

Yarrow Housing Limited

Angela House

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

Angela House is a 'care home'. People 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. Angela House is registered to provide care and accommodation for up to six adults with a learning disability or autistic spectrum disorder. At the time of this inspection there were four people living at the service, each with their own bedroom. The accommodation comprises a communal lounge, kitchen diner, a sensory room, a small rear courtyard, and communal bathrooms and toilets. The bedrooms do not have ensuite facilities. The house is located in a central part of Hammersmith close to a wide range of amenities, public transport and a large park. This 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.

This comprehensive inspection was conducted on 15 and 21 March, 5 April and 14 May 2018. The first day of the inspection was unannounced and we advised the manager of our plan to return on the second day. We visited the provider's main office on 5 April 2018 in order to check staff recruitment files and also met with senior management staff at the main office on 14 May 2018, as they wished to discuss matters that had arisen about the service. During the inspection we received information of concern from an external source which alleged concerns regarding to the safety and welfare of people who used the service. There were specific allegations regarding the provider's management of people's finances. This information was also sent to the local authority, who met with the provider to discuss these allegations. The provider informed us that they asked the local authority to investigate these allegations through safeguarding procedures, so that an independent judgement could be reached. These safeguarding investigations were in progress at the time we concluded this inspection.

An immediate concern was also raised by the external source about the safety of a specialist bed and mattress allocated to a person living at the care home. This was addressed by a visit from a physiotherapist and occupational therapist employed by the local learning disability partnership. Following their visit, we received written confirmation from the professionals to confirm that the bed and mattress safely met the person's needs. The external source has subsequently raised other issues to the local authority about the suitability of the bed and mattress.

At our previous comprehensive inspection on 30 January, 6 February and 16 March 2017 the service had an overall rating of Requires Improvement. We had rated effective, caring and responsive as Good, and safe and well-led were rated as Requires Improvement. A breach of legal requirements had been found in relation to staffing levels. Following the inspection the provider wrote to us to state what action they would take to meet the breach of legal requirement.

We undertook an unannounced focussed inspection on 13 October 2017 in order to check how the provider

had met its action plan and report on our findings in relation to specific aspects of safe and well-led. We had also received information of concern from an external source prior to the inspection and these concerns were looked into as part of the inspection. Following the inspection visit we had received other information of concern from other external sources and returned unannounced to the service on 21 November 2017 to conduct a second day of this unannounced focussed inspection and look into the additional concerns which had been brought to our attention. We had found that although the provider had met the breach of legal requirement in relation to staffing levels, two new breaches of legal requirements were identified in relation to the safe management of medicines and the robustness of the provider's quality monitoring. Following the inspection the provider sent us an action plan to state how they would meet the breaches of regulation.

The service did not have a registered manager in post at the time of the inspection. 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 manager had applied to the Care Quality Commission for registration.

At this inspection we found that the provider had met the breach of regulation in regards to the safe management of medicines. New medicine cabinets had been installed in people's bedrooms and the main office and medicines were no longer at risk of product deterioration and potential harm to people who used the service. Although systems were in place to safely receive, administer and store medicines, we found two medicines that were no longer required in a locked box in the fridge.

The provider had met the second breach of regulation in regards to the provider's quality monitoring system, in relation to concerns we had identified at the service that had not been fully addressed by the provider. At this inspection we found that the provider had taken clear actions to support members of the staff team, listen to their views and promote their participation with developing and implementing objectives to improve the quality of the service.

At the time of this inspection the provider was in the process of making improvements to the premises. The provider wished to minimise any disruption to the daily lives of people who used the service and had already made arrangements for one person to use alternative night-time accommodation for a short period. We found specific issues in relation to the safety of the environment, for example we found that the provider had not carried out a risk assessment for kitchen knives that were potentially accessible to people who used the service and items were being stored under the stairs that were flammable and potential obstacles if there was a fire at the home.

Staff had received safeguarding training and knew how to protect people who used the service from abuse. Records showed that staff were safely recruited, and they received appropriate training and supervision for their roles and responsibilities. Our discussions with staff and review of the staffing rotas evidenced that there were ordinarily sufficient staff deployed to meet people's needs.

The care and support plans for people who used the service showed that their social care and health care needs were assessed, monitored and reviewed. People were supported to attend health care appointments and we noted that a health care professional had commented favourably about the way members of the staff team had supported people to follow a specialised communication project. People were provided with encouragement, and assistance where necessary, to eat nutritious and appetising meals and snacks.

