Yarrow Housing Limited

Richford Gate

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection was carried out on 13 and 20 February, and 6 March 2018. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second and third days. We also gathered additional information for this inspection from the registered manager and the director of care during a visit to the provider's head office on 4 April 2018. The inspection date was brought forward as we had been informed by the provider that a serious medicine error had occurred in December 2017. At our previous comprehensive inspection on 3 and 8 May 2017 we had rated the service as Requires Improvement. Safe and well-led were rated as Requires Improvement and effective, caring and responsive were rated as Good.

Richford Gate is a 'care home'. People living in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service comprises two adjoining first floor flats, each with four single occupancy bedrooms. Each flat has its own lounge, kitchen, bathroom and separate toilet. At the time of the inspection the premises were at full occupancy. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post, who has managed the service for several years. A registered manager is a person who has registered with the CQC 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 on annual leave on the first two days of the inspection and was present on the third day.

At the previous inspection we had been informed by the registered manager that there had been seven separate medicine errors since October 2016. We had noted that measures had been taken by the registered manager and provider to fully investigate why these errors had occurred, and staff had received additional medicines training and other appropriate support and guidance from the registered manager, the area manager and the provider's medicines trainer. During the previous inspection we had discovered two concerns that needed to be addressed in regards to how staff completed medicine administration record (MAR) charts and how they checked expiry dates for prescribed medicines. We had issued a breach of regulations in relation to the management of medicines. Following the inspection, the provider had sent us an action plan which outlined how they proposed to address this breach of regulations. At this inspection we found that the provider had achieved improvements with the management of medicines, however we found further issues that the service had not identified and addressed.

At the previous inspection we had found that the provider had failed to notify us about a safeguarding

concern which had resulted in the police attending the service. This had meant the CQC could not effectively monitor events at the service in order to ensure people's safety. We had issued a breach of regulations in regards to the provider not informing us about significant incidences at the service, in accordance with the Health and Social Care Act 2008. Following the inspection, the provider sent us an action plan which outlined how they proposed to address this breach of regulations. At this inspection we found that the provider had appropriately notified us of any notifiable events, in accordance with legislation.

People who used the service were supported to lead active, interesting and fulfilling lives. They were encouraged by staff to be as independent as possible, take positive risks where applicable, and meet their health care needs with appropriate guidance and support.

People's care and support plans showed that they were consulted about their needs and wishes. Their views and ideas were clearly reflected during the care planning process and at regular review meetings held at the service. The relatives we spoke with confirmed that they were invited to attend these meetings, and felt that the registered manager and the staff team also took into account their opinions. People and their supporters where applicable, were provided with information about their rights and entitlements, including clear guidance about how to make a complaint.

People were supported to contribute to the daily running of the service and the provider actively sought their involvement to continuously develop the service. For example, people received training and remuneration to participate in staff recruitment at the provider's head office if they wished to. Staff supported people to feel part of their local community by joining nearby leisure centres and libraries, and through attending groups and/or place of worship in line with their individual needs and wishes.

Systems were in place to ensure that people were supported by staff who were safely recruited, and sufficient staff were deployed to enable people to receive the support they needed at home and within the wider community. People received their care and support from staff who received suitable opportunities for training and development to undertake their roles and responsibilities. Staff reported that they felt supported by the registered manager.

The registered manager demonstrated a committed approach to supporting people who used the service and we observed that he had developed positive relationships with them. Relatives stated that they were pleased with how the service was managed and described the registered manager as being "approachable" and "helpful." There were processes in place to monitor the quality of the service and the safety of the care home. However the issues we found during the inspection showed that the provider's own quality monitoring process was not sufficiently rigorous. This had resulted in specific practices having not been detected and addressed, for example the absence of a risk assessment in relation to the safety of a bedroom window and the gaps found for the recording of the medicine fridge temperatures.

