

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Old Oak Road

20 Old Oak Road, Shepherds Bush, London, W3
7HL

Tel: 02087401296

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Yarrow Housing Limited
Registered Manager	Ms. Martyne O Reilly
Overview of the service	<p>Old Oak Road is a care home for up to 6 adults. People living at the home have a range of needs including learning disabilities.</p> <p>Old Oak Road is located in Shepherds Bush West London.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

Visiting head office to look at records.

What people told us and what we found

We spoke to all six people living at Old Oak Road. They told us staff were very good and kind and supported them in being independent. One person commented "I am happy living here the staff are very good. I am more confident now with their support". Another person told us "I like living here the staff help me when I ask them, they are really helpful and respect my decisions". There were health check records for all six people with information showing where and when they had attended appointments.

Staff were trained in safeguarding vulnerable adults and all staff were aware of the procedure to follow if an incident occurred. There was a policy and procedure in place for how to report any concerns, including to the local authority.

When staff started at the service they received an induction. Staff undertook mandatory training on an annual basis, including safeguarding and health and safety. There was a procedure in place for them to undergo annual appraisals where their performance would be discussed and targets set for the coming year.

Staff at Old Oak Road monitored the services provided to the people living there and conducted health and safety checks to make sure the environment was safe. Regular questionnaires were completed by people using the service where they provided feedback on the services provided. People living at the home told us that they would be happy to raise any concerns with staff if they had any.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Three of the six people living at Old Oak Road were able to express their views and were involved in making decisions about their care. We spent time with all of the people living at the home and three people told us they were happy living at Old Oak Road. One person told us "I really like living here I am very happy". Another person told us "the staff help and support me when I ask them, they are really good and respect my decisions". Three of the people living at the home cannot communicate verbally and used different ways to communicate their needs to staff including sign language and makaton. The staff used pictures, objects and symbols to assist people in making choices. We observed that the staff were aware of how to communicate with all people in their preferred way.

We saw care plans that had information on the wishes and choices of the people living there including activities, menus and meals and how they liked to go about their daily routines. We were told by three people that their wishes and choices were respected by staff.

Staff supported people with their personal care tasks in the privacy of their own rooms or in the bathroom.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at two care plans for people living at Old Oak Road which were personalised and provided detailed information on how peoples' needs and preferences should be met by staff. We also looked at the Person Centred Care plans (PCP) that had been completed with the person. We were told by three people that they had a PCP and had actions plans for the future. One person commented "I want to go on holiday again this year as I had a fantastic time on holiday last year" and another person told us "I want to win at digital inclusion at Yarrow as I am practicing and getting very good". The PCP records showed how the service was working closely with the people ensuring they met their aims and aspirations.

There were risk assessment records completed in all relevant identified risk areas for the six people living in the home. Risk assessment records included environmental, moving and handling, going out into the community, behavioural and fire safety. There were records that showed that the care plans and risk assessments were reviewed every three months or more frequently if required.

Peoples health care needs were documented in a record called Health Action Plans. There were health check records for all six people with information showing where and when they had attended appointments including with dentists, opticians and other health professionals.

We discussed Deprivation of Liberty Safeguards (DOLS) with the staff on duty and were informed that there is no DOLS in place at Old Oak Road at this present time.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had been trained in safeguarding vulnerable adults. There was a policy and procedure in place for how to report concerns, including to the local authority, which staff told us they were aware of. Three of the six people living at the service told us they felt "safe" living there.

Looking at the financial procedure at Old Oak Road for supporting people with their money, showed how staff had recorded all expenditure and kept records of purchases with receipts. The provider may find it useful to note that they did not have a consent record from the six people stating that they were in agreement that their finances were dealt with by the staff.

There were two nursing students completing placements at Old Oak Road. We were told by both people they had done safeguarding vulnerable adults training and were aware of whom to speak to if they had an issue of concern.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. When staff first started working at the service they received an induction which included details of the provider and their mission statement, as well as all policies and procedures. Staff training records showed that all staff followed a training schedule that was monitored by the manager at the location and the provider's training manager. Staff spoken with told us they were pleased with the training provided.

Staff told us that they had supervision with the management team on a monthly basis and they had structured team meetings every month. All staff had annual appraisals. We were told by staff they felt supported by the managers at Old Oak Road.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who lived at the home, their families and visiting professionals were asked for their views about the care and support and they were acted on. The provider undertook regular satisfaction surveys where people were asked about the quality of the service that they had received. Recent feedback from this was positive about the quality of the service provided at Old Oak Road.

The provider produced an annual report of quality for all of their locations with action plans in place to improve on service issues. The CQC received a copy of this quality report.

We were told by three people living at the home that they attended a weekly residents meeting to discuss any issues they had and to plan the week ahead. Comments made by people included "I would be happy to raise any concerns with staff if I had any" and "I am happy living here".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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