We observed that staff supported people who used the service in a caring, respectful and compassionate

way. We saw positive interactions and staff spoke with pride about people's interests and achievements. Staff provided daily care and support in a way that sought people's consent and promoted their freedom to go out every day if they wished to. Staff understood about best interests decisions and the importance of working in partnership with relatives and professionals when people who used the service did not have the capacity to make key decisions, for example about hospital treatments. People were supported to access advocacy support and the provider's complaints policy and procedure was accessible to people and their representatives.

The provider had a clear vision in regards to its commitment to enabling people who used the service to experience positive care and support to enrich their lives. Although the provider had liaised with staff to jointly develop ways to improve the service, we continued to receive some mixed views from staff about how the service was managed and how this impacted on the quality of care and support for people living at Angela House. The provider demonstrated a transparent approach in relation to the investigation of concerns and complaints.

We have recommended that the provider seeks guidance from professional pharmacy guidelines about systems for the safe disposal of no longer required medicines.

We found one breach of regulation in relation to the absence of effective practices to consistently identify and remedy issues in regards to the safety of the premises.

You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

People were not consistently provided with a safe living environment.

A more robust approach was needed to ensure that obsolete medicines were promptly disposed of, in line with the provider's agreed arrangements with the dispensing pharmacy.

Staff understood how to protect people from the risk of abuse.

There were sufficient staff deployed and people who used the service were protected by the provider's detailed recruitment practices.

Requires Improvement ●

Is the service effective?

The service was effective.

There were appropriate systems in place to support staff with their training and development needs.

People were supported by staff to eat a balanced diet and meet their health care needs. The provider worked cooperatively with health care services.

Care and support was provided in accordance with the requirements of the Mental Capacity Act 2005.

The provider was making improvements to the premises to ensure that it met people's needs.

Good ●

Is the service caring?

The service was caring.

People received their care and support from kind and caring staff, who understood people's unique background, needs and wishes.

The provider supported people to access advocacy services. Staff

Good ●

used creative ways to communicate with people, in conjunction with guidance from external professionals including psychologists and speech and language therapists.

Staff ensured that people's dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were reflected in up to date care and support plans. New needs were assessed by external professionals and the staff team.

Staff supported people to take part in meaningful activities at home and in the community.

People who used the service and their representatives were provided with information about how to make a complaint, including information produced in an easy read format.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had addressed the areas for improvement in the previous inspection report. However, the issues of concern regarding the premises showed that more in-depth monitoring of the quality of the service was needed.

The management team at Angela House and other senior managers within the organisation had concentrated on improving staff morale through listening to staff and involving them in initiatives to develop the service. This work was still in progress.

The provider was keen to demonstrate its openness and integrity in response to any concerns made about management of the service and the care of people living there.

The service worked well with other organisations to improve the lives of people who used the service.

Angela House

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 21 March, 5 April and 14 May 2018. The first day of the inspection was unannounced and we informed the manager of our intention to return on the second day. The two visits to the provider's main office were arranged with members of the management and senior management teams. The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the subsequent dates.

Before the inspection we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC and the report for the previous inspection that was carried out on 13 October and 21 November 2017.

During the inspection we met and spoke with the four people living at the service. They were not able to tell us their views and experiences 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, the deputy manager, the manager and the area manager. Additional information was received from an employee. We also spoke with an interim manager who was supporting the management team at the service until the deputy manager was established in their role. Discussions were held with the human resources manager, the director of care services and the chief executive during our visits to the main office. We looked at a range of documents which included two people's care and support plans, medicines records, staff files for recruitment, training, supervision and appraisal, health and safety documents, the complaints log and quality monitoring records.

We contacted the relatives of two people who used the service and did not receive any responses. We contacted health and social care professionals with knowledge and experience of using the service and received written information from one professional.

Is the service safe?

Our findings

At the previous inspection we issued a breach of regulations in relation to the safe management of medicines. We had found that medicines were not consistently maintained at the correct temperature, which placed people at risk of receiving medicines that were potentially not as safe and effective as they should be. We had also found that the provider had not appropriately supported the relatives of a person who used the service to safely manage the person's medicines during their visits away from the service.