We have made one recommendation for the provider to seek guidance from a reputable source in order to demonstrate best practice with the safe management of medicines and have issued one breach of regulation in relation to the need for the provider to undertake more robust monitoring. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements had been achieved with the management of medicines. However, a serious medicine error that occurred since the previous inspection and some of our observations during this inspection showed that these improvements were not yet fully engrained.

People who used the service were supported by staff who understood how to protect them from abuse and harm. Risks to people were assessed and plans were developed to manage these.

The service deployed sufficient numbers of safely recruited staff.

The premises were clean and hygienic and people were supported by staff who understood how to protect them from the risk of cross infection. However we found unnecessary clutter, which placed people at risk.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to provide effective care and support.

People who used the service were supported to make meaningful decisions, wherever possible. If people did not have the capacity to make a specific decision, the provider made sure that their legal rights were upheld.

Systems were in place to support people to meet their health care needs, and attend local health promotion events if they wished to learn about ways to promote their health and wellbeing.

People were involved with choosing and preparing their meals and snacks, and their dietary needs and preferences were respected by staff.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly, kind and supportive way.

People's individual interests, preferences, needs and wishes were respected by staff. People were supported to speak with staff about issues that were important to them during individual sessions.

Systems were in place to enable people to participate in the day to day running of the service. Staff supported people to receive their care and support in a dignified manner.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, monitored and reviewed. This ensured that any changes to their needs could be promptly identified and responded to.

Staff supported people to access a range of activities to enable them to pursue their interests, and develop skills, confidence and increased independence.

People and relatives received a thorough response to any concerns or complaints about the quality of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider did not consistently demonstrate that suitably robust system were in place to assess, monitor and improve the quality of the service.

Systems were in place to appropriately inform the Care Quality Commission about any notifiable events.

People and relatives were happy with the management style of the registered manager.

Richford Gate

Detailed findings

Background to this inspection

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

The inspection was prompted in part by a notification from the provider in regards to a serious medicine error in December 2017. The provider had also informed the local authority social services team for adults with a learning disability and the placing authority for the person. The information shared with the Care Quality Commission about the incident indicated potential concerns about the provider's management of medicines.

This inspection took place on 13 and 20 February, and 6 March 2018. The first day of the inspection was unannounced and we advised the deputy manager we would be returning on the second day. The third day of the inspection was an announced visit to meet with the registered manager as he was on authorised leave on the earlier inspection dates. We also gathered additional information during a visit to the provider's head office on 4 April 2018. The inspection team consisted of one adult care inspector on each day and a pharmacist specialist on the first day. Prior to the inspection we looked at the information we held about the service, which included the last inspection report of 3 and 8 May 2017. We checked notifications sent to us by the registered manager about incidents and events that had occurred at the service, which the provider is required by law to send us.

During the inspection we spoke with six people living at the service and afterwards spoke by telephone with the relatives of four people. We observed how staff interacted with people who used the service and spoke with four support workers, the deputy manager and the registered manager. We also spoke with the director of care and support, the human resources and development manager, and the area manager, when we visited the provider's head office to check recruitment records.

A range of records were looked at which included the medicines policy and medicine administration records, three people's care plans, staffing rotas, staff files pertaining to recruitment, training and development, supervision and appraisals, minutes of meetings for people who used the service and staff,

audits and other quality monitoring documents. We contacted health and social care professionals with knowledge and experience about this service and received three written responses.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection we had noted issues of concern in relation to the safe management of medicines. The provider had informed us that there had been six medicine errors in a 12 month period prior to the inspection. During the inspection we had found an expired medicine and saw omissions on the medicine administration record (MAR) chart for one person. Our findings had resulted in a breach of regulations in regards to the management of medicines. At this inspection we found that the provider had satisfactorily achieved improvements in order to provide people with a safely managed medicine service.

