

Yarrow Housing Limited

Richford Gate

Inspection report

52-53 Richford Gate
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London
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30 May 2019
31 May 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Richford gate is a care home for adults with learning disabilities. At the time of our inspection there were eight people using the service living in two adjoining flats.

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.

People's experience of using this service:

At the last inspection we found a breach of regulations regarding good governance. This was because records relating to health and safety were incomplete and not checked by managers to make sure they were correct. At this inspection we found this service was meeting this regulation. There were new systems in place to audit and check records and these were effective.

People told us that they found staff kind and caring and approachable. Relatives we spoke with were also positive about the approach of the staff team and they knew who to speak to if they had concerns about the service.

People were supported to maintain and develop their independence and to access the community to carry out activities of their choice. Support plans were developed with people during regular reviews. People were encouraged to set and meet goals for their lives.

People using the service had regular opportunities to speak up and had access to advocacy services to help protect their rights.

There was a new management team which had recently started following the resignation of the registered manager. The management team had ensured people and their relatives knew them and could speak with a manager when needed. Managers were implementing new systems, auditing files and simplifying documents and care workers told us these actions were helping them.

Aspects of the building required maintenance, including to meet fire safety recommendations. The provider had worked with the landlord to implement these. The staff team had worked with people to reduce clutter and improve the overall appearance of the service.

Care workers received enough training and supervision to carry out their roles and were recruited in line with safer processes.

The provider worked with other agencies to help people stay healthy. People were supported to eat and

drink and make choices about these daily activities. The provider sought advice from dietitians when people were at risk of malnutrition. Sometimes people chose to continue to have unhealthy food, and there were not detailed plans on how best to encourage healthier choices. We have made a recommendation about this.

Rating at last inspection:

At our last inspection in February 2018 we rated this service 'requires improvement'.

Why we inspected:

This was a routine inspection.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Richford Gate

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

Richford Gate is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The building was owned by a housing association, who were responsible for carrying out maintenance.

The service did not have a manager registered with the Care Quality Commission following the resignation of the manager in March 2019. A registered manager is a person legally responsible with the provider for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced on the first day. The provider knew we would be returning on the second and third days.

What we did:

Before the inspection:

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about.

We asked the provider to complete a provider information return (PIR). This is a document which asks for certain information about the service, including what they think they are doing well and their plans to develop the service in future.

During the inspection;

We visited the service on 29 and 30 May 2019. On 31 May we visited the provider's head office to check personnel records.

We spoke with four people who used the service.

We looked at records of care, support and medicines management for three people.

We looked at records of health and safety checks, training and staffing rotas and personnel records for four support workers.

We spoke with two care workers, the interim manager and deputy manager.

After the inspection:

We made phone calls to three relatives of people who used the service and a further three care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Care workers received training in safeguarding adults and understood their responsibility to report suspected abuse. Staff were confident that their concerns would be taken seriously.
- Where alleged abuse had occurred, the provider had worked with the local authority to investigate this and safeguard people using the service.
- People using the service discussed forms of abuse in regular tenants' meetings.
- People were safeguarded from financial abuse and loss. There were daily checks of money stored on behalf of people; these and people's bank accounts were reconciled once a month and checked by keyworkers and managers. People's financial records were also audited by the providers finance team.

Assessing risk, safety monitoring and management

- The service had personal evacuation plans in place for each person using the service and carried out regular fire drills. These were used to assess whether people were willing and able to evacuate the premises and identify who would need additional encouragement to leave the building.
- A recent inspection by the London Fire Brigade had identified several fire safety issues that needed to be rectified by the landlord. The provider had complained to the landlord when these were not carried out promptly and work had commenced to rectify these during our inspection.
- The provider carried out health and safety audits and other checks such as gas, water and electrical safety were up to date.
- People had risk assessments in place to cover activities which may not be safe. These covered a range of daily activities and described the control measures taken. Risk assessments promoted positive risk taking by considering the benefits as well as the risks of doing an activity.
- Where a person was at risk of choking there was a risk assessment in place to cover this. Support workers we spoke with understood this risk and explained how they managed this and recorded the support they had given the person at each meal.