At this inspection we found that the breach had been met. People's medicines were no longer stored in the laundry/utility room next to a washing machine and dryer. Individual medicine cabinets had primarily been installed in people's bedrooms, apart from one person's medicines where it was necessary to store the items in the office due to the size of specific bottles. Staff were aware of the need to ensure that windows were opened on warm days so that the room temperatures did not exceed 25 degrees Celsius. The person who took medicines to their relative's home for their weekend stays was no longer living at the care home. Our discussions with the manager and the area manager confirmed that difficulties arose at a time that a new medicines system was being introduced in 2017. We found that this medicines system was now properly established and the provider had the resources to ensure that relatives could be safely shown how to support their family members with medicines, if required. The manager told us that the service had developed a good working relationship with the dispensing pharmacy and the provider's medicines trainer could also offer support to relatives.

On the first day of the inspection we checked how the service supported people with their medicine needs. Each person had a medicine audit book. Medicine checks were undertaken three times a day as part of the staff handover procedure and the records we looked at demonstrated that these checks were taking place. The medicine administration record (MAR) charts had a current photograph of each person attached, a description of the medicine and the specific side effects to be aware of. We noted that there was a sample sheet of staff initials with the MAR charts, to enable clear identification of which member of staff had administered a medicine. However, we observed that some staff were not consistently using their stated initials when signing MAR charts. We pointed this out to the manager, who agreed to address this with staff. On the second day of the inspection we found that this had been addressed. We looked in a detailed manner at the storage and administration of medicines for two people. The first MAR chart was satisfactorily completed, however the second MAR chart had two gaps where staff did not sign that they had supported a person to use prescribed topical creams.

Records showed that staff had received medicines training and there was an audited process to evidence that medicines that were no longer required were returned to the dispensing pharmacist. The manager had introduced a system to observe staff and assess their competency when they supported people with their medicines, and two of these observations had been completed.

However we found that robust checks had not taken place in relation to medicines that needed to be refrigerated. These items were stored in the general fridge within a lockable cabinet. We observed that one of the prescribed medicines was in date and the other had expired. The manager immediately removed

both items and explained to us that although one of the medicines was in date, it was not currently prescribed for the person who used the service and therefore also needed to be returned to the local pharmacy used by Angela House.

We found that although specific improvements had been achieved in regards to the safe management of medicines, the provider did not demonstrate that rigorous attention had been applied to the monitoring of prescribed items stored within the refrigerator. We recommend that the provider seeks advice from the Royal Pharmaceutical Society's published guidance for social care services in regards to safe systems to ensure that medicines no longer required are promptly identified and appropriately disposed of.

At the previous inspection we had observed that the premises did not look clean, particularly with regards to the routine cleaning of ceilings and walls. We had found that the extractor fans were dirty and potentially were not functioning as a result of this. Mould had formed on the external wall of the upstairs bathroom and on a panel on the downstairs bath. The provider had taken action during the previous inspection through conducting its own additional cleaning and arranging for a professional deep clean by an external contractor. The area manager had informed us that these problems had arisen when the property was affected by flood damage in 2016 and the provider was still in the process of making significant structural improvements to the premises.

On the first day of this inspection the manager explained to us that builders were on the premises underpinning the building and repairing the damage caused by subsidence. Following the completion of this work, the plan was for the builders to carry out other work to repair cracks and restore the building to a satisfactory condition. Contingency arrangements had been made to protect people who used the service from the disruption that building works could cause within their home. For example, one person was due to spend nights at another local care home while work was being carried out in their bedroom and plans were being considered for the provider to rent a property for when the building work impacted on the communal areas and additional bedrooms. The area manager confirmed that they would notify the Care Quality Commission if the provider proposed to pursue these plans.

On the first day of the inspection we were given a tour of the premises by the manager and noted that some improvements were needed in order to provide people who used the service with a consistently safe and comfortable environment. The ground floor bathroom had a wooden panel that required repair or replacement due to rot and sharp broken edges. We found this room to be cold and uninviting despite being told that it was the preferred bathroom of one person who used the service who enjoyed relaxing in the Jacuzzi. The laundry/utility room had cupboards above and below the sink which were padlocked. However, we found that we could pull on the doors and easily reach inside for COSHH (Control of Substances Hazardous to Health) items. The manager confirmed that a maintenance person had already been booked to secure the doors later that day, as part of a planned programme of repairs. We found a washing machine that was out of order and was due for removal, but the home had another machine that was working and was being used daily to wash clothes and other items.