We saw additional checks of medicines and MAR charts had been implemented at the service. All medicines were in date and stored in a good condition, and all records were satisfactorily completed. We reviewed MAR charts and medicines for all of the people who used the service and noted that a record was made in regards to whether people had allergies or not. Individual profiles had been developed for each person, which detailed their preferences in relation to taking their medicines. Additionally these profiles contained information about the indication for the medicines and potential side effects of the medicines people were taking. This assisted staff to monitor for these side effects. Each of the MAR charts were fully completed with no doses of regular medicines omitted. A member of staff was designated each day to check the MAR charts and medicines count to ensure that all doses were given and accounted for. This meant if medicines errors did occur they were identified quickly through this checking process.

Staff had up to date medicines training and were able to describe the process of reporting medicines related incidents and near misses. They demonstrated a clear understanding of their responsibilities in relation to reporting any concerns about how people were supported with their medicines to the designated senior member of staff in charge of the shift or the registered manager, for example if a person declined to take a prescribed medicine. We confirmed with the area manager that the provider was registered to receive alerts from the Medicines and Healthcare Products Regulatory Authority.

On the first day of the inspection we asked staff to provide us with the medicine policy. We were given four medicine policies, which included two policies which had expired in 2014. The other two policies were current and in date. We discussed this with the registered manager on the final day of the inspection and established that only the two current policies were used. One of these policies had been produced by the provider and the second policy was specific to Richford Gate, which took into account the individual needs of people who used the service and the unique design of the building. We were advised by the registered manager that the obsolete policies had been filed away for several years but were mistakenly retrieved and presented to the specialist pharmacist, along with the valid policies. He confirmed that these policies were no longer in the premises.

Medicines were stored securely and access was appropriately restricted. A reasonable supply of medicines was available and excessive stocks were not kept. Ambient and fridge temperatures were monitored where medicines were stored. However, we saw that the fridge temperature was not being recorded consistently and the thermometers being used did not allow minimum and maximum recording.

We saw that a number of people who used the service were applying their own prescribed topical creams. However, we found a cream for one person had been left in an unattended communal bathroom. Although this was a cream which could be purchased at a pharmacy without a prescription, this practice could potentially place people at risk of accessing creams not prescribed for their specific skin care needs. Staff told us they tried to encourage people to store creams securely in their rooms.

We observed that whilst administering medicines, staff considered the preferences of people who use the service and explained to them which medicines they were taking. Although two staff members were involved in the medicines administration process, only one staff member was required to sign and document that medicines had been administered. The daily shift plan stated which support worker had been designated as the second staff member. However, the absence of a second staff signature on the MAR charts meant that it could potentially be difficult for the provider to retrospectively check who was involved in the process if it had been necessary to make unexpected and sudden changes to the shift plan.

The registered manager appropriately notified us of a serious medicine error that occurred in December 2017. The provider's own investigation and analysis of the incident identified that the error was due to a lack of concentration by a member of staff. Soon after the incident we were informed by the registered manager that disciplinary action had taken place and the support worker was no longer employed by the provider. It was also noted in the provider's own investigation that there had been changes to the dosage of this medicine nine days prior to the error and the medicines were in boxes dispensed by a hospital pharmacy. The registered manager subsequently introduced the practice of all medicine administration to be checked by two staff, in order to reduce the risk of errors.

Although we found that appropriate systems were now in place to mitigate the risks of people not receiving their medicines in a safe manner, the serious medicine error and the issues identified during the inspection showed that the provider was not yet able to demonstrate that the improvements had been embedded and sustained.

We recommend that the provider seeks guidance from a reputable source in order to demonstrate best practice for the management of medicines.

At the previous inspection we had noted that the registered manager had reported a safeguarding concern to the local authority but had not notified the Care Quality Commission. The registered manager had stated this had been an oversight. At this inspection we noted that the provider had ensured that notifications were promptly sent, in accordance with legislation.

