

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

Date of Inspection: 30 January 2014

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2014

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
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Yarrow Housing Limited
Registered Manager	Ms. Martyne O Reilly
Overview of the service	Old Oak Road is a care home for up to six adults with learning disabilities. Old Oak Road is located in Shepherds Bush area of West London.
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 30 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people who use the service, two relatives, one social care professional, three members of staff and three student nurses on placement at the home and the manager during this unannounced inspection.

People said "I go out", "I do the things I want to", "I can have visitors", "staff listen, respect and give me the support I need", "I see my keyworker and have meetings", "I am involved in choosing the care I need" and "we have regular meetings".

Relatives said that Old Oak Road was a good place for people to live saying "people are comfortable", "I am involved in care planning and reviews of the care provided", "I am made welcome when I visit" and "I have not needed to make a complaint in the last few years but have confidence that issues would be addressed".

Staff said they had the required recruitment checks before they started work and had induction, training and supervision to enable them to carry out their role. Staff said that one of the things the service did well was to involve people and meet their individual needs. Students were happy with their placement and said "it is a good learning experience" and "it gives us opportunities to learn" and "I am happy with the level of care and support people are given".

We saw staff had detailed knowledge of people and how to meet their needs. People were involved in the day to day running of the home. Records were up to date, medicines were administered safely and the home was kept clean.

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 privacy, dignity and independence were respected and their 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

People told us that staff respected their privacy and dignity, spoke with them properly and called them by their name. They said "staff listen", "staff respect me" and "they know me well". Visitors said that they felt staff were respectful and knew how to meet people's needs.

The provider had policies and procedures for staff regarding respecting individuals. Staff said that their induction covered how to maintain people's privacy and dignity. We saw that doors were closed when staff were providing support with personal care. We saw some good examples of individualised care being provided during our visit and in records seen.

Staff gave examples of how they offered people choices in their day to day living regarding activities, meals and clothing. People told us "I have visitors", "I go out", "I do the things I want to do" and "staff support me, they don't do things for me".

Assessments were completed before people moved in. This ensured that the service was suitable for the individual. The manager told us that they would develop an introduction programme for a new person before they moved in which would include visits to the home to meet the people who live there and staff.

The provider had developed information about the service that included details of staff, their experience and training and the aims of the home. Two people said that it had been their choice to move into the home.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that staff gave them the care and support they needed. We saw that bedrooms had been personalised to the individuals taste with pictures, photographs and belongings that were important to them. People told us that they had all they needed in their room.

We saw that care plans were in place and that these important documents were updated and reviewed when there was a change in need. These documents were written in a person centred way. We saw that people identified goals they wanted to achieve. Staff told us that they worked with individuals to meet their goals. Annual reviews of care were carried out.

People's health needs were recorded so they could be met. Staff told us that they were available to make and attend medical appointments with individuals. People confirmed that staff supported them to attend appointments with the doctor.

Systems were in place to meet people's different needs. Staff completed training and were able to use the different communication systems people used. Staff were aware of individual's religious, cultural and medical needs and said that they were able to meet these.

Capacity assessments were completed regarding people's finances and provision of personal care. Staff completed risk assessments around health and safety, fire evacuation and accessing the community. This identified risks and actions staff should take to minimise risks for individuals.

The manager told us that Birthdays were celebrated. People who used the service confirmed that this was the case and said "I choose how I want to celebrate". Relatives said that Christmas had been a positive experience for people at Old Oak Road.

Each person had a weekly timetable of activities and outings they participated in. We saw that people went out to a variety of groups, sessions and activities to meet their individual needs. An aromatherapist visited the home once a fortnight to see five of the people.

During our visit one person had been out to a group, one person had attended their annual review and spent time with their relative, one person went to see their relative and we saw student nurses spend time with two people talking about their photographs and watching the television. In the evening people spent time in their rooms or watched the television in the lounge.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People said "I like the food", "it's usually good", "we choose what we eat" and "if I don't like it I can have something different". People said that they had enough food and drink. Relatives said there was enough food.

Staff told us that people chose the menu at house meetings and were involved in shopping, cooking and clearing away to promote their independence. Pictures and other systems were used to ensure all people who used the service were able to participate in these important activities.

Staff were available to provide suitable support to people with eating and drinking. The manager told us that staff completed training on the specific support individuals needed. This ensured staff had the knowledge to meet people's needs safely. Staff and students we spoke with confirmed that they had received the training and information to enable them to provide appropriate care and support. We saw that individuals had appliances and specialist cutlery and crockery to promote their independence and maintain their self-help skills.