In the kitchen we found that domestic knives were stored in kitchen drawers and cupboards that were accessible to people who used the service. The manager confirmed that no risk assessments had been undertaken to determine whether the knives needed to be relocated to a secure setting and stated that she would do this as soon as possible. Following the inspection the provider informed us that people who used the service were always supported by staff when they were in the kitchen and had never previously accessed knives from the drawer used for storage. However, a risk assessment is necessary as unforeseen occasions might arise when staff members are urgently required to support a person in another part of the premises, due to an accident, incident or other emergency situation. This could temporarily result in people not

receiving constant support and supervision in the kitchen. We found that a boiled egg had been left in the microwave but staff were unaware who it belonged to. A support worker returned to the premises later that day having been out in the community supporting a person who used the service and told us that they had been too busy to eat the egg at breakfast time. This created a potential risk that a person who used the service could have accessed a food item that may not have been safe for consumption. Following the inspection the provider informed us that this was an oversight and had not previously occurred.

On the first day of the inspection we found that items had been stored under the stairs that could be flammable and restrict exit in the event of a fire. The manager stated that this area should not be used for storage and she had reminded staff about this on more than one occasion. Following the inspection the provider informed us that they now regularly checked this part of the premises as it was formally included on the health and safety checklist template. The premises were free from any offensive odours and in a clean condition. Taking into account that a team of builders were at work and parts of the building were covered in dust sheets, this finding demonstrated that staff had been working hard to ensure that satisfactory hygiene standards had been maintained at a difficult time to aid people's comfort and wellbeing. People who used the service were protected from the risk of infection by staff who had received infection control training and followed the provider's infection control policy and procedures. Staff confirmed that they were provided with personal protective equipment (PPE) to use when they were delivering personal care.

In one of the bedrooms we saw that there was a mirror on the wall, next to a bed. Although the mirror was not heavy it had sharp edges and could cause injury to a person lying in bed if it accidentally dislodged. The manager told us that she would carry out a risk assessment to determine if the mirror needed to be more firmly secured. We also observed that a four plug extension socket plugged into a low level wall socket was seen hanging in mid-air and was being used to power a CD player positioned on top of a wardrobe. We advised the manager to risk assess this situation and find an alternative way to safely locate these items.

On the second day of the inspection we found that the manager had made progress with addressing some of the issues we had identified on the first day of the inspection in regards to the safety of the premises. However, our initial observations demonstrated that the provider did not have sufficiently thorough systems in place to consistently monitor, recognise and effectively attend to issues at the premises that could impact on the safety of people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that people appeared relaxed and at ease with staff. The support staff that we spoke with informed us that they had attended safeguarding training and were supported by the provider to undertake refresher training. This was confirmed when we looked at the provider's training records. Staff spoke in a detailed manner about the different types of abuse and harm that people who used the service were at risk from and they described the actions they would take in order to protect people. The provider had appropriately informed us of any safeguarding concerns.

Staff were aware of the provider's whistleblowing policy. Whistleblowing is the reporting by employees of suspected misconduct by colleagues and other individuals within their organisation. We had received information from an external source that staff had been discouraged to whistleblow by the provider, although we received information from a whistleblower during the inspection. We found that some staff did not wish to speak with us about the culture of the provider and other staff stated that they worked in an open and transparent organisation, and felt able to raise issues with the manager and the senior

management team.

The care and support plans we looked at demonstrated that risks to people's safety were identified and guidance was in place to mitigate the risks. For example, risk assessments had been developed if people were at risk of falls or choking. The risk assessments were up to date and contained instructions from external health and social care professionals where applicable, for example if people's needs had been recently reviewed by a physiotherapist or a speech and language therapist. Staff had received training to support people who presented with behaviours that challenged the service. This training is known as PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis Intervention and Prevention). Our observations during the inspection and our discussions with members of the staff team and the manager demonstrated that the service had positively supported a person to achieve a more fulfilling life.

Up to date individual 'Personal Emergency Evacuation Plans' (PEEPs) were in place for people who used the service. This is a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency. We noted that the PEEPs were written from a day time perspective and spoke with the manager about the importance of including information about how to safely support and evacuate people at night time. Environmental risk assessments had been developed to guide staff about how to minimise risks within the premises, however we noted that some of these risk assessments were overdue their review date. This applied to the risk assessments for lone working, moving and handling loads and the list of COSSH items.

Upon our arrival at Angela House on the first day of the inspection, we found that there were two people who used the service at home. One person was at a day centre and another person was at a health appointment. We were told by staff that one of the people at home had been unable to attend their regular session at the day centre that morning as they needed the support of two staff and this staffing level was not available. The staffing rotas that we looked at showed that ordinarily there were sufficient staff deployed to enable people to attend social activities and appointments in the wider community and additional staff could usually be rostered when required. During the inspection we saw that there were sufficient staff to respond to people's personal care needs and spend time with people engaging them in activities.