People living at the service and their relatives told us that staff were kind and made them feel at ease. One person told us, "I am happy here, I feel safe. I would tell [the registered manager and key worker] if anything was wrong. I can also tell [my relative]." A relative told us that staff were very observant and always let them know if their family member appeared worried about anything, "If I get a call from [registered manager] or any of the staff, I or another member of the family will get over there to have a chat and sort things out."

Records demonstrated that staff had received safeguarding training. Our discussions with members of the staff team showed that staff understood how to recognise different signs of abuse and were confident about reporting any concerns. Staff confirmed that they had been provided with guidance about how to whistleblow within the organisation and to external bodies, if necessary. Whistleblowing is when a worker reports suspected wrongdoing at work.

The care and support plans we looked at demonstrated that risk assessments were conducted in order to

support people to be as independent as possible, whilst minimising risks to their safety. Risk assessments had been undertaken to identify risks across various aspects of people's daily lives, for example personal care, friendships and relationships, behaviours that could negatively impact on the wellbeing of others and travelling without staff support. For example, staff were provided with guidance about how to support one person using the service to develop their independence with cooking. This included the gradual reduction in staff support and the use of tools such as simplified recipe plans. The risk assessments contained clear guidance for people, their relatives if applicable and staff to follow and were kept under review.

However, at this inspection we observed that the window in one of the bedrooms did not have a restrictor in place and could be opened up beyond 100mm. Other windows within the care home, which consists of two storey accommodation on the first floor of a block of flats, did not present any risks to people's safety. We discussed this finding with the registered manager and have subsequently confirmed that appropriate action had been taken to ensure the safety of the window.

We found that there was a rigorous recruitment process in place in order to ensure that people were supported by staff with appropriate aptitudes and skills for their roles. The provider obtained at least two references for prospective employees, which were checked to ensure their authenticity. There was also evidence of proof of identity and address, and proof of entitlement to work in the UK. We saw that checks were made by the human resources team if an applicant had any gaps in their employment record and Disclosure and Barring Service (DBS) checks were carried out before staff were permitted to commence employment. The DBS provides criminal record checks and barring functions to assist employers to make safer recruitment decisions. Staff were required to undertake DBS checks every three years, which was evidenced in the staff files we checked.

There were systems in place to make sure that people were supported by sufficient numbers of suitably qualified staff. The registered manager told us that there had been a significant staffing change at the service, as the former deputy manager had taken a different role with the provider since the previous inspection and a new deputy was now in post. The staffing levels we observed during the inspection enabled people to go out every day with staff support, in line with their needs and wishes. Following the completion of the inspection visits, we were informed by the provider that all staff vacancies at the service were now filled

Our discussions with members of the staff team demonstrated that they understood the provider's procedures for reporting of any accidents and incidents. Records showed that incidents and accidents were properly recorded, and the registered manager took action where possible to reduce the risk of a similar occurrence. One to one supervision sessions with staff, team meetings, and residents' meetings if applicable, were used as opportunities to discuss events and ascertain whether any learning for the future could be identified. For example, we noted that the staff had experienced difficulties beyond their control supporting a person who used the service with external travel arrangements. Records showed how the registered manager had carefully monitored any incidents which had arisen, spoken with the staff team and other relevant parties, and had attempted to improve the situation for the person.

We observed that the premises were clean, and there was a cleaning rota for staff to adhere to. People were supported to tidy their bedrooms, with an appropriate level of staff support. During the inspection we observed that people were assisted to clear up in the kitchen after they had made drinks and snacks for themselves. Records showed that staff had received infection control training and we noted that they were provided with personal protective equipment as required, for example hand gels, disposable gloves and aprons. The practices we observed during the inspection showed that staff understood how to prevent cross infection, for example when using apparatus such as the colour coded mops for floor cleaning.