Staffing and recruitment

- Staffing levels were planned to meet people's needs. The provider kept this under review and had worked with the local authority to introduce more support hours when people's needs had changed.
- At times the service was short staffed due to sickness. Care workers and managers tried to arrange cover for these times, but this was not always successful. There was no evidence that this staffing level was unsafe. The provider told us they were able to call on staff from other services when needed, but there was a lack of clear guidance for staff on what would constitute unsafe staffing levels based on individual's changing needs and how to respond to this. The provider carried out a risk assessment about this after our inspection.
- The provider operated safer recruitment processes. This included obtaining proof of identification, a full work history, references from previous employers and a check with the Disclosure and Barring Service (DBS).

The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment choices. Information was reviewed by the provider and inconsistencies were followed up before people received an offer of employment.

- Relatives told us that staff often left the service, but that when this happened it was handled well so as not to cause disruption to people.

Using medicines safely

- People's medicines were managed safely. Medicines were now kept in locked boxes in people's rooms. People had medicines plans in place, including the use of medicines taken 'as needed' (known as PRN) and homely remedies. Support workers were trained in administering medicines and managers had carried out checks of their competency.
- Support workers completed medicines administration records (MAR) charts. These were fully completed with no gaps or anomalies.
- There were extensive checks in place to ensure that medicines had been given as planned. This included requiring a second member of staff to witness medicines support, carrying out checks three times a day of MAR charts and counting all medicines to ensure that balances were as expected. Medicines were no longer supplied in blister packs by the pharmacy, which meant that these checks impacted on staff time.

Preventing and controlling infection

- Support workers received training in infection control and we saw examples of personal protective equipment being worn when staff were preparing to carry out personal care.
- Food was stored safely in fridges with regular checks of fridge temperatures and disposal of expired food. There were colour coded chopping boards to reduce the risk of cross-contamination.

Learning lessons when things go wrong

- The provider had systems for recording when incidents, accidents and near misses had occurred. This included the immediate actions taken after the incident, how managers had investigated what had happened and changes that had been made to prevent a recurrence.
- Where a serious medicines error had occurred the provider had sought medical advice. A manager had investigated this and identified the cause and as a result had placed an additional divider into the medicines pack to prevent the mistake recurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support plans were used to assess people's skills and needs in key areas of daily living.
- Support plans contained detailed information on people's choices, including whether they were comfortable receiving care or support from a staff member of a different gender.
- Policies and procedures were kept up to date with current legislation, including those relating to data protection and mental capacity.

Staff support: induction, training, skills and experience

- Support workers told us that they received enough training to carry out their roles. Care workers had access to a detailed training programme and told us they could access additional training if required. The provider sent regular information to managers on what training was available and when refresher training was due.
- Care workers told us they received regular supervision. Some supervision notes had been lost at the time of the previous manager's departure and the new management team had carried out supervisions to ensure that this was up to date.
- New staff received a suitable induction into the service. A staff member told us "I've been welcomed and had a good induction." New staff members had detailed probationary reviews to ensure that they had developed the appropriate skills and values. These reviews were also used to identify further training and areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to prepare and choose their own meals. People had access to fresh fruit and vegetables and staff ensured that people had food which met their dietary choices, included pescatarian and vegetarian meals. Support workers documented what people had eaten and drunk.
- Where people were at risk of malnutrition, or needed to gain or lose weight, the provider had referred people to seek advice from a dietitian. Sometimes people ignored this advice and chose to continue to have unhealthy diets including high amounts of takeaways.
- People's choices were respected, but the provider lacked a detailed and consistent approach for encouraging people to make healthier choices. We recommend the provider seek advice from a reputable source about supporting people to maintain healthy diets.

Staff working with other agencies to provide consistent, effective, timely care

- The provider sought input from specialist services including psychologists, dietitians and stroke and memory clinics. We saw examples of recommendations being followed, and recording being put in place to provide accurate information for specialists.
- The provider had worked with a local employment service to support a person to find work.