The provider evidenced that appropriate recruitment procedures were adhered to for the appointment of new staff. Recruitment records were securely held at the provider's main office and showed that checks were carried out to ensure that candidates with suitable knowledge and experience to meet the needs of people who used the service were appointed. The recruitment files demonstrated that prospective employees were carefully vetted, for example a minimum of two references were required and these references were verified to determine their authenticity. Checks were made to ensure that staff had the right to work in the UK and the outcomes of Disclosure and Barring Service (DBS) checks were looked at by the provider's human resources team before any offers of employment were confirmed. The DBS helps employers make safer recruitment decisions. The provider encouraged people who used their services to participate in the recruitment process for new staff if they wished to, although people who lived at Angela House were not able to do this due to their disability.

We saw that the provider took steps to learn from mistakes and make necessary improvements. The manager reviewed accidents and incidents to check whether people who used the service could be supported in a safer way in order to minimise reoccurrence.

Is the service effective?

Our findings

There were systems in place to support staff to understand and meet people's needs. The training matrix evidenced that staff received mandatory training, which included moving and positioning people, health and safety, basic life support, fire safety, understanding mental capacity and safeguarding. Discussions with staff and the management team evidenced that the provider had implemented training that was specific to the health and social care needs of people who lived at Angela House. For example, staff had attended training delivered by an external trainer in regards to supporting people with dysphagia and were provided with other training about epilepsy and autism. However, we found that the manager and the interim manager had not received training in how to operate a ceiling hoist, which meant they could not monitor if staff were using it correctly and assist staff if it was particularly busy.

One staff member told us, "We are offered a lot of training and there has been a staff workshop in the upstairs training room. I feel that we are supported by [manager] to develop new skills." We did not meet any members of the support staff team who were undertaking or had recently completed their induction training. The deputy manager had commenced working for the provider since the previous inspection and told us that their induction had included opportunities to shadow experienced peers, and satisfactorily complete their mandatory training and other objectives within their probationary period.

We saw that the provider was supporting staff to achieve new skills to enhance the quality and scope of their work with people who used the service. For example, the provider had introduced information technology (IT) skills training for staff which could be used for creative projects and easy read person-centred planning with people, and practical responsibilities such as ordering the supermarket shopping and booking appointments for people. At the previous inspection we had received comments from staff that they had found this new aspect of their role challenging, however at this inspection we found that staff had made good progress and were being supported by the manager to further develop their skills. For example, one experienced and long-standing member of staff was receiving IT training to support newly appointed colleagues with their induction. Records showed that staff were being supported with their roles and responsibilities and to identify their training and development needs through regular one to one supervision. Annual appraisals were being conducted to enable individual staff to review their performances and receive constructive feedback from the manager.

People who used the service were supported by staff to meet their eating and drinking needs. The care and support plans we looked at showed that people's nutritional and hydration needs had been assessed and individual plans had been implemented. For example, the care and support plan for one person evidenced that their diet was prepared to a specific consistency and texture, in line with written guidance from a speech and language therapist. The second care plan also had guidelines in place from a speech and language therapist. Our observations during mealtimes showed that people were supported in a dignified manner if they required assistance with eating and/or drinking. The staff we spoke with understood people's dietary likes and dislikes, and whether they had any cultural, religious or clinical factors that needed to be taken into account. On the first day of the inspection we saw that there were fresh vegetables and fruits, as well as ingredients to enable staff to prepare home-made meals. There were low fat snacks and some

treats, to enable people to have a balanced and enjoyable diet.

We found that the provider supported staff to work in partnership with other organisations in order to benefit people who used the service. For example, the arrangement for a person to spend a few nights at another service during the intensive period of structural work had been made with a local authority provider of services for people with a learning disability. We were aware from information received before the inspection that the provider had established positive relationships with other organisations with similar aims, for example local resource and educational centres.

Records showed that people were supported to access care and treatment from local health care professionals, which included dietitians, occupational therapists, doctors, practice nurses, physiotherapists and dentists. We saw that people had attended their annual health checks and received their required vaccines, in line with medical advice. A list was maintained in each person's file of their appointments, and any ongoing instructions given by professionals were incorporated into the care and support plans. We noted that people's health action plans had been reviewed within the past 12 months and contained useful, concisely presented information about how to meet their daily personal care needs and associated health care needs. People were always accompanied to health care appointments by staff and could be joined by relatives if they were in a position to attend.