Records indicated that people were weighed regularly and any concerns were reported to the doctor and other health professionals as required. We saw that people had been referred to dietitians, occupational therapists and speech and language therapists for assessments. Guidelines developed by therapists were incorporated into care plans and were clearly recorded for staff to follow. One person we spoke with was clear about the guidelines developed by a health professional and said that staff supported them to follow them.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and they were cared for in a clean, hygienic environment.

Reasons for our judgement

People told us that they kept their rooms clean and staff were available to help them when required. Relatives and visitors said the home was always clean. All areas we saw were clean and tidy.

Domestic staff were employed to maintain the communal areas and staff worked with people who use the service to keep their rooms to a good standard of cleanliness.

Staff were aware of the risks of cross infection and were clear about how to protect people who used the service and themselves from harm by washing their hands and the appropriate use of personal protective equipment.

We saw separate mops and buckets were used for communal areas, bedrooms, the kitchen and bathrooms. Staff said that they had access to sufficient cleaning materials to keep the home clean. Clinical and domestic waste was stored separately both inside and outside of the home and suitable arrangements were in place for its safe collection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that medicines were being safely administered to people using the service. We observed people being given their prescribed medicines during our visit and saw that they were given in a safe way.

Medicines were kept securely in a locked cupboard and staff administered medication to one person at a time ensuring the individual had taken the medication before recording each as given.

Medicines were administered from blister packs filled by the pharmacist. Systems were in place for these packs to be checked by staff when they were received at the home. A check was made of medication each day and the daily staff handover sheet included checking medication had been administered as required. We saw the Medication Administration Record Sheets were signed and up to date and the right number of doses had been administered to people from the blister packs. An audit of one boxed medication identified the balance was correct.

The provider had clear policies and procedures for medicines handling and administration. Staff handling medicines received competency training to make sure they had the necessary skills and knowledge to undertake this important task. This training was refreshed each year and the manager carried out an observation of individual staff every six months to ensure appropriate standards were maintained.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Accommodation was provided over two floors and a lift was in place for people who were unable to use the stairs. Two bedrooms were on the ground floor with the rest on the first floor, as people who use the service age and their physical mobility deteriorates this may become an issue for individuals.

People had hoists which enabled staff to move them safely from their wheel chair to their bed or chair as required. Systems were in place for these hoists to be serviced and checked regularly. The manager told us that staff completed training in how to use this specific equipment to ensure people's needs were met safely. We saw that people had walking equipment which enabled them to move around the home independently. Staff said that they had access to the equipment they needed to meet people's needs. Hand rails were in place around the corridors which helped some people move around the home.

Staff carried out a monthly safety check of the property and any issues were identified and reported to the housing association to be addressed. We saw the last few checks with no issues raised.

The provider may like to note that while the windows in the bathroom and shower rooms were frosted, with the lights on this did not afford complete privacy and consideration could be given to the provision of blinds in consultation with people who use the service. The manager told us after our visit that this would be discussed with people who use the service.

Where oxygen was used and stored there should be labels on the door to inform people so their safety could be maintained. The manager told us after our visit that a sign had been placed on the door, alerting people that oxygen was stored inside the room.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Two people told us that they had completed training in how to interview and had been involved in staff recruitment. They said that this made them feel involved in how the home was run.

The provider had suitable policies and procedures for staff recruitment which included people attending for interview, references being sought and a Disclosure and Barring Scheme check being completed. These records were kept at the organisations head office and the manager told us that she received confirmation that the checks had been completed before new staff started work. Staff we spoke with told us that they had the required checks before they came to the home.

New staff received an induction. This ensured that they had the knowledge and information they needed to provide care and support to people. Staff said they had read policies, spent time reading care plans and shadowed more experienced staff to help them get to know individuals and how to meet their needs.

Staff said they had supervision every month and received the support they needed. We saw that staff meetings were held every month and these were used to keep staff up to date with changes within the organisation and any changes in people's needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

People we spoke with said that they felt able to raise any concerns or complaints they may have with staff or the manager. One person told us that they had made a complaint over a year ago which had been investigated and dealt with to their satisfaction. Another person said they had complained a few years ago and the issue was resolved.

The provider had developed policies and procedures for dealing with complaints. The complaints procedure was in written and pictorial format so it was accessible to all people who used the service. The manager told us that they had not received any complaints during the last year and that they would record any complaints and actions taken.

We saw monthly visits carried out by the provider contained positive comments that were shared with staff. The provider carried out quality assurance surveys and we saw comments from the most recent feedback to be positive, noting that "staff are professional" and "Old Oak Road is warm and friendly".

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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