Adapting service, design, decoration to meet people's needs

- One person had a visual impairment, and the provider had followed a recommendation from a healthcare professional to provide contrasting furniture in the toilet to aid their use of this facility.
- Aspects of the building were in poor repair, for example tiling in one bathroom was incomplete and there was a small hole in the staff room ceiling. The provider had identified these and reported them to the landlord, and there was now a plan in place to address these. We observed repair works taking place during the course of our inspection.
- The service had worked with people to remove clutter from communal areas and ensure that spaces were easier to navigate.
- Staff had a single portable alarm which would alert them to callers at the door and the front door being opened. This meant that staff were able to monitor the safety of the service whilst still providing support to people when needed.
- People had been supported to select new colours for the walls in their rooms and communal areas.

Supporting people to live healthier lives, access healthcare services and support

- People's plans were detailed about their health needs, including ongoing conditions and how these were managed. People's health and wellbeing were discussed in their yearly reviews with agreed actions for the year ahead.
- People were supported by staff to attend appointments as required.
- People had hospital passports which were reviewed regularly. A hospital passport is a document which contains key information on people's needs and preferences to support hospital staff to meet their needs.
- People were weighed monthly with their agreement, and where weight gain or loss was noted the provider took further action such as seeking advice from a dietitian.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One person was subject to restrictions on leaving the building due to the risks of becoming lost. The provider had met requirements to apply to the local authority under DoLS. Support workers ensured that other people using the service were able to open and close the door so that their liberty was not restricted.
- The provider used person centred reviews to ensure that people were fully involved in agreeing their plans of care and support.
- Where there were concerns about people's capacity to make particular decisions, the provider had worked with the local authority to carry out detailed assessments of people's understanding. This included using real money to assess people's understanding of large and small amounts. Where people did not have capacity to make certain decisions, person centred reviews were used as part of a best interests' process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's plans contained information about how they liked to be supported, and things that people did not like or could cause them distress.
- The provider had discussed with people their views on being supported by staff of both genders and who they wouldn't want to receive personal care support from. The provider ensured that male staff were on duty to support people who only wanted to be supported by men.
- People's profiles included how people chose to express their sexuality and how they viewed their self-image and relationship needs. This included whether people liked physical contact with others or whether they preferred to avoid being touched.

Supporting people to express their views and be involved in making decisions about their care

- People using the service had access to advocacy services. Advocates had been active in identifying where people's needs were not fully met and had supported people to raise their concerns with the provider and the local authority where necessary. This included where people were not happy with aspects of the way the provider supported them, and when the support hours from the local authority did not allow their needs to be fully met.
- The service held weekly tenants' meetings, which were used to plan upcoming activities for people, weekly menus and to update people on changes that affected the service. Tenants' meeting were used to discuss house rules and to engage people in activities and running the house.
- There was information on how best to communicate with people, including how people used language and the most effective communication strategies for providing information for people.
- We saw people were asked if they gave permission for contractors to carry out works in and around their rooms. Areas of the building did not have access to the internet. This impacted on people's wellbeing as people were not able to use tablets and laptops; some people we spoke with told us they wanted to be able to use streaming services. The provider had raised this with the landlord and had received agreement to install wi-fi.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop skills and become more independent. We saw examples of people doing things for themselves and people were supported to identify new skills they wanted to learn. One person told us "I clean my bathroom, I clean my clothes...it's my choice."
- People's support plans were detailed about what daily living activities people could do for themselves, what they needed help with and what they wanted to achieve in future.
- The provider had recently introduced active support systems in the service. This is a way of identifying what parts of a task people can do for themselves and ensuring that independence is promoted by allowing support workers to take a consistent approach. It was too early to judge its effectiveness in this service, but

support workers we spoke with gave us examples of where this had helped them identify tasks people were already able to do independently. A care worker told us "it's good to have consistency in how things are done."