At the time of the inspection the service was undergoing major refurbishment. The manager told us that plans were still being considered about how to use areas within the premises, which included a small flat on the top floor. Although people had their own bedroom and there was a sensory room on the first floor, other parts of the building now had to be adapted to meet the changing needs of people who had moved in to Angela House up to 25 years ago and were becoming frailer due to the ageing process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager and deputy manager told us that people who used the service were supported to go out every day if they wished to, accompanied by staff. The provider had spoken with people's reviewing officers and other local authority representatives in regards to whether people's liberty was restricted and they required a DoLS assessment.

Our discussions with staff demonstrated that they were aware of how to work within the principles of the MCA. Staff supported people to make choices about their daily routines, for example we observed staff asking people if they wanted a cup of tea and people were encouraged to participate in making their drink, with staff support. A staff member told us, "We give people choices through understanding their way of communicating with us. [Person who used the service] uses objects of reference and [another person who used the service] will use key words and gestures to tell us what he wants to do." Records showed that the provider worked with people, their relatives, external professionals and advocates whenever important decisions needed to be made in a person's best interests.

Is the service caring?

Our findings

People who used the service were not able to talk to us about whether staff supported them in a kind and caring way. We spent time in the lounge and kitchen/diner and observed how staff interacted with people. There was a calm, cheerful and relaxed atmosphere. We saw that staff greeted people warmly when they arrived at the premises to start a shift. One staff member went up to each person and interacted with them in an individual way that was meaningful for the person. Some of the staff had worked at the service for more than 20 years and had developed important relationships with people and their relatives, as they had supported people through illnesses, bereavement and difficult changes, as well as happy times such as holidays, special outings, birthdays and other celebrations.

Other staff told us that they had worked at the service for a shorter time and they too felt strongly about the unique and extraordinary qualities of the people who used the service, including their sense of humour, friendly disposition and determination to overcome complications caused by illnesses and/or physical disabilities. Another staff member said, "This is the residents home and we are here to support them to lead happy lives." The management and the staff team demonstrated a commitment to providing person centred care, which was reflected in how they spoke with people and supported them. Another member of the staff team explained to us about the actions they had taken to support a person when their relative was not able to visit or contact them due to their own health care needs. We saw that the staff member had acted in a manner that showed genuine concern and fondness for the wellbeing of the person who used the service and their relative.

At the time of the inspection people who used the service did not have any specific cultural and/or religious needs that they wished to be supported with. One person understood a well-known continental song performed in a language that reflected their heritage. One member of staff spoke this language fluently and chatted to the person in a way that they found familiar and comforting. Other staff had learnt the words for the song as it had a particular importance for the person.

Our discussions with staff showed that they knew people well and understood their interests, favourite local places to visit, life histories and family backgrounds. We spoke with one member of the staff team about the actions they had taken to support a person when their relative was not able to visit or contact them due to their own health care needs. Staff described to us how they supported people to express their wishes and create their own daily routine, for example one person reached for an outdoor shoe to demonstrate to staff that they wanted to go out. The deputy manager showed us people's favourite games and toys and how these were used to create meaningful and fun interactions between people and staff.

The service had links with an independent advocate from a local voluntary sector organisation, who provided individual support for people when required. The advocate supported people to express their own wishes.

Two people allowed us to look at their bedrooms, which they had been supported to personalise. Staff spoke about people's rooms in a respectful way, as this was their private space. We observed that staff

knocked on doors before they entered and ensured that people's privacy was maintained when they supported them to use the bathroom for personal care. All of the people who lived at Angela House were male and they were supported by a team of male and female staff. The provider was able to meet people's wishes to be supported by a staff member of their own gender for personal care, if required. Confidential information about people was securely stored.

Is the service responsive?

Our findings

We saw that there were suitable systems in place to ensure that people's needs were regularly assessed and reviewed. The local learning disability partnership conducted its own reviews, which were chaired by the reviewing officer and attended by people who used the service, the manager and their key worker. The manager informed us that these reviews ordinarily took place every year although the gap between reviews could be longer. Relatives were invited to attend review meetings and separately conducted person-centred care planning meetings.

