their family members were supported to visit them at home or meet up at a midway location such as a restaurant. However, one relative commented that that staff gave them very limited notice about forthcoming events or meetings at the home, which meant they could not reschedule work and other family commitments in order to attend. One person told us they had been on a trip to Belgium since the last inspection and were now considering their next holiday destination. Their key worker told us how they supported the person to choose holidays, which included visits together to travel agents to collect brochures, looking at potential places online and drawing up a list of priorities such as whether access to a swimming pool and/or a beach was important.

Wherever possible, people were encouraged to participate in the planning and reviewing of their care and support plans. On the first day of the inspection we met with an external health and social care professional, who told us that people invited their friends as well as their relatives to their annual review meeting if they wished to and were supported by staff to contribute their ideas to the agenda. The professional confirmed that they observed positive interactions between people and staff and liked the service's welcoming and informal atmosphere.

People were provided with easy read documents, which included a service user guide about their rights and entitlements living at the service, how to access independent advocacy and how to make a complaint. We observed that staff knocked on people's doors before entering, closed doors if they were providing personal care support and checked if people were happy to speak with us in a room of their choice.

The provider had systems in place to sensitively support people to stay in their own home if they needed end of life care. Records showed that staff liaised with health care professionals and followed their guidance to ensure that people received the care and support they needed, which included the provision of specialist equipment and visits from relevant professionals. A member of staff told us they felt fully supported by community health services and the registered manager to provide end of life care, and explained that staff were committed to keeping people in a familiar and homely environment for as long as possible, in line with people's wishes.

Is the service responsive?

Our findings

People told us that they were asked about how they wished to be supported to meet their personal care and social care needs. One person had spoken with us at the previous inspection about the various community groups and activities they attended. At this inspection the person confirmed that they continued to attend a local place of worship with another person living at the service but they now went to a new resource centre in another part of the borough. The person said this choice of venue better suited their current interests which included playing bingo, yoga and arts and crafts. A health and social care professional informed us that the staff were very receptive to suggestions about new local amenities and they supported people to discover different activities to match their changing needs and interests. Other people told us about their leisure pursuits and their plans for holidays in Spain and Portugal.

The care and support plans were person centred and included an easy read file with photographs and other documents that people valued. For example, we were shown certificates that people had achieved when they completed a college course or independent travel training programme. The care and support plans demonstrated that people's needs had been assessed before they moved into the service and were kept under review.

We noted that people attended residents' meetings so that they could contribute their ideas for the day to day management of the service. The minutes of the meetings showed that staff kept people informed about a range of issues, including local matters. For example people were informed about a free programme of swimming sessions within the borough and asked for their views about a proposal to cancel a nearby bus service, which was then withdrawn due to neighbourhood petitioning. People were encouraged to give their feedback about events they attended and one person told other residents what they had learnt at a recent breast cancer screening awareness seminar organised by the provider. Staff provided additional health education information about prostate cancer.

People we spoke with said they would complain to the registered manager if they had any concerns. One person told us they had spoken with the registered manager and confirmed that he had taken actions to support them. The person asked for additional support during the inspection and the registered manager assured them that he would contact an external specialist professional to meet with them.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection, who had managed the service for several years and was supported by an experienced deputy manager. Discussions with relatives and a health and social care professional indicated that the registered manager was approachable and helpful. Staff told us they liked the stability of working with an established management team and they felt supported with their roles and responsibilities. The registered manager was described as having an open and transparent manner and the minutes of the staff meetings showed that he shared information and listened to the opinions of the staff team. We noted that the registered manager was involved in the daily life of people living at the service and people were comfortable chatting to him. He spoke with people about their plans for the day and the forthcoming weekend, and explained to us about the individual friendships between people living at the service and important friendships with people living at other services managed by the provider.

The views of people and their representatives was sought through questionnaires and during care planning review meetings. We noted at the previous inspection that one person's visitor had written to the registered manager to express how pleased they were with the care and kindness shown by staff and they had subsequently written another complimentary letter with their feedback. One person told us that the Chief Executive had visited the service and they provided him with a tour of the premises. The quality assurance reports undertaken by area managers showed that people were asked how they were getting on and observations were made if people could not verbally express their comments.

The registered manager carried out a range of audits to check that people were receiving their care and support in line with the provider's required standards. These checks included health and safety audits for the premises, and the reviewing of care planning documents and daily records in order to ensure that people's care and support met their identified needs and wishes. Other audits were in place to monitor the occurrence of accidents, incidents and complaints, so that actions could be taken to improve the quality of care and support and identify if there were any trends that needed to be addressed. We were informed that the refurbishment programme for the premises was overdue and the social landlord was expected to carry out this work later this year.