

Affinity Trust

# Yeoman House

## Inspection report

19B Yeoman House Bridge Meadow  
Great Sutton  
Ellesmere Port  
CH66 2LE

Date of inspection visit:  
19 October 2021  
29 October 2021

Date of publication:  
09 December 2021

### 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

Yeoman House provides personal care and support to people living in their own homes, using the supported living model. The service specialises in supporting people with autism. At the time of our inspection two people were using this service.

People lived in flats which they held the tenancy for. The staff office was located in the same building. Everyone needed support from staff 24 hours a day and their support had been designed to meet their assessed needs and choices.

### People's experience of using this service and what we found

People received safe care and treatment. Care records provided detailed information for staff on how to safeguard each individual and minimise the risk of harm. People received their medicines when they needed them, and accidents and incidents were reviewed to look at ways to prevent similar incidents occurring in the future. Staff recruitment was safe and staffing levels were based on individual's needs. Staff had received training in infection prevention and control (IPC) and followed national guidance in relation to COVID-19 testing.

People's needs had been robustly assessed prior to them receiving care. Referrals were made to health and social care professionals when needed and their advice was followed. People's dietary needs were met, and people were involved as much as possible in the preparation of their own meals and drinks. Staff received the training and support they needed to meet people's specific needs and deliver safe and effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about their care and support; told us the staff were kind and caring and knew them well. People were encouraged to learn new skills and be as independent as possible. Staff supported people to live the lifestyle of their choice. People were treated with dignity and respect and their communication needs were met.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care, the way staff provided care and support and the leadership of the service promoted people's choice, community inclusion and independence.

Right support:

- As far as possible, people were in control of how they lead their lives and were supported to learn and maintain daily living skills.

Right care:

- People were treated as individuals and their personal preferences were known and upheld by staff that knew them well.

Right culture:

- Positive relationships had been formed between people and the staff that supported them. The provider engaged and included people in all aspects of their support, including the selection of new staff. Staff were proud of how they worked together as a team to ensure people were supported to make decisions for themselves and lead the life they wanted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 26 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected since registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Yeoman House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

This service provides care and support to people living in their own homes using a supported living model. This enables people to live as independently as possible in their community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have had a manager registered with the Care Quality Commission. That meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service three days' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 October 2021 and ended on 29 October 2021. We visited the office location on 19th October 2021.

### What we did before the inspection

We reviewed information we had received about the service since it had become registered with the Care Quality Commission. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the local authority for feedback. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service and two people's relatives by telephone about their experience of the care provided. We also spoke with seven staff members including the manager, team leader, two support workers, operations manager, a director and a positive behaviour specialist; this was a mix of in person and video call conversations. We visited the office and reviewed a range of records. This included two people's care records and medication records plus a range of records relating to the management of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at staff files in relation to recruitment and support; and a variety of other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The manager was aware of the local protocols for making a safeguarding referral and had followed them appropriately.
- Staff were trained in how to recognise abuse and how to raise concerns should they suspect abuse had taken place. One staff member commented, "I would always report any safeguarding concern straight away and so would all the other staff."
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves. Regular checks of people's money were completed to ensure they were being managed appropriately. We checked and found these systems to be correct.

Assessing risk, safety monitoring and management

- People's needs had been robustly assessed; and care plans had been developed to minimise any risk to people's health and wellbeing.
- The service was not risk averse, people were supported to take positive risks. However, staff supported people to minimise risks to their health and safety in the least restrictive way possible.
- Staff had access to guidance on how to recognise if a person was becoming anxious and the strategies to use to support the person, minimising the risk of any potential harm occurring.
- Each person had a personal emergency evacuation plan which was developed with them which explained how they should evacuate their home in the event of an emergency. One person confirmed they had taken part in fire drills to practice evacuating the building and told us where the assembly point was.

Staffing and recruitment

- There were enough suitably trained and experienced staff on duty to meet people's needs. Staffing levels were based on an assessment of each individual's needs and were maintained. This meant that people's trips out and activities were not restricted by the hours that staff worked.
- Relative's and staff told us there had been quite a high turnover of staff when the service first opened but that this had improved. One member of staff told us, "It's been tough getting the right people, but it has been worth it." A relative told us, "Staff turnover was really high at first but it's better now."
- Staff were recruited safely. All required checks were completed prior to staff being deployed to work. One person told us they were involved in the recruitment of staff that would support them. They explained they were asked what qualities and skills they would like their staff to possess and had the opportunity to interview them as part of the recruitment and selection process.

#### Using medicines safely

- Medicines were managed safely, and people received them as prescribed.
- Medicines were only administered by staff who had the correct training to do so and comprehensive records were maintained.
- One person told us staff managed their medicines for them. They got them on time and could ask for pain relieving medicines when they needed them.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infection. Staff used PPE as required and had ample supplies. A relative told us, "They always wear PPE. I've no concerns about anything".
- The service had a COVID-19 risk assessment and contingency plan in place.
- Management and staff took part in a COVID-19 testing regime in line with government guidance.

#### Learning lessons when things go wrong

- There was a system in place to monitor accidents and incidents. Accidents and incidents were reviewed on a regular basis by the manager and positive behaviour support specialist. This enabled them to analyse trends and identify any lessons to be learnt.
- Staff knew how to respond to, record and report incidents and accidents safely.
- Staff received a full debrief following all incidents. Where a significant incident occurred, there was a full review of the individual supported. This included a review of techniques with trainers to minimise risk.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 needs were robustly assessed before they received a service. This information was used to develop risk assessments and care plans which reflected current standards and best practice guidance.
- People's relatives confirmed they had been able to discuss their loved one's care needs and wishes with staff as part of this process.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff completed an induction to the service before working unsupervised. This included spending time shadowing experienced staff and meeting people who received a service
- Staff received the specialist training they needed to undertake their role and meet people's specific needs. The provider offered a range of ongoing training to ensure staff continued to develop skills and knowledge. The provider's positive behaviour support lead and psychologist delivered training to the staff based on any identified areas of concern they had and to build confidence of staff delivering the service.
- Staff received support from their line managers through supervision and observation of their practice. Staff felt supported by their manager. One member of staff told us, "We get supervision about every four to six weeks. It gives us the chance to discuss any issues or concerns we might have about service users. We also talk about any training we might want to do".