Although the care home was hygienic and free from odours, we found that there was unnecessary clutter in communal areas. On the first day of the inspection we toured the premises with the deputy manager and observed that a pair of crutches had been left next to the stairs and a bicycle that belonged to a person who used the service was outside of a bedroom. The deputy manager confirmed that the crutches were no longer required by the person they were issued to. We also found a kitchen cupboard door with metal attachments in a communal indoor hallway and we were later informed that this was due to be fitted in the kitchen. We asked the deputy manager to remove these items from the communal areas, as they presented potential trip hazards and an additional obstacle for people to navigate past in the event of a fire. The registered manager confirmed on the final day of the inspection that he was trying to find a safe permanent place for the storage of the bicycle and has subsequently advised us that the bicycle has been stored at a nearby care home operated by the provider.

Records we looked at showed that a range of checks at different intervals were undertaken in order to provide people with a safely maintained home. These checks included the landlord's annual gas safety certificate, the electrical installations inspection by a competent person, weekly testing of fire call points, water temperatures, regular fire evacuation drills and the testing of the carbon monoxide detector.

Good

Is the service effective?

Our findings

People using the service told us that staff understood their individual needs and supported them well. One person told us, "I am doing travel training now and staff help me to go to college. When there is no college I can go to [recreational project]." Another person said they enjoyed shopping for clothes and costume jewellery and liked to be accompanied to the local market by members of the staff team with similar interests. They told us, "It is room check today" and confirmed that staff supported them to tidy their bedroom.

Records showed that staff were supported to attend mandatory training, which included safeguarding, fire safety, moving and handling, equality and diversity, first aid and basic food hygiene. Staff told us that the training programme was of a high quality and useful. We noted that staff had received training to enable them to understand the specific needs of people who use the service, for example some staff stated that they had attended an autism awareness training day. A staff member told us, "I studied health and social care before I joined Yarrow, the training is very good and [registered manager] has told me about other training that Yarrow can support me with." An external health and social care professional who provided staff training told us that the staff at Richford Gate were keen students who actively contributed to the training sessions. A second health and social care professional described the approach of staff as being "reliable and supportive."

We noted that staff received regular supervision, and the detailed records showed that the supervision sessions were thorough and focussed. The registered manager told us that although there had been a very busy period at the service when the previous deputy had left the service, he felt it was important to spend time with staff during their one to one supervisions so that they had a clear understanding of their roles and responsibilities. We noted that where staff were given specific objectives at a supervision session and a target date to achieve the objectives, their progress was checked on at their next supervision. The deputy manager told us they joined the provider in October 2017 and were now independently carrying out some staff supervisions, having initially shadowed the registered manager. The appraisals were due in September 2018.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that support workers demonstrated a satisfactory understanding of MCA and DoLS, and had attended relevant training. The support workers we spoke with told us that they supported and encouraged people to make choices about their day to day care and support wherever possible, even if people's choices could be deemed as unwise by others. In these circumstances, staff said they would talk with people about

their choices and provide guidance and support, and also seek advice from the registered manager and/or external health and social care professionals if necessary to promote the person's safety and wellbeing.

The registered manager was clear about his responsibilities in regards to MCA and DoLS, and the processes he needed to follow in circumstances where it was thought that people lacked mental capacity to make particular decisions. We noted that the registered manager and members of the staff team had been involved in best interests meetings where necessary, and people's care and support plans contained information about whether they could make specific decisions, for example about their finances.

Records showed that people were supported to meet their health care needs, which was confirmed by the relatives we spoke with. People were assisted to register with a local GP service and had chosen to register at a health centre on the same street as the care home. We noted that the GPs and practice nurses were involved in the annual reviewing of people's health action plans. The registered manager spoke with staff about people's health action plans during their one to one supervision sessions, to verify that staff understood how to meet people's objectives and to ensure that dates were scheduled for the practice nurses to carry out their reviews. A list of clinical appointments that people had attended was maintained in their files, with any relevant information and/or guidance from health care professionals.