The care and support plans we looked at were up to date and regular review meetings were evidenced. The people who used the service could not tell us if staff understood and met their needs but we did see that the provider was active in involving external professionals and seeking their input, to achieve the right outcomes for people. For example, one person who used the service had chosen to sleep in the sensory room rather than their bedroom for a few years. The provider had ensured that there was an appropriate sleeping area and equipment that had been assessed by a physiotherapist, so that the person had a safe and comfortable night. At the inspection we found that the person was now demonstrating an interest in returning to their bedroom at night time. The manager and staff had developed a transition plan to support this, with the involvement of a psychologist.

People who used the service were supported to meet their social needs. We looked at the activity programmes for two people and noted that they were assisted to attend activities in the community that reflected their needs, interests, wishes and abilities. There were usually two activities planned for each day although staff told us that there was an inbuilt element of flexibility. For example people who enjoyed going for strolls at the park were offered an indoor activity if the weather wasn't suitable and their park trip was scheduled on a more suitable day. We saw that one person attended weekly yoga and singing groups at a local resource centre, in addition to 'intensive interaction' sessions at the same venue. Staff explained to us that these sessions provide people with an enjoyable environment to develop their communication skills and can positively impact on any behaviour that may challenge the service. Other activities included a fortnightly pub trip, a weekly outing for lunch and regular visits to a barber. The activities programme for a second person showed that they also had activities in the community on most days of the week, in addition to pursuits at home. We saw that people had their own interests and this was supported by staff, for example looking at magazines, playing with specific types of toys, using the sensory room and receiving aromatherapy treatments from a visiting therapist.

The manager and the staff team were aware of their responsibilities in relation to the Accessible Information Standard (AIS). Since 1 August 2016 all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information support needs of people who use services and their informal carers with a disability, impairment or sensory loss. We saw that people who used the service were supported by staff who understood their disabilities and had implemented a range of communication systems, in conjunction with advice from external professionals including speech and language therapists and psychologists. This included the use of pictures, objects of reference and Makaton.

We were also aware that the area manager and other staff had taken into account the individual needs of a person's informal carer in line with the AIS.

At the time of the inspection there were no complaints from the relatives or representatives of people who used the service. The provider had received complaints from an external source, which were in the process of being investigated by the local authority. The provider's complaint procedure was available in an easy read format as well as a standard format. Complainants were advised that they could inform the Care Quality Commission of any concerns and refer their complaint to the Government Ombudsman if they were not satisfied with the provider's own investigation.

At the time of the inspection none of the people who used the service had end of life care needs. Where possible, people's key workers had gathered information about people's wishes and the views of their relatives, for example if families had any cultural requirements and if funeral plans had been purchased. Discussions with the management and staff team demonstrated a clear view that Angela House was the permanent home of the people who lived there. We were told that arrangements would be made whenever necessary to support people to remain at home, with the support of palliative care specialists and other community health care professionals.

Is the service well-led?

Our findings

At the previous inspection we issued a breach of regulations in relation to the provider's effectiveness to monitor the quality of the service and implement appropriate actions to ensure the safety and wellbeing of people who used the service. Our findings had included the unsuitable storage conditions for prescribed medicines, a delay in the completion of an accident form for a person who used the service, the hygiene of the premises, and the displaying of an outdated Care Quality Commission (CQC) inspection report in a prominent area at the home with an invalid rating. Following the previous inspection a relative had informed us that while they were pleased with how staff supported their family member, they were concerned at the deterioration of the premises due to the flood damage in 2016 and hoped that this could be rectified as soon as possible. This view had also been voiced by members of the staff team. In addition to these issues, some staff had reported to us during the previous inspection that they felt anxious about the management approach at the service and they cited examples of when people's needs had not been met in a manner that upheld their entitlement to dignity and respect. We also received comments from staff that they needed more training to acquire IT skills to produce electronic care and support plans.

At this inspection we found that this breach had been satisfactorily met, although other concerns about the monitoring of the safety of the premises have been identified within the Safe section of this report. The provider demonstrated that they had looked at the areas of concern found at the previous inspection and worked with staff in an open manner in order to improve the service. Minutes from team meetings and other training and forums held with staff showed that the inspection report was discussed and staff had been asked for their opinions. At previous inspections we had been told by some members of the staff team about the impact of several experienced and long-standing staff having left the service due to retirement. This had occurred within the timescale of approximately one year and staff stated that they acutely felt the loss of managerial and peer colleagues they respected. At the previous inspection the area manager told us about the provider's plan to hold team building meetings and other exercises, to support staff to move forward and develop their practice in line with current ideas and national guidance about good practice. There was also a proposal for staff to visit a similar service within the borough operated by the provider to look at how other established members of staff had embraced new ways of working with people who had similar disabilities and health care needs.