- People using the service told us that support workers protected their privacy and dignity and always knocked on their doors.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had person centred plans, which were reviewed with people every year. Plans were used to identify people's likes and dislikes and to set personal goals with people, including new skills they would like to develop or new activities they wished to try, as well as discussing what the person was finding difficult. The service had recently supported a person to go dating and they subsequently had started a relationship.
- Where people had behaviour which may challenge others, the service had devised positive behaviour support plans which highlighted the possible signs and triggers of a person becoming upset and suggested early interventions to avoid this.
- Support workers were responsive to people's needs. We saw examples of where staff members were carrying out checks and audits but paused doing this to address the early warning signs of a person becoming upset or agitated.
- Plans included the support people needed to access the community, such as whether people were able to use public transport or navigate safely. People we spoke with told us they enjoyed going out with staff to do activities of their choice. People had accessible weekly timetables with ideas on how they could spend their free time.
- The service assessed people's ability to understand information and provided this in easy read or pictorial formats based on people's needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable policy for investigating and responding to complaints. People and their families knew how to complain and were confident raising concerns with managers.
- People using the service had a regular forum to raise concerns about issues affecting the service.
- An advocate had raised with the service that a particular person did not like being given their medicines in a communal area. As a result of this information the provider had spoken with people using the service to work out where they would prefer to receive this support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the service was not meeting this regulation. This was because there were not enough checks of the quality of the service and records were often incomplete. At this inspection we found the provider was now meeting this regulation.

- There were effective systems of handing over information between shifts, which included checking finances and medicines and updating the next shift on people's wellbeing and needs. We saw that these systems were followed by staff, including when managers were not present in the service.
- Managers operated a 'read and sign' file to ensure that support workers had read new and updated documents and understood the contents. Support workers were also now required to sign entries in the communication books to show they had read them.
- The new management team had carried out a detailed audit of files and had provided detailed feedback to keyworkers on what needed to change, and work to implement these improvements was underway. Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
- The service did not have a registered manager in place following the resignation of the registered manager in March. We have not limited the provider's rating in this area as this had only recently happened. The provider had appointed a new deputy manager and had an experienced manager from within Yarrow overseeing the service until a permanent manager could be appointed.
- A former member of staff had made allegations about aspects of the service. The provider had written to families to give them the opportunity to discuss these allegations further and had worked with the local authority to investigate these.

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Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Support workers we spoke with were happy about the support they received and the way management involved them in decision making. Comments from staff included, "They have a very democratic leadership style. They listen to us because they want to" and "Their approach is very positive."
- The provider carried out questionnaires with people and their families to see if they were happy with the service. People using the service were familiar with the managers and were confident approaching them and asking for advice or help.
- Managers had introduced picture boards to indicate which support workers would be on duty each day. People engaged well with this; for example when there wasn't a photograph available of a staff member a person using the service had drawn their picture. Managers commented that lately people had also been altering the boards to indicate which staff they would like to see.

Continuous learning and improving care

- Relatives of people using the service told us they thought the service was well managed and that managers were able to include people using the service in changes. Comments from relatives included, "They have had a few changes and to be honest they've done wonders, [my family member] doesn't do changes well but has coped very well", "Everything is fine, I've always had a good working relationships with Richford Gate... if I have issues I know exactly who to go to and they're sorted out" and "They look after the staff well and they look after the residents well."
- The new management team had introduced changes to the way the service worked which were well received by staff. Comments included "most of the files have changed, things were simplified" and "There are changes but it is working really well, we are grateful for the new management."
- Managers had identified that staff required additional training in de-escalation techniques and positive behavioural support, and were in the process of organising this.
- Support workers had the opportunity to visit, and receive mentoring from, staff members in other services who had more experience in implementing some of the new processes..

Working in partnership with others

- The provider worked to collect information relevant to other agencies, for example monitoring a person's sleep pattern to make a case to increase their support hours.
- The provider worked with the landlord to ensure that changes were made to the building to meet people's needs and address issues of fire safety.