During the inspection people who used the service told us they had either recently attended a health care appointment or were due to do so. People presented as being noticeably relaxed about their visits to the nearby health centre, as they viewed it as being part of their neighbourhood. One person told us that they felt anxious about hospital appointments and preferred to go with their key worker. Records demonstrated that people were accompanied by a staff member and relatives confirmed that they were always kept up to date about any changes in regards to their family member's health and wellbeing.

The provider held events to support people to understand their health care needs and improve their health, where possible. The most recent event was a 'mental health wellbeing day' at the local town hall. We had been sent prior information about the event, which included seminars about how to reduce stress, talks from external mental health professionals, massages and time to enjoy communal refreshments. The provider had previously arranged a health and wellbeing day for breast cancer awareness. These sessions also provided valuable information to support staff to develop their own knowledge of specific health care issues.

People who used the service were consulted about their dietary needs and wishes. Their care and support plans provided guidance about any specific dietary needs, for example if a person needed to adhere to advice from a dietitian for health care reasons or if a person had any cultural and/or religious requirements that needed to be taken into account. During the inspection we observed that people went in and out of the kitchen to prepare drinks and snacks, with staff support where necessary. People told us they liked the food at the care home and the opportunity to have a takeaway evening once a fortnight. One person showed us around the kitchen and offered to make us a drink, which conveyed that they felt relaxed and at home. They showed us pictures and recipes for pancakes and told us that people and staff were planning to make pancakes together to celebrate Shrove Tuesday. The minutes for the residents' meetings showed that each person was asked to contribute their ideas for the grocery shopping list and the weekly menu planning. In accordance with guidance from health care professionals, staff monitored people's weight at the required frequency and reported any concerns to the designated external professional and the registered manager. One relative told us that they did not feel their family member was always guided to eat healthily and make the right choices. The relative acknowledged that it was a difficult situation for staff to manage, as their family member had specific preferences.

The premises met the needs of the people who used the service. The lay-out of the building meant that people who lived there needed to be sufficiently mobile to be able to safely and comfortably manage to walk up and down stairs. People told us they liked the design of the care home, as they lived with three other 'flatmates' within their part of the premises but could visit their friends in the adjacent flat. The care home was next door to a resource centre managed by the provider, which offered a range of day time groups including art and music sessions. The close proximity to the resource centre enabled people to sign up for activities there if they wished to, with the added convenience of not having to factor in time for travelling. They could also informally call in to meet friends who used other services managed by the provider.

Good

Is the service caring?

Our findings

Throughout the inspection we saw positive interactions between people who used the service and staff. People told us they were happy living at the service and liked the staff. Comments from people included, "I have fun here, I have a laugh with [members of the staff team]. I like to go to football matches and meet [relative] in [town centre] for lunch" and "I used to be in the walking group, now I am doing computers and art class every week. I like living here, staff are good, I can talk to them." One person told us they had developed a good rapport with their new key worker and felt this relationship had enabled them to make progress with maintaining and developing their independent living skills.

Relatives told us they thought their family member enjoyed living at the service. One relative said, "They are very caring and know [my family member] well. They will always contact me if [my family member] seems worried about anything, so that I or [other relatives] can get over there and have a chat with [family member] and help [him/her] sort things out." Another relative told us that their family member had recently experienced health care problems. The relative explained to us that staff had supported their family member to cope with the physical and emotional difficulties caused by their health care issues, through providing care and support in a kind and encouraging way. A health and social care professional told us that they had observed how staff provided caring and compassionate support for another person who used the service, who was experiencing a sad time in their life.

We noted that people who used the service were supported by staff to maintain their relationships with their families and friends. Some people went to stay with their relatives at weekends and the relatives we spoke with confirmed that they felt welcomed by staff when they visited Richford Gate. One person who used the service told us about an outing that staff had arranged for their birthday, which was attended by their friend who used a different service operated by the provider.