At this inspection we were shown the planning documents for the workshops and the posters that staff had created about how they wanted to improve outcomes for people who used the service. The provider had held three team development days, which provided opportunities for staff to express their concerns in a group or individual setting. Following the inspection the provider confirmed that the senior management team and the human resources team were continuing to support staff. The minutes for a team meeting in March 2018 showed that very experienced and long-standing staff were asked to share their knowledge and skills with newer staff about how to support a person who used the service during specific aspects of their care. At the previous inspection we had noted that health care professionals had observed that some staff had not demonstrated a willingness to listen to external professionals and take on board their advice. At this inspection we found that a speech and language therapist had written positive comments about the level of interest and positive approach shown by several members of staff during their participation in an intensive

communications project conducted at the service.

At the previous inspection we noted that the provider had appointed a permanent manager and the plan was for this manager to apply to the CQC for registered manager status. Our discussions with the area manager and our review of records showed that the application was made but was delayed due to administrative issues. The area manager confirmed that she had re-submitted the required documents to CQC. At the previous inspection we had commented on the difficulties the provider had encountered to recruit and retain a suitably qualified and experienced deputy manager. At this inspection we met the recently appointed deputy manager and talked to them about their induction and their prior background within health and social care. The deputy manager told us that they felt well supported by the provider and explained that they had previously undertaken managerial and supervisory roles at a registered care home for adults with a learning disability in a nearby London borough.

The provider had a clear vision about its aims and how it endeavoured to support people who used the service. The provider's website stated, "Yarrow's philosophy is about value and choice, valuing people with learning disabilities and providing a level of choice in their lives." As an organisation with a range of services across London, the provider demonstrated a clear commitment to its philosophy. For example, the provider had enabled people who used their registered care homes, supported living services and other community services to participate in a meeting with the shadow government's minister for disabled people held at a Yarrow resource centre in May 2018. This was a chance for people and members of staff to learn about the minister's political and personal perspectives about the needs of people with a disability and give their own views. Other people who used Yarrow services broadcast a weekly programme on a non-profit community radio station for London audiences. These opportunities were in line with the provider's view that people who used their services should be supported to live their lives as equal and valued members of society. We noted that although these particular initiatives were not suitable for the more dependent needs of people who lived at Angela House, the planning and delivery of people's care and support and the training and development programme for all staff incorporated the provider's stated aims and principles.

We received mixed comments from members of the staff team about the culture at the service. Some staff reported that they were very happy working at the service and found the manager approachable and helpful. Other staff were either reluctant to express their views or stated that the manager's approach was not professional, amenable and accessible at all times. This showed that the provider had not yet achieved its aim of a cohesive and fulfilled staff team and further work was necessary. As part of the inspection, we met with the senior management team and discussed issues at the service, including allegations with information of concern sent to the local authority and CQC by an external source. The provider requested this opportunity to speak with us in order to explain the actions they had taken in response to the information we had received. We found that the provider had acted in a transparent way with statutory agencies and had asked the local authority to investigate these concerns through safeguarding protocols and reviews of people's care. We did not receive any comments from the relatives of people who used the service. At the previous inspection the relatives of two people told us that they were invited to review meetings, observed that staff were caring and were kept informed about the wellbeing of their family members.

There were systems in place to monitor the quality of the service. The area manager told us that she spent a day at the service every week, unless there were urgent issues to attend to at other services within her portfolio. The manager and area manager monitored people's risk assessments, care and support plans, health action plans and reviews, to ensure that they were up to date and required actions were being followed by staff. The manager also checked that staff adhered to the carrying out of the routine health and safety checks, for example water temperatures, fridge temperatures, cleaning schedules, fire alarm checks,

the testing of the emergency lighting, smoke and carbon monoxide detectors checks, and fire drills. We found that these were being completed in line with the provider's policies.

The provider had developed a range of initiatives to ensure that people benefitted from its approach to working in partnership with other organisations. For example, the provider hosted events to support people who used the service and members of staff to understand their health care needs and learn strategies to improve their health. External health and social care professionals from the NHS and other organisations gave talks and demonstrations. The most recent health fair was about mental health and managing stress. Within Angela House, we saw that there was active partnership working with the professionals involved in the care and treatment of people living at the service.

The provider had appropriately informed the CQC about notifiable events, as required by legislation. The current rating of the service was displayed on the provider's website and on a noticeboard within the premises.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not always provided with a safely maintained home and equipment. 12 (1)(2)(e)(f)