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

- Staff were aware of people's nutritional needs and preferences which were detailed in their care plans.
- People and their relatives told us they were involved as much as possible in the preparation of their own meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. People were supported to access appropriate healthcare services when needed and have regular health checks.
- Plans had been developed which contained detailed personal health information about people which could be shared with hospital staff if they were admitted to hospital.
- The service worked with a range of health and social care professionals on a regular basis to ensure people's needs continued to be met.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care and support was delivered in line with the principles of the MCA. Staff received MCA training and understood their responsibilities in relation to protecting people's rights. Staff respected people's right to make their own choices and asked their consent before providing care and support.
- The provider assessed people's capacity to make key decisions regarding their care and support and any best interest decisions made had been recorded appropriately.
- Restraint techniques were discussed as part of MCA and best interest decisions where a restrictive intervention was applied.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and their relatives spoke positively about the care people received and the caring nature of the staff. We observed positive interactions between one person and their support staff with whom a meaningful relationship had developed
- Although some staff were relatively new, they worked alongside staff who knew people very well. This helped them get to know people and form relationships with them.
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were identified when developing care plans.

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

- People were supported to express their views and make decisions about their care. Staff told us they consulted people about all aspects of their care. One member staff told us, "We make sure people make their own choices about what they want to do".
- People were fully involved in making decisions about the care and support they received. People's likes and dislikes were recorded in their care plans and described.
- A relative told us that staff, "Know how to communicate with [person's name] ... they have got the balance right".

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do as much as they could for themselves and were able to describe the importance of maintaining people's independence. One person told us they now needed less supervision with some aspects of their personal care and was proud of the fact they now needed no support to make hot drinks.
- A relative of another person told us their loved one was, "Not one for going out, so it is amazing they have got them out and doing their own shopping and paying for it themselves. Promoting independence wasn't happening at the last place they lived; it's 100% better than that place".
- People's privacy and dignity was respected.
- Care plans had clear information on what people could do for themselves, so staff could ensure their dignity and independence was maintained. There were plans in place to ensure staff took a consistent approach to supporting people to learn and develop new skills. One person spoke positively about how staff supported them to be independent. They told us, "I do my own laundry, staff help me with the washing machine. I like doing things myself".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their needs and preferences. Care plans were person centred, and captured people's personal histories and specific wishes in relation to the care they received.
- Staff had a good understanding of people's needs. Weekly meetings were held with individuals and professionals involved in their care, to discuss progress made into meeting their personal goals and discuss any incidents that had occurred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and a communication plan was in place which had been specifically designed for them based on a Speech and Language Therapists assessment. Staff supported people using a range of different communications styles to meet their assessed needs,
- Social stories were used to communicate and plan for significant events, such as the inspection, to aid people's understanding. This helped to prepare for forthcoming events and reduce their anxiety levels.
- One person showed us a range of photographs of activities they enjoyed and explained how they used these to help them choose what they would like to do. They also told us showed us a visual aid they used to aid their understanding of the things they could control, and things that were out of control; this in turn helped them to manage their anxiety levels.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service considered people's social and cultural interests when developing care plans and supported people to pursue their personal interests. One person showed us collages they had made of the places they had visited and activities they had participated in and enjoyed.
- People led active lives with activities of their own choosing according to their personal preferences. As community activities had been restricted during the COVID-19 pandemic people had been supported to find alternative ways to carry on activities and stay in touch with friends and social groups using technology.
- A relative told us explained their loved one was supported to go out and follow their interests and commented, "The last place didn't encourage my relative to go out at all but they do here; a few days a week. Staff also encourage them to do board games; the difference in them is unbelievable".

#### Improving care quality in response to complaints or concerns

- There was a system in place for recording complaints. Where complaints had been received these had been acted on and plans implemented to bring about improvements.
- People confirmed they were aware who to speak to if they needed to raise a complaint. One relative told us, "I've no complaints about them at all; the staff are lovely. If I had any concerns, I'd raise them anyway and let social services know. I've nothing but praise for them really. My relative would definitely say if they weren't happy there."

#### End of life care and support

- Nobody was receiving support with end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke highly of the service they received. They told us the service was well led and well managed.
- The service made referrals to external health and social care teams when people's needs changed. This helped to mitigate risk and improve outcomes for people.
- Staff felt part of a positive team culture that worked well together, achieving positive outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team demonstrated a hands-on approach during the inspection and there was a robust framework of governance underpinning the service. Audits and other checks were completed and had been effective in identifying and driving improvements.
- Service plans had been developed where organisational audits were not sufficient to drive forward improvements.
- The provider understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The service had developed a contingency plan which considered the risks of a range of incidents that could affect the safe running of the service which included the risks associated with the COVID-19 pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives confirmed that they were encouraged to offer feedback about the service through regular contact and care reviews. The manager worked closely with relatives and other stakeholders, keeping them informed of any accidents, incidents or changes in people's care needs.
- The manager held regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.
- The provider held 'Disability Confident Employer (level 2)' accreditation as part of the government's Disability Confident status scheme. This scheme supports employers to make the most of the talents disabled people can bring to a workplace. They also provided occupational health assessments and access to an employee assistance scheme.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities around duty of candour legislation. There had been no specific incidents which required them to act on that duty.