The staff we spoke with demonstrated that they knew people well and understood their likes and dislikes, hobbies and interests, family backgrounds and any cultural needs. We saw that people could speak with staff whenever they wished to and they freely approached staff during the inspection. There was also a system in place for people to speak with their key workers in a private setting during 'Talk time' sessions. People and staff told us that these sessions were used to discuss topics including friendships and relationships, health care needs and the wishes of some people to progress to more independent types of accommodation.

There were established systems in place to enable people to contribute to the daily running of the service. Records showed that people were invited to participate in weekly residents' meetings, which were ordinarily well attended by people and a staff representative. The minutes for these meetings demonstrated that people actively contributed their ideas about activities and entertainments, any proposed changes to the décor of the premises, local issues and current affairs, and menu planning. We saw how staff encouraged people to show consideration for other people's views, aspirations and needs. For example, the minutes for one of the meetings showed that a discussion had taken place when a person who used the service informed their flatmates that they had been asked to DJ at an event organised by a local voluntary sector

organisation. Other people stated that they wished to attend the function so that they could give their support to their friend.

People were provided with accessibly presented information about their rights and entitlements, for example easy read versions of the provider's complaints policy and the service user guide. We noted from looking at people's care and support plans that they were supported to access independent advocacy support if they wished to. An advocate can support a person to express their views, for example if they need support to make a complaint. A health and social care professional told us that staff were respectful towards people who used the service and supported people to access independent advocacy.

We observed that staff spoke with people in a friendly and respectful way. People were asked about their plans for the day, and consulted about whether they wished to speak with us and show us their bedrooms. Staff knocked on people's doors and waited for permission to enter, and we saw that people were supported to wear bathrobes when they walked across the corridor before and after they used the communal bathroom. Staff informed us that they received training about how to promote people's dignity and maintain their confidentiality.

Good

Is the service responsive?

Our findings

People told us that staff were supporting them to meet their needs and wishes. One person told us that they were receiving support from staff to learn how to manage their daily finances and another person said they were pleased that they could now independently manage some aspects of doing their laundry. People were supported to contribute to the planning and reviewing of their care and support. Each person had a person centred care planning document, which was designed in a straightforward easy read format.

People's needs were assessed before they moved into the service. The provider undertook their own assessments, in conjunction with assessments carried out by external professionals including psychologists, social workers and community learning disability nurses. This meant that people's needs were identified and understood, through the use of established professional assessment tools. The care and support plans we looked at were detailed and provided staff with sufficient information and guidance about how to meet people's needs. These plans were kept under review and were updated annually, or at an earlier date if people's needs had changed. Relatives told us that they were kept informed about any significant changes to people's needs and were advised in regards to any changes to people's care and support. The minutes for people's reviews showed that the views of people and their relatives were sought and valued, and people's achievements were identified and celebrated. For example, we saw that one person had made good progress with their cooking skills and was now being encouraged to progress to new recipes.

Staff supported people who used the service to engage in meaningful and fulfilling activities at home and in the wider community. The minutes for the residents' weekly meeting showed that people were asked about their choices for the weekly outing, which tended to be activities such as a pub lunch, restaurant meal or cinema trip. People could choose to opt out of any of the communal entertainments and their wishes were respected. Discussions with people demonstrated that they had their own interests, which they pursued with support from staff, relatives or through joining a group. One person told us that they had done some voluntary work with a relative and enjoyed it. They told us that they also attended a place of worship when they stayed with their relative, which was important for them. Another person told us they went to a dance class and a third person said they were presently undertaking a college course. We noted that some people supported different football clubs and went to local matches, which resulted in good humoured exchanges about their respective teams. The deputy manager told us that people usually went out every day unless they were unwell, for example people attended resource centres and leisure activities or simply went out for a walk to the local shops to assist a member of staff to stock up on fresh fruit and vegetables. People were supported to arrange holidays with staff support. One person told us they had been to Devon and another person was planning a visit to Yorkshire.

There were systems in place to support people who used the service to make complaints. We noted that two people had chosen to make a complaint and one of the people spoke with us about their concern during the inspection. Records showed that the registered manager had taken the complaint seriously and taken action to address people's concerns. We saw that the registered manager had supported people who used the service to make complaints if they had received a poor quality of service in the community and wished to pursue the matter further. For example, if people were unhappy about incorrect charges made by a shop

or local amenity. These complaints had resulted in people receiving apologies, which enabled staff to reassure people that they were entitled to fair and equitable treatment in the community.

At the time of the inspection none of the people who used the service required end of life care. Where possible, discussions had taken place with people and/or relatives about any end of life arrangements that the provided needed to be aware of.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection we had noted that there was at least one event that we should have been informed of as it had resulted in the police visiting the service. Services that provide health and social care to people are required by legislation to inform the Care Quality Commission (CQC) of important events that happen in the service so that we can appropriately monitor if people are receiving the care and support they need in a timely manner. During this inspection we found that the provider was now appropriately informing us of notifiable events, in accordance with the law.

The quality, safety and effectiveness of the service were monitored by different quality assurance processes, for example the area manager carried out 'person in control' visits which incorporated informal chats with people who used the service in order to gain their views about living at the care home. The provider formally requested the views of people and their families through sending out questionnaires every other year. The registered manager conducted various audits at the service which included checks to ensure that people's care and support plans were up to date, checks that daily records for each person were appropriately written, and health and safety checks of the premises. Although these checks were taking place, we found that they did not always ensure that people were provided with a safely delivered service. For example, we had found that the temperature for the medicines fridge was not consistently undertaken, which placed people at risk of receiving medicines not maintained in safe storage conditions. In light of previous medicines errors there would have been an expectation that robust monitoring would be taking place to ensure that all medicines were managed safely.

The provider's own quality monitoring had failed to identify some issues that needed to be addressed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that people who used the service interacted well with the registered manager and told us that they would speak with him if they had any concerns about living at their home. Relatives commented positively about the registered manager being amenable, accessible and trustworthy. Comments included, "I know I can rely on [registered manager] to let me know if anything is wrong with [family member], it is important that we as a family have that trust and confidence" and "We wouldn't want [family member] to be anywhere else. Richford Gate is [his/her] home and [he/she] has known [registered manager] for many years. He will tell us what's going on and make sure [family member] gets the care [he/she] needs." A health and social care professional stated that the registered manager was "helpful and approachable" and said they were impressed with the actions the registered manager had taken to support a person who was experiencing difficulties. Another health and social care professional commented that the registered manager was very knowledgeable about people's needs, kept in close contact with relatives and supported people when they attended external meetings.

Staff spoke favourably about the support and guidance that they received from the registered manager. At the previous inspection the registered manager had explained to us that due to staff shortages in 2016, it had been necessary for him and the former deputy manager to take on additional responsibilities such as

key working individual's until the new permanent staff had settled and were in a position to take on these responsibilities. At this inspection the registered manager informed us that staffing shortages had arisen again in 2017, which had meant that it had been necessary for him to resume key working responsibilities for a while alongside managing the service.

The registered manager told us that he was supported by the provider, which is a not for profit organisation that provides care, support and accommodation for people with learning disabilities across west London. He attended training and networking meetings with the registered managers of the provider's other services, which included forums about how to meet regulatory requirements. The organisation's website states, "Yarrow's philosophy is all about value and choice – valuing people with learning disabilities and providing a level of choice in their lives." This was evident at Richford Gate, as people talked to us about some of their choices in terms of activities, daily routines, holiday plans, friendships and cultural practices. The registered manager and the staff team had created a relaxed and homely environment where people moved about freely, welcomed authorised visitors, and appeared at ease with each other and the staff.

The provider displayed their correct rating at the premises and on their public website, as required by legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality checking arrangements did not consistently assess, improve, monitor and sustain the quality of experience for people who used the service. 17(1)(